

**TRAINING**

**FILE**

# Cuyahoga Metropolitan Housing Authority Police Department



This is to certify that

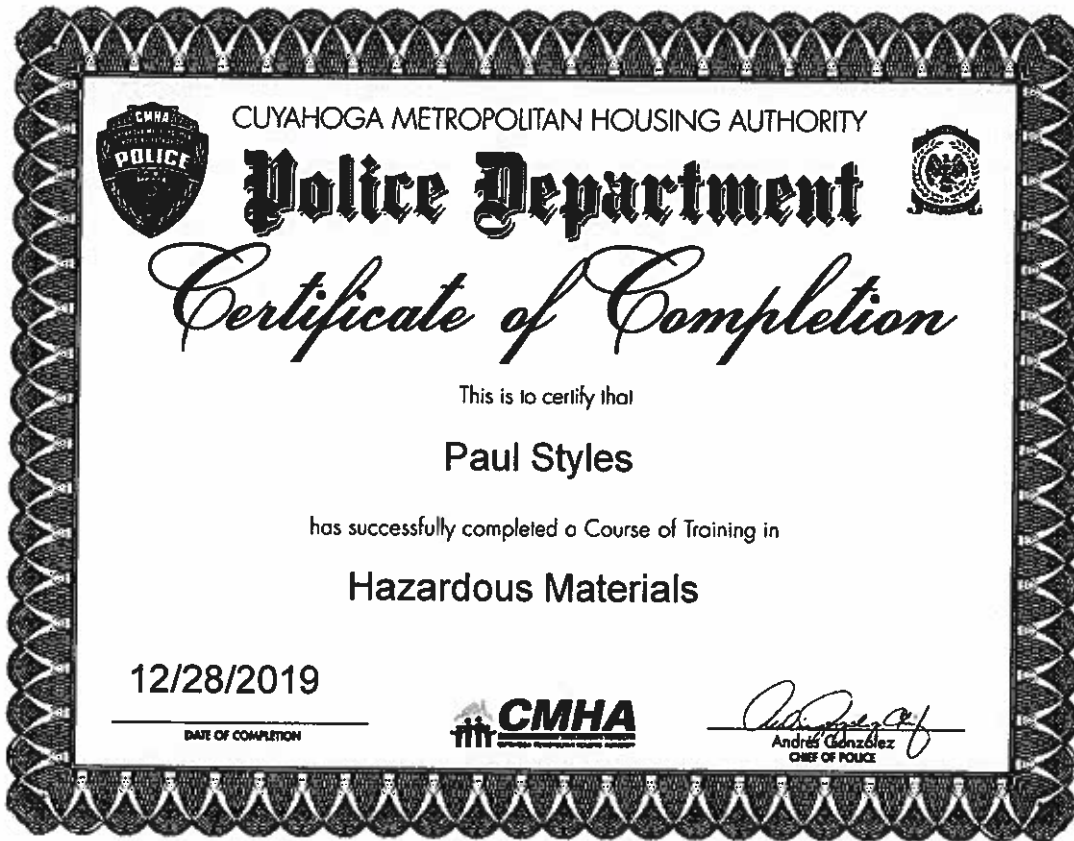
**Sergeant Paul Styles**

has successfully completed the advanced training course

**Performance Appraisal Refresher Training**

on this 13 day of August, 2020

*Deputy Chief Vicki McCall*  
Instructor



# CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

**Paul Styles**

has successfully completed 4 hours of

**SUBJECT CONTROL/DEFENSIVE TACTICS TRAINING**

Completion Date: June 19, 2019  
at Highland Heights, Ohio



Mark Stefanac, OPOTA Certified Subject Control Instructor

*Cuyahoga Metropolitan Housing Authority*

*Police Department*

This is to certify that

Paul Styles #656

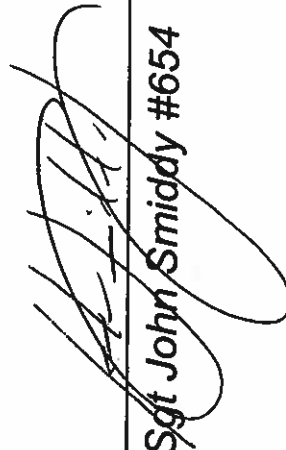
Has successfully completed a course of training in  
Emergency Vehicle Operations

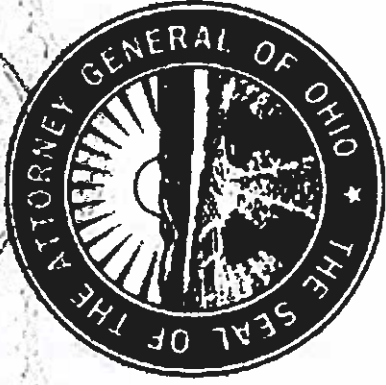
April 18019, 2018

Date

**Andrés González**  
Chief of Police



  
Sgt John Smiddy #654



*This is to certify that*

***Paul Styles***

*has completed the Ohio Attorney General's online training course on*

***2017 Legal Update: Search and  
Seizure Law***

***Completed on: 11/27/2017 3:59:44 PM***



*This is to certify that*

***Paul Styles***

***has completed the Ohio Attorney General's online training course on***

***2017 Legal Update: Civil Liability for  
Officers***

***Completed on: 11/27/2017 1:46:11 PM***

*Cuyahoga Metropolitan Housing Authority*



*Police Department*

This is to certify that

Paul Styles #656

Has Successfully Completed a Course of Training In  
*Ethics/Bias Based Policing*  
All Hazard Plan - Responding to Critical Incidents,  
Responding to an Active Shooter

May 3<sup>rd</sup> & May 6<sup>th</sup>

Date

*Andrés González*  
Chief of Police

*Sgt John Smiddy*  
Sgt John Smiddy #654

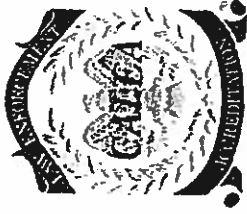


*Cuyahoga Metropolitan Housing Authority*



*Police Department*

This is to certify that  
Paul Styles #656




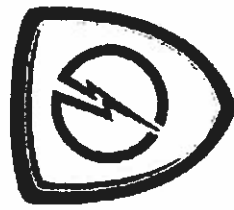
Has Successfully Completed CMHA PD In-Service Training on:  
Procedural Justice/Police legitimacy  
Trauma Informed Policing/PAR

May 3<sup>rd</sup>-4<sup>th</sup>

Date

**Andrés González**  
Chief of Police

  
Sgt Jackelyn Burgos  
BAS24081



# TASER TRAINING ACADEMY

## TASER Conducted Electrical Weapon USER CERTIFICATE

**Paul Styles #656**

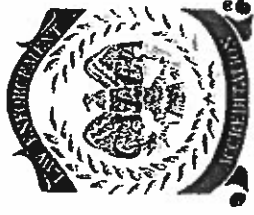
*This certifies that the above named individual ("the Student") has completed the training required and has passed a written examination in the use of the TASER X26/X26P Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.*

Instructor: \_\_\_\_\_

Date 05/05/2017

Sgt John Smiddy #654

*Cuyahoga Metropolitan Housing Authority*



*Police Department*

This is to certify that


Paul Styles #656

Has Successfully Completed a Course of Training In  
Practical Application of Force/Firearms Qualification

02MAY17

Date

Andrés González  
Chief of Police

  
Sgt. James Neal  
BAS23769

*Cuyahoga Metropolitan Housing Authority*



*Police Department*

*This is to certify that  
Paul Styles #656*




*Has Successfully Completed CMHA PD In-Service Training on:  
Procedural Justice/Police legitimacy  
Trauma Informed Policing/PAR*

May 3<sup>rd</sup>-4<sup>th</sup>

Date

**Andrés González**  
Chief of Police

  
Sgt Jackelyn Burgos  
BAS24081

*Cuyahoga Metropolitan Housing Authority*

*Police Department*

This is to certify that

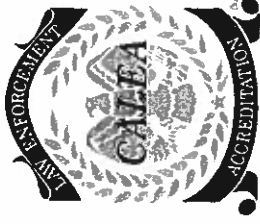
Paul Styles #656

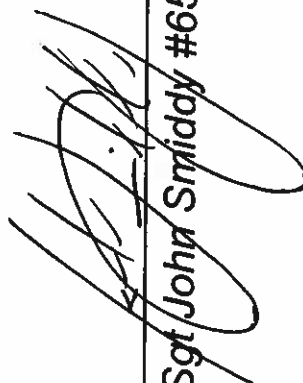
Has Successfully Completed a Course of Training In  
Ethics/Bias Based Policing  
All Hazard Plan, Responding to Critical Incidents,  
Responding to an Active Shooter

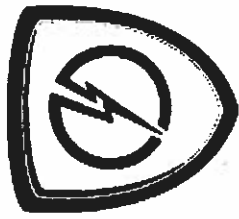
May 3<sup>rd</sup> & May 6<sup>th</sup>

Date

**Andrés González**  
Chief of Police



  
Sgt John Smiddy #654



# TASER TRAINING ACADEMY

## TASER Conducted Electrical Weapon

USER CERTIFICATE

**Paul Styles #656**

*This certifies that the above named individual ("the Student") has completed the training required and has passed a written examination in the use of the TASER X26/X26P Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.*

Instructor: \_\_\_\_\_

Date 05/05/2017

  
Sgt. John Smiddy #654

**MONADNOCK POLICE TRAINING COUNCIL, Inc.**  
**MEB**  
**Monadnock Expandable Baton**

**Advanced Instructor Certificate**

The Undersigned Certify That

*Paul A. Styles*

Cuyahoga Metro Housing Authority Police

has satisfactorily completed the **ADVANCED INSTRUCTOR CERTIFICATION TESTS** for  
**EXPANDABLE POLICE BATONS.**

He/She is therefore deemed competent to instruct the uses of the AutoLock, Friction Lock and Positive Lock Expandable (Collapsible) or Rigid Straight Police Batons associated with the MEB Basic Course (4 hrs.) and MEB Advanced Course (8 hrs.) Certification Curriculums.

Presented this **28th** day of **September 2000**

*Ronald A. Beach*

MEB INSTRUCTOR-TRAINER  
Monadnock Police Training Council, Inc.

*Terry E. Smith*

TERRY E. SMITH  
DIRECTOR OF TRAINING STANDARDS  
Monadnock Police Training Council, Inc.

NOT VALID WITHOUT  
CORPORATE SEAL

*Certificate of Completion*  
*is hereby granted to*

*Sgt. Paul Styles #656*



*in recognition of successful completion of*

# **Blue Courage®**

**The Heart and Mind of the Guardian**

*August 04, 2016*

*PO [Signature]*





OHIO ASSOCIATION OF CHIEFS OF POLICE

Education Committee

presents this Certificate of Recognition to

**Paul Styles**

for successfully completing the  
*Statement Analysis for the Informed Interview*

on  
JUNE 9, 2016



Chief Keith Torbet, CLEE  
President, OACP



Chief James Willcock, CLEE  
Education Committee Chair



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

# Police Department



## Certificate of Completion

This is to certify that

**Paul Styles**

has successfully completed a Course of Training in

**Hazardous Materials**

10/5/2015

DATE OF COMPLETION



  
Andrés González  
CHIEF OF POLICE



CUYAHOGA METROPOLITAN HOUSING AUTHORITY



# Police Department

## Certificate of Completion

This is to certify that

**Paul Styles**

has successfully completed a Course of Training in

**CALEA**

**10/12/2015**

DATE OF COMPLETION



  
Andrés González  
CHIEF OF POLICE



# **Multijurisdictional Counterdrug Task Force Training**



*This is to certify that*

**Paul A. Styles**

*Has satisfactorily completed the following 24 hour MCTFT training course held at*

**BROOKLYN HEIGHTS, OH**

**Conspiracy Investigations**

*Training held 3/11/2008 through 3/13/2008*

*Carol K. Woodley*  
President  
St. Petersburg College

*Eileen LaHaie*  
Eileen LaHaie  
MCTFT Director

**A partnership between The Florida National Guard and St. Petersburg College**



# TASER Conducted Electrical Weapon

USER CERTIFICATE

**Sgt. Paul Styles #656**

*This certifies that the above named individual ("the Student") has completed the training required and has passed a written examination in the use of the TASER X-26 Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.*

Instructor: Calvin Date 18DEC14  
Daren Beichler



*This is to certify that*

***Paul Styles***

*has completed the Ohio Attorney General's online training course on*

***DeEscalating Mental Health Crises***

***Completed on: 1/7/2015 11:06:00 AM***

*Cuyahoga Metropolitan Housing Authority*



*Police Department*

This is to certify that

Sergeant Paul Styles #656

Has Successfully Completed An In-Service Course of Training In  
Domestic Violence  
Customer Service  
PAR  
(8 Hours of Instruction)



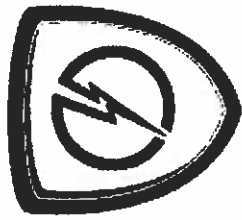
November 06, 2014

Date

**Andrés González**  
Chief of Police

*[Signature]*  
Instructor

Instructor



# TASER TRAINING ACADEMY

## TASER Conducted Electrical Weapon USER CERTIFICATE

**Sgt. Paul Styles #656**

*This certifies that the above named individual ("the Student") has completed the training required and has passed a written examination in the use of the TASER X-26 Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.*

Instructor: *Daren* Date 18DEC14  
Daren Beichler





*This is to certify that*

***Paul Styles***

*ed the Ohio Attorney General's online training c*

***Ohio Human Trafficking***



*This is to certify that*

***Paul Styles***

*has completed the Ohio Attorney General's online training course on*

***Awareness of Human Trafficking***

*Completed on: 11/27/2012*

*Completed in: 1:12:31*



*This is to certify that*

***Paul Styles***

*has completed the Ohio Attorney General's online training course on*

***Responding to Human Trafficking***

*Completed on: 11/29/2012*

*Completed in: 0:7:25*

*Cuyahoga Metropolitan Housing Authority*  
*Police Department*



This is to certify that

*Sergeant Paul Styles #656*

Has Successfully Completed An In-Service Course of Training In  
**Crisis Intervention | Ethics | Biased Based Policing**  
(Eight Hours of Instruction)

*October 6 2011*

Date

*Don BWA #54*

Instructor

**Andrés González**  
Chief of Police

*G. RL #632*

Instructor

# LEADS



This is to certify that

**PAUL STYLES**

has successfully completed the Ohio LEADS testing on

**March 29, 2011**

by completing the following exam:

**Inquiry Test**

This certificate is good through

**March 29, 2013**



CASE WESTERN RESERVE  
UNIVERSITY

MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES

# Certificate of Completion

This certifies that

Paul Sykes

has successfully completed  
Specialized Training in Police and  
Community Coordinated Youth Interventions

Date: December 9, 2009

Grover C. Gilmore

Grover C. Gilmore  
Dean

Sharon Milligan

Sharon Milligan, Ph.D.  
Associate Dean

# Certificate of Completion



*This is to certify that*

**PAUL STYLES**

SERGEANT

has successfully completed the

*Service Effectiveness Enhancement Program*

sponsored by the

Cuyahoga Metropolitan Housing Authority Police Department

and presented by

*Specialized Event Training, Inc.*

March 19th, 2009

Andrés González, Chief of Police

George A. Phillips, Chief Executive Officer and Safety Director

**CMHA**

**CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY**

George D. Phillips, Presenter

**CMHA PD "USE OF FORCE" TEST - PAGE 1 OF 2** (24Mar10)

NAME: PAUL STILES BADGE # 151 DATE 4/23/12

- 1) Officers are authorized to use DEADLY FORCE that reasonably appears necessary to effectively bring an incident under control while protecting the life of the member or others.
- 2)  True or False - Officers that use non-deadly force, must complete a UNDF report and a form 1 prior to reporting off duty.  
[circle one]
- 3) An officer shall carry and use only those weapons and ammunition as furnished or authorized by the Chief of Police.
- 4) "Deadly Force" is defined as "an action likely to cause death or serious physical harm". Which of the following are examples of deadly force?  
[circle all that apply]
1. Shooting to wound a person so they surrender.
  2. Striking a suspect in the leg with your baton.
  3. Using OC (pepper spray) against a disorderly female.
  4. Striking a suspect in the head with your baton.
  5. Using an arm lock to restrain a suspect.
- 5) True or  False - An Officer would be justified in shooting a fleeing suspect if the suspect had stolen property with a value in excess of \$500.00, and the officer was otherwise unable to apprehend the suspect.  
[circle one]
- 6) True or  False - An Officer may draw, display, or point their weapon only if the suspect has a weapon.  
[circle one]
- 7) Justification for the use of deadly force is limited to the facts actually known or reasonably perceived by the Officer at the MOMENT that force is used.
- 8) True or  False - An Officer would be justified in shooting a fleeing suspect solely upon the basis of reports from witnesses that the suspect had a gun.  
[circle one]
- 9) True or  False - It is an acceptable procedure to shoot out the tires of a vehicle that is refusing to stop if the officer thinks the driver has a warrant.  
[circle one]
- 10) Deadly force is never justified solely to protect PROPERTY.
- 11) True or  False - Officers should not fire warning shots except as a last chance effort to stop a suspect who otherwise will get away.  
[circle one]
- 12)  True or False - Officers are required to report all use of force incidents as soon as possible.  
[circle one]
- 13)  True or False - Officers are required to ensure that assistance and medical care are rendered to suspects injured as a result of any use of force.  
[circle one]





**UNITED STATES DEPARTMENT OF TRANSPORTATION**  
**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**  
**NATIONAL TRAINING CENTER**  
**DRUG INTERDICTION ASSISTANCE PROGRAM**



*in partnership with the*



**Cuyahoga County Sheriff's Department**

*Certifies*

**Paul A. Styles**

*Attended and Participated in*

**Commercial Motor Vehicle Criminal Interdiction**

*Rapid Risk Recognition, Assessment, and Response*

Cleveland, Ohio ~ June 24 through June 26, 2008

Shannon Chelf  
Federal Motor Carrier Safety Administration  
Drug Interdiction Assistance Program

Captain Michael Jackson  
Cuyahoga County Sheriff's Department  
Training Facilitator



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** All employees  
**FROM:** Andres Gonzalez, Chief of Police  
**DATE:** September 28, 2007

Page 1 of 2	<b>MANDATORY TRAINING</b> Sexual Harassment	DN #07-096
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The following is the schedule for training related to Sexual Harassment. Attendance is mandatory for all divisional employees. The training will be held at headquarters in the Community Policing Room. Dress will be the officers uniform of the day.

Watch Commanders/ Unit OIC's must maintain coverage at all mandatory buildings and notify their respective Commander for rescheduling of officers.

The schedule is as follows:

**TUESDAY, OCTOBER 2, 2007**

0500 hrs.-0600 hrs.	0630 hrs. – 0830 hrs.	0900 hrs. – 1000 hrs.	1030 hrs. – 1230 hrs.
Assaf, Jihad #62	Toles, Charles #648	Reynolds, David #75	Gonzalez, Andres #601
Williams, Eric #50	Troyer, Theodore #664	Crawford, Michael #29	Solomon, David #602
Wiley, Toni #003	Svec, Christopher #662	Conway, Reginald #209	Justus, Jack #603
Gowdy, Janet #219	McGroder, Mary #668	Roberts, Carl #237	Likes, William #604
Williams, Latasha #204	Mollohan, Donald #634	Azzano, Thomas #61	Broom, Darlene #730
Harper, Ronald #222	Correy, Donna #615	Brantley, Earl #77	Terry, Sandra #731
Branch, Antonio #274	Morenz, Ronald #626	Cattren, William #18	Burdyshaw, Thomas #640
Solomon, Nathaniel #236		Higginbotham, Will #102	Howard, Roxsann #606
Eppinger, Alisha #255		Alcantara, Jose #09	Morgan, Raymond #658
Taylor, Jerimane #247		Ali, Saleem #31	Hermensky, Paul #630
White, Gloria #008		Golson, Susan #002	Styles, Paul #656
Montague, Nicholas #208		Kraniske, Glen #608	Kucera, Robert #702
Tidwell, Robert #227		Kuska, Steve #22	Homerick, Dale #636
Matza, Murray #221		Kennedy, Maurice #28	
Woodland, Darrell #101		Schultz, Charles #37	
		Taylor-Heard, R. #703	
		Tallman, Paul #01	
		Hinkle, Thomas #42	


## TUESDAY, OCTOBER 2, 2007 Cont'd

1400 hrs. – 1500 hrs.	1530 hrs. – 1630 hrs.
Salomone, Brian #23	Vales, Robert #44
Hamilton, Al #36	Ramsey, Randy #07
Rice, Debra #202	Sailey, Oliver #212
Coleman, Jan #214	Puree, Ken #226
Harris, Johnny #17	Bowen, Anthony #225
Jones, Larry #26	Chapman, William #14
Whitney, David #48	Neal, James #35
Williams, Thomas #65	Ovalle, Clinton #30
Wiltshire, Harley #19	Grimes, Cornell #56
Revelt, Lisa #004	Justus, Estel #46
Drew, Stephanie #006	Beese, Adam #06
	DeJesus, David #20
	Jones, Michael #25
	Suber-Bey, T. #732

## THURSDAY, OCTOBER 4, 2007

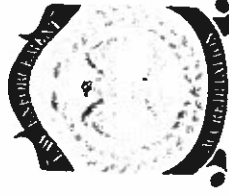
0500 hrs. – 0600 hrs.	0700 hrs. – 0800 hrs.	0830 hrs. – 0930 hrs.	1400 hrs. – 1600 hrs.
Pollard, Alesia #216	Leon, Manuel #58	Dancy, Alvin #32	Rucker, Carol #632
Hammond, Willie #200	Smiddy, John #11	Harris, James #03	Guinn, Melvin #624
Lawson, John #201	Hizak, Brandon #24	Spigner, Michael #67	Schilling, Richard #652
Johnson, Will #260	Beichler, Daren #54	Copeland, Arthur #41	Tufts, James #613
Dunham, Robert #238	Pride, Nicole #607	Clayton, Alan #38	
Paul, Darrell #250	Shealy, Kelley #007	Kirby, Darrin #229	
Bly, David #001	Swanson, Kevin #16	Wallace, Melvin #220	
Hines, Louis #215	Rives, Eric #86	Robinson, Deeda #005	
Bachelor, Arrie #224	Collins, Clifford #735	Warren, Patricia #733	
		Jenkins, Bobby #704	

1700 hrs. – 1800 hrs.	1700 hrs. – 1800 hrs.
Ortiz, Marc #95	Griffiths, James #89
Blakemore, Kerry #12	Johnson, Joseph #256
Kolb, Stephen #70	Clark, Michael #235
Lastuka, Jerry #52	Strickland, Donald #242
Hopkins, Ronald #88	West, Chanel #010
Holdeman, John #10	Harris, Monique #012
Drew, Gregory #04	

By order of,  
  
 Andres Gonzalez, Chief of Police



CUYAHOGA  
METROPOLITAN HOUSING  
AUTHORITY  
POLICE DEPARTMENT



This is to certify that

*Paul Styles*

Has Completed an Intensified Course of Training in

*Report Writing*

*Consisting of 8-Hours of Instruction  
On this 23rd Day of May in the Year 2007*

ANDRES GONZALEZ  
CHIEF OF POLICE

GEORGE A. PHILLIPS  
SAFETY DIRECTOR

*George A. Phillips*  
INSTRUCTOR



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** All Sworn Personnel  
**FROM:** Andres Gonzalez, Chief of Police  
**DATE:** July 13, 2007

**Page 1 of 3**

**State Mandated Crime Victim Training**

**DN #07-069**

The State has mandated that every police officer receive a minimum of 5-hours of training in a crime victim related area. To be in compliance with this mandate, the CMHA Police Department will be providing its officers with this training in lieu of their regularly scheduled shift. The training will be held at Headquarters, in the Community Policing Room, from 0800-1600. Dress will be the officers uniform of the day. The training will be presented by Lynn Hammond of the Witness Victim Service Center and Dan Clark of the Cleveland Rape Crisis Center

Attendance is **required** and all Attendance Control Policies will be strictly enforced. All officers are required to punch in and out for the training. Any officer who fails to report at their scheduled time will be considered "AWOL", and will not be allowed to work that day to make-up the shift.

If there are any scheduling conflicts, notify Lt. Morenz #626 to determine if an alternate date can be arranged.

The schedule is as follows:

**Thursday - July 19, 2007  
0800-1600**

Lt. Likes #660  
Lt. Morenz #626  
Sgt. Guinn #624

**Friday - July 20, 2007  
0800-1600**

Lt. Correy #615  
Sgt. Homerick #636  
Sgt. Styles #656

**Thursday - July 19, 2007**  
0800-1600

Sgt. Mollohan #634  
Det. Harris #03  
Det. Ovalle #30  
PO Alcantara #09  
PO Assaf #62  
PO Clayton #38  
PO Copeland #41  
PO Drew #04  
PO Griffiths #89  
PO Hamilton #36  
PO Hizak #24  
PO Kolb #70  
PO Lages #08  
PO Smiddy #11  
PO T. Williams #65

**Friday - July 20, 2007**  
0800-1600

Sgt. Toles #648  
Sgt. Troyer #664  
Det. Beichler #54  
Det. Kuska #22  
Det. Neal #35  
Det. Schultz #37  
PO Ali #31  
PO Azzano #61  
PO Beese #06  
PO Brantley #77  
PO Cattren #18  
PO DeJesus #20  
PO Reynolds #75  
PO Rives #86  
PO Tallman #01

**Thursday - July 26, 2007**  
0800-1600

Lt. Cooper #644  
Lt. Tufts #613  
Sgt. Burdyslaw #640  
Sgt. Hermensky #630  
Sgt. Rucker #632  
Det. Justus #46  
Det. Kennedy #28  
PO Higginbotham #102  
PO Hinkle #42  
PO Holdeman #10  
PO Hopkins #88  
PO Leon #58  
PO Otiz #95  
PO Ramsey #07

**Friday - July 27, 2007**  
0800-1600

Lt. Justus #638  
Sgt. McGroder #668  
Sgt. Morgan #658  
Sgt. Schilling #652  
Sgt. Svec #662  
Det. Chapman #14  
Det. Dancy #32  
Det. Grimes #56  
PO Blakemore #11  
PO Crawford #29  
PO Harris #17  
PO L. Jones #26  
PO M. Jones #25  
PO Lastuka #52

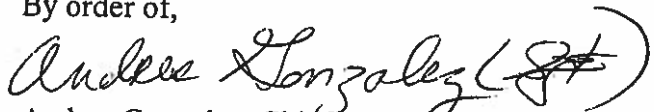
Thursday - July 26, 2007  
0800-1600

PO Spigner #67  
PO Vales #44  
PO E. Williams #50  
PO Swanson #16

Friday - July 27, 2007  
0800-1600

PO Rives #86  
PO Salomone #23  
PO Whitney #48  
PO Wiltshire #19  
PO Woodland #101

By order of,

  
Andres Gonzalez, Chief of Police



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** All Sworn Personnel  
**FROM:** Andres Gonzalez, Chief of Police  
**DATE:** May 16, 2007

Page 1 of 2	Mandatory Report Writing Training	DN #07-043
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All officers will be scheduled for 8-hours of In-service Report Writing training. The training will be held at Police Headquarters, in the Community Policing Room, and will be in lieu of the officers scheduled shift for that day. Training will be held from 0800-1600 hours. Dress will be the officers uniform of the day.

Attendance Control Policies will be strictly enforced. All officers are required to punch in and out on their timecard for the training. Any officer who fails to report at their scheduled time will be considered "AWOL", and will not be allowed to work that day to make-up the shift.

The schedule is as follows:

**Monday - May 21, 2007**

Sgt. McGroder #668  
Sgt. Toles #648  
PO Alcantara #09  
PO Cattren #18  
PO Hinkle #42  
PO Whitney #48  
PO Woodland #101  
Det. Beichler #54  
Det. Dancy #32

**Tuesday - May 22, 2007**

Lt. Justus #638  
Sgt. Svec #662  
PO Holdeman #10  
PO Leon #58  
PO Ortiz #95  
PO Ramsey #07  
PO Smiddy #11  
PO E. Williams #50  
Det. Harris #03

**Wednesday - May 23, 2007**

Lt. Likes #660  
Sgt. Guinn #624  
Sgt. Mollohan #634  
PO Crawford #29  
PO Griffiths #89  
PO Hamilton #36  
PO Harris #17  
PO Higginbotham #102  
PO Lastuka #52

MAY 16 2007

**COMDOC**



**Thursday - May 24, 2007**

Sgt. Schilling #652  
Sgt. Styles #656  
PO Blakemore #12  
PO Drew #04  
PO Hopkins #88  
PO Salomone #23  
PO Vales #44  
Det. Chapman #14  
Det. Grimes #56  
Det. Justus #46  
Det. Neal #35  
Det. Ovalle #30

**Monday - June 4, 2007**

Lt. Tufts #613  
Sgt. Burdyslaw #640  
PO Ali #31  
PO Azzano #61  
PO Clayton #38  
PO Wiltshire #18  
PO Kolb #70  
PO Reynolds #75  
PO Rives #86  
Det. Kuska #22

**Tuesday - June 5, 2007**

Sgt. Homerick #636  
Sgt. Troyer #664  
PO Tallman #01  
PO Hizak #24  
PO T. Williams #65  
PO DeJesus #20  
PO Assaf #62

**Monday - June 11, 2007**

Lt. Cooper #644  
Sgt. Hermensky #630  
Sgt. Rucker #632  
PO Copeland #41  
PO Jones #26  
Det. Kennedy #28  
Det. Schultz #37  
PO Spigner #67  
PO Swanson #16

By order of,

  
Andres Gonzalez, Chief of Police



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** All Sworn and Safety Management Personnel  
**FROM:** Andres Gonzalez, Chief of Police  
**DATE:** April 19, 2007

Page 1 of 2	First Responder Safety Kit Issuance	DN #07-029
-------------	-------------------------------------	------------

Pursuant to GPO #07-005 PROCEDURES FOR RESPONDING TO HAZMAT INCIDENTS, all sworn officers and Safety Management personnel shall be issued First Responder Safety Kits, which contain Personal Protective Equipment (PPE). The air-purifying respirator (APR), included as part of the PPE issued, shall be fitted for each individual officer. Once the fitting process is complete, the equipment bags will be stored, broken down by shift, in the office adjacent to the SWAT OIC office. In the event an officer needs the equipment while on-duty or called in for duty, the officer will report to Police Headquarters and obtain it from a supervisor.

The following schedule has been prepared for the fitting and issuing of the First Responder Safety Kits. Officers being fitted **CANNOT** smoke within 15 minutes of their fitting time. The fittings will take place in the SWAT OIC office. The fitting will be done while on-duty. There will be no overtime or callback paid as a result of this schedule. If a conflict exists, contact Lt. Morenz #626 to be rescheduled. The schedule is as follows:

<u>Sunday - April 22, 2007</u>	<u>Monday - April 23, 2007</u>	<u>Tuesday - April 24, 2007</u>
1600 DeJesus 20	1200 Styles 656	0900 Crawford 29
1610 Cattren 18	1210 Chapman 14	0910 McGroder 668
1620 Whitney 48	1220 Neal 35	0920 Leon 58
1630 Ramsey 07	1230 Ovalle 30	0930 Tufts 613
1640 Holdeman 10	1240 Grimes 56	0940 Salomone 23
1650 Harris 17	1250 Justus 46	0950 Guinn 624
1700 Griffiths 89	1300 Kucera 702	1000 Spigner 67
1710 Likes 660	1310 Taylor-Heard 705	1010 Kennedy 28
1720 Alcantara 09	1320 Jenkins 704	1020 Morgan 658
		1030 Hermensky 634
		1040 Harris 03

Tuesday - April 24, 2007

2330 Azzano 61  
2340 Hamilton 36  
2350 Cooper 640  
2400 Burdyslaw 640

April 25, 2007

0030 Svec 662  
0040 Williams 50  
0050 Lastuka 52  
0100 Mollohan 630

Thursday - April 26, 2007

0900 Tallman 01  
0910 Hizak 24  
0920 Morenz 626  
0930 Hinkle 42  
0940 Correy  
0950 Clayton 38  
1000 Beichler 54  
1010 Copeland 41  
1020 Ali 31  
1030 Wiltshire 19  
1040 Barto 603  
1050 Solomon 602

Thursday - April 26, 2007

1600 Ortiz 95  
1610 Smiddy 11  
1620 Kolb 70  
1630 Reynolds 75  
1640 Rucker 632  
1650 Kuska 22  
1700 Dancy 32  
1800 Schultz 37  
1900 Higginbotham 102

Thursday - April 26, 2007

2330 Assaf 62  
2340 Woodland 101

April 27, 2007

0030 Jones 26  
0040 Troyer 664

By order of,

  
Andres Gonzalez, Chief of Police



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** All Personnel

**FROM:** David T. Solomon, Acting Chief of Police

**DATE:** April 12, 2007

Page 1 of 3	<b>ADP Training</b>	DN #07-027
-------------	---------------------	------------

The following is the schedule for training and enrollment for the new ADP time keeping system. All personnel are required to be set-up in, and trained on, the system. Watch Commanders are required to insure that all personnel under their command are present at the time they are scheduled. If a change needs to be made, contact Lt. Morenz #626 to determine if it is feasible. The training will be held at headquarters, in the Community Policing room. The schedule is as follows:

<b>TUESDAY, April 17, 2007</b>			
<b>5:00 AM</b>	<b>6:00 AM</b>	<b>7:30 AM</b>	<b>9:00 AM</b>
224 Bachelor, Arrie Jr.	644 Cooper, Tyrone	003 Wiley, Toni	67 Spigner, Michael
216 Pollard, Alesia	008 White, Gloria	26 Jones, Larry	41 Copeland, Arthur
258 Flowers, Andrea		215 Hines, Louis	229 Kirby, Darrin
200 Hammond, Willie		208 Montague, Nicholas	29 Crawford, Michael
201 Lawson, John		664 Troyer, Theodore	214 Coleman, Jan
219 Gowdy, Janet			624 Guinn, Melvin
204 Williams, Latasha			54 Beichler, Daren
222 Harper, Ronald			638 Justus, Jack
640 Burdyshaw, Thomas			Kucera, Robert
			Jenkins, Bobby
			Taylor-Heard, Rhonda

<b>TUESDAY, April 17, 2007</b>		
<b>4:00 PM</b>	<b>4:30 PM</b>	<b>5:00 PM</b>
012 Harris, Monique	006 Drew, Stephanie	256 Johnson, Joseph
95 Ortiz, Marc	010 West, Chanel	632 Rucker, Carol
11 Smiddy, John	56 Grimes, Cornell	70 Kolb, Stephen
660 Likes William	46 Justus, Estel	75 Reynolds, Dave
09 Alcantara, Jose		235 Clark, Michael
Higgins, Latia		226 Puree, Kenneth
Ramsey, Daneeka		636 Homerick, Dale
		17 Harris, Johnny
		89 Griffiths, James
		242 Strickland, Donald

<b>WEDNESDAY, April 18, 2007</b>	
<b>7:30 AM</b>	<b>10:30 AM</b>
613 Tufts, James	606 Howard, Roxsann
608 Kraniske, Glenn	22 Kuska, Steven
28 Kennedy, Maurice	32 Dancy, Alvin
626 Morenz, Ronald	31 Ali, Saleem
668 McGroder, Mary	658 Morgan, Raymond
102 Higginbotham, William	04 Drew, Gregory
	11 Blakemore, Kerry
	44 Vales, Robert
	88 Hopkins, Ronald
	65 Williams Thomas
	652 Schilling, Richard
	19 Wiltshire, Harley

## THURSDAY, April 19, 2007

8:00 AM	9:00 AM	4:30 PM	5:00 PM
004 Revelt, Lisa	38 Clayton, Alan	007 Shealy, Kelley	18 Cattren, William
01 Tallman, Paul	220 Wallace, Melvin	14 Chapman, William	48 Whitney, David
24 Hizak, Brandon	209 Conway, Reginald	35 Neal, James	212 Sailey, Oliver
42 Hinkle, Thomas	237 Roberts, Carl	30 Ovalle, Clinton	225 Bowen, Anthony
58 Leon, Manuel	648 Toles, Charles	656 Styles, Paul	630 Hermensky, Paul
615 Correy, Donna E.	23 Salomone, Brian		37 Schultz, Charles
	202 Rice, Debra		
	634 Mollohan, Donald		

## FRIDAY, April 19, 2007

5:00 AM	6:30 am	7:30 AM	8:30 am
274 Branch, Antonio	61 Azzano, Thomas	227 Tidwell, Robert	002 Golson, Susan
240 Gray, Alvin	62 Assaf, Jihad	50 Williams, Eric	005 Robinson, Deeda
236 Solomon, Nathaniel	101 Woodland, Darrel	662 Svec Christopher	03 Harris, James
255 Eppinger, Alisha	36 Hamilton, Al	52 Lastuka, Jerry	732 Suber-Bey, Terrissi
247 Taylor, Jermaine	735 Collins, Clifford	221 Matza, Murray	
260 Johnson, Will		001 Bly, David	
238 Dunham, Robert			
250 Paul, Darrell			

## 4:00 pm

20 DeJesus, David
07 Ramsey, Randy
10 Holdeman Jeffery

By order of,



David T. Solomon, Acting Chief of Police



U.S. Department of Justice

National Drug Intelligence Center

Office of the Director

319 Washington Street, 5th Floor

(814) 532-4601

Johnstown, PA 15901-1622

Fax: (814) 532-4690

January 12, 2007

Sergeant Paul A. Styles  
Cuyahoga Metropolitan Housing Authority  
5715 Woodland Avenue  
Cleveland, OH 44104

Dear Sergeant Styles:

I would like to express my sincere thanks and appreciation to you and your department for responding to the 2006 National Drug Threat Survey. Your response provided valuable information on both current and emerging drug trafficking threats in your jurisdiction. Please accept the enclosed certificate as a token of my appreciation for your assistance.

A copy of the recently published *National Drug Threat Assessment 2007* that was based, in part, on results of the survey is included as a CD-ROM. The assessment combines intelligence and information on drug trafficking and abuse throughout the United States and includes information provided by state and local law enforcement agencies. The assessment is designed to provide information to policymakers and law enforcement executives at all levels of government that will assist them in formulating counterdrug plans and allocating resources. You also can view the report on the NDIC web site [www.usdoj.gov/ndic](http://www.usdoj.gov/ndic).

The 2007 National Drug Threat Survey is scheduled for distribution during the first quarter of this year. I would again appreciate your assistance in providing us with a response to that survey. If you have any questions related to the assessment or the survey, please call Mr. Joseph E. Donovan, Acting Assistant Director for Intelligence, at (814) 532-4613.

Sincerely,

Irene S. Hernandez  
Acting Director

Enclosures

United States of America  
Department of Justice

National Drug Intelligence Center

# CERTIFICATE OF APPRECIATION



Awarded to

Cuyahoga Metropolitan  
Housing Authority

for your contribution to the  
**National Drug Threat Survey  
2006**

A handwritten signature in cursive script, reading "Irene S. Hernandez".

*Irene S. Hernandez, Acting Director*





**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Lieutenant Donna Correy – Administrative Lieutenant**

**FROM: Detective Daren Beichler – Range OIC**

PAGE <b>1 of 1</b>	SUBJECT <b>Range Qualification Sgt. Styles #656</b>	DATE <b>13NOV06</b>
-----------------------	--------------------------------------------------------	------------------------


Ma'am:

Sgt. Styles Qualified with his handgun on 01NOV06 (see attached range sign in sheet).

Respectfully,

Detective Daren Beichler #54 – Range OIC

*Rec'd 11/14/06  
Forwarded to 605  
Police Capt 11/14/06*

COMDOC 

NOV 20 2006



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



TO: Sgt. Styles # 656

FROM: PO Rob 70

DATE: 30 OCT 06

**SUBJECT:** Failure to Achieve Range Proficiency Requirements

Sgt Styles

On 30 OCT 06, you failed to demonstrate proficiency with your issued duty weapon during mandatory range qualification. I would therefore direct your attention to the Divisional Manual of Rules and Regulations, Chapter 10.1.10 "Use of Force", which states in part:

"Sworn Officers who fail to meet proficiency requirements will be granted a fourteen (14) day grace period in which to become proficient. Within this fourteen (14) day period the officer must, on his own time, report to the range for remedial training and certification. Officers who fail to achieve certification during this grace period shall be placed on leave without pay. If the Officer has failed to achieve certification after one (1) week of leave without pay, he shall be separated from the Police Department for failure to maintain certification."

You are therefore notified that no later than 13 NOV 06 you must successfully demonstrate proficiency with your duty weapon as required by the CMHA Police Department. Failure to do so will result in a request for your immediate suspension being forwarded to the office of the Chief of Police. If you have any questions about this matter, please do not hesitate to contact either Det. Beichler or Lt. Morenz .

I received this notification on 30 OCT 06

x [Signature]  
DATE

I personally hand delivered this notification on 30 OCT 06  
 at 1750 Hrs DATE

Range Officer: [Signature]

**CMHA POLICE DEPARTMENT RANGE SIGN IN**

RANGE OFFICERS: Schilling 652

DATE: 10-1-24

Hopkins #88

Range Tracking		Shoot Table				Weapon Database				Qual Table			
NAME/ BADGE #	**Print Only**	TIME IN	FIREARM MAKE	FIREARM MODEL	FIREARM SERIAL NUMBER	ROUNDS FIRED	CALIBER	PRAC/ QUAL	P/F	RANGE OFFICERS SIGNATURE			
Williams 00		0900	Benelli	NOVA	Z176857	10	12GA	Q		[Signature]			
Drew # 04		0900	Benelli	NOVA	Z176857	10	12GA	Q		[Signature]			
Sgt. Styles 656		0900	Benelli	NOVA	Z176857	10	12GA	Q		[Signature]			
Sgt. Styles 656		0900	Glock	Z1	DCS076US	60	.35	Q		[Signature]			
[Signature]		0939	Glock	B1	DCS036US	60	.35	Q		[Signature]			
S. Hernandez #20		0945	Benelli	NOVA	Z176857	10	12GA	Q		[Signature]			
P.O. Harris # 17		1005	Glock	Z1	DCS100US	60	45	Q		[Signature]			
P.O. Blak-mary #12		1030	Benelli	Semi	M512549	10	12GA	Q		[Signature]			
Sgt. Hornick #26		1030	Benelli	eNova	Z176857	10	121H	Q		[Signature]			
P.O. Blakmore #12		1030	Benelli	NOVA	Z176857	10	126d	Q		[Signature]			
P.O. Hopkins # 17		1045	Benelli	NOVA	Z176857	10	12GA	Q		[Signature]			
[Signature]		1115	Glock	Z1	DCS024US	150	.35	Q		[Signature]			
P.O. Blakmore # 11		1115	Glock	Z1	DCS012US	400	45	P		[Signature]			

American Heart  
Association 

Fighting Heart Disease and Stroke

## Heartsaver CPR

**Paul A. Styles**

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the AHA for the Heartsaver CPR Program. Adult CPR / Pediatric CPR / Adult CPR & AED

10/12/06

10/2008

Issue Date

Recommended Renewal Date

DIVISION OF STATE FIRE MARSHAL

# OHIO FIRE ACADEMY

CERTIFICATE OF TRAINING

Is awarded to:

*Paul A Styles*

In recognition of completion of the

*1st Responder HazMat/WMD/PPE*

*Awareness - 8 hrs*

1753-2006-442

04/03/2006-04/03/2006

*Stephen K. Woltz*  
Stephen K. Woltz  
State Fire Marshal



*B. Frank Conway*  
B. Frank Conway  
Superintendent

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that

**PAUL A. STYLES**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

IS-00200

ICS for Single Resources and  
Initial Action Incidents

*Issued this 14th Day of September, 2006*

A handwritten signature in black ink, appearing to read "Richard G. Smith".

Richard G. Smith  
Director, Emergency Management Institute

FEMA Form 16-31, October 05

DETACH THIS STUB

**From:** "INDEPENDENT STUDY" <independent.study@dhs.gov>  
**To:** <rmorenz@cmhapd.org>  
**Date:** 9/14/2006 12:36:17 PM  
**Subject:** Independent Study Course Information for Course: IS-00200

Dear PAUL STYLES:

Congratulations! You have successfully passed the Independent Study Course "IS-00200" entitled "ICS for Single Resources and Initial Action Incidents".

Due to the thousands of people completing independent study courses, we estimate it will take approximately three weeks to issue your completion certificate. Please retain a copy of this email as proof of your completion until your certificate is received. We appreciate your patience.

Independent Study Program Office  
Emergency Management Institute  
National Emergency Training Center  
16825 S. Seton Ave  
Emmitsburg, MD 21727

On the Web: [www.training.fema.gov/emiweb/is](http://www.training.fema.gov/emiweb/is)  
Phone: (301) 447-1200  
FAX: (301) 447-1201

1) UNITY OF COMMAND means that each individual involved in incident operations will be assigned to only one supervisor.

- (a) Span of Control
- (b) Unity of Command
- (c) Supervisor Authority
- (d) Unified Command

2) Select the TRUE statement:

- (a) Formal communication is used in reporting progress of assigned tasks.
- (b) Informal communication is prohibited within the Incident Command System.
- (c) Formal communication requires the use of written reports to document all interactions.
- (d) Informal communication is the preferred method for communicating resource needs.

3) Which is the top priority within the ICS common leadership responsibilities?

- (a) Ensuring safe work practices.
- (b) Establishing agency policies for future incidents.
- (c) Encouraging creativity and risk taking.
- (d) Enhancing partnerships with Agency Representatives.

4) These levels of the ICS organization may have Deputy positions:

- Branch
- Incident Commander
- \_\_\_\_\_

- (a) Division
- (b) Staging Area
- (c) Group
- (d) Section

5) Branches within the ICS organization can be established:

- (a) Geographically or functionally.
- (b) Along agency jurisdictional lines.
- (c) Within Groups to organize resources.
- (d) Under the supervision of a Leader.



11) Representatives from Assisting or Cooperating Agencies and Organizations coordinate through:

- (a) Operations Section Chief
- (b) Liaison Officer
- (c) Public Information Officer
- (d) Logistics Section Chief

12) The information and intelligence function may be organized in one of the following ways:

- Within the Command Staff
- As a Unit Within the Planning Section
- As a Branch Within the Operations Section
- \_\_\_\_\_

- (a) As a separate General Staff Section
- (b) At a separate Incident Command Post
- (c) Under the Communications Unit within Logistics
- (d) Outside the command structure for security reasons

13) Resources within the Staging Areas:

- (a) Are managed by the Logistics Section.
- (b) Are assigned and should be available for deployment.
- (c) Include out-of-service resources that are being made ready for deployment.
- (d) Include those being made ready for demobilization and return to their jurisdictions.

14) The Operational Period Briefing:

- (a) Presents the Incident Action Plan (IAP) for the upcoming period to supervisory personnel.
- (b) Provides an orientation to individual resources at the beginning of their assignments.
- (c) Sets forth the specific tasks, reporting relationships, and expectations for support staff.
- (d) Helps keep the public and media informed about the incident status and operational accomplishments.

15) Which Section is responsible for handling claims related to property damage, injuries, or fatalities at the incident?

- (a) Operations Section
- (b) Planning Section
- (c) Logistics Section
- (d) Finance/Administration Section

- 21) Typing resources allows managers to make better resource ordering decisions by:
- (a) Indicating how the resource can be used when deployed at the incident site.
  - (b) Linking resources needed to execute typical response and recovery activities.
  - (c) Providing detailed information about the best sources for procuring a needed resource.
  - (d) Describing the size, capability, and staffing qualifications of a specific resource.
- 22) When command is transferred, then all personnel with a need to know should be told:
- (a) The qualifications of the incoming Incident Commander.
  - (b) The limits of the Incident Commander's scope of authority.
  - (c) The effective time and date of the transfer.
  - (d) The Incident Commander's cell phone number.
- 23) Select the TRUE statement:
- (a) Upon arriving at an incident the higher ranking person will either assume command, maintain command as is, or reassign command to a third party
  - (b) A lower ranking but more qualified person may not be designated as the Incident Commander.
  - (c) Transfer of command procedures are implemented at the Emergency Operations Center before the Incident Commander arrives at the scene.
  - (d) When a new Incident Commander assumes command, the outgoing Incident Commander should be demobilized to avoid confusion.
- 24) The Medical Unit is responsible for the development of the Medical Plan, obtaining medical aid, and:
- (a) Provision of emergency services to injured victims at the accident scene.
  - (b) Transportation for injured and ill incident personnel.
  - (c) Coordination with public health service to determine where critical resources are deployed.
  - (d) Authorization prior to purchases of any medical supplies and services.
- 25) Which General Staff position conducts tactical operations, develops the tactical objectives and organization, and directs all tactical resources?
- (a) Finance/Administration Section Chief
  - (b) Logistics Section Chief
  - (c) Planning Section Chief
  - (d) Operations Section Chief



# OHIO PEACE OFFICER TRAINING COMMISSION

AND

# THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that


**Paul A. Styles**


has participated in the advanced training course


**03-362-06-02: Controlled/Direct Buys in Drug Investigations**

at the Ohio Peace Officer Training Academy given

**September 8, 2006**

  
\_\_\_\_\_  
Jim Petro  
Attorney General

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
\_\_\_\_\_  
Steven W. Schierholt, Executive Director  
Ohio Peace Officer Training Commission

# TRAINING CONFIRMATION NOTICE

June 8, 2000

**Dear Training Participant:      Sgt. Paul Styles**

You have been scheduled to attend the workshop listed below. Please review this information and mark your calendar accordingly.

**Title:                                          SEXUAL HARASSMENT PREVENTION**

**Date(s):                                      Wednesday, June 14th**

**Time:                                              9:00 a.m. until 12 noon**

**Location:                                      Carl B. Stokes Social Service Mall  
6001 Woodland Avenue  
Cleveland, Ohio 44104**

Questions? Call Al Daye, (216) 348-4960, extension 4079.

## PLEASE BE PROMPT

ENTERED

Academy / Accreditation  
Training Manual  
Ref: Accreditation Chapter 33



FILE

### TRAINING DOCUMENTATION

This is to certify that I have received training on the following topic(s):

Investigation Completion

SUPPLEMENTAL TRAINING ACKNOWLEDGEMENT		
NAME/BADGE #	SIGNATURE	DATE
Sgt. Paul A. Styles #656	<i>Paul Styles #656</i>	April 22, 2003

Supervisor Issuing: *De Grij 27 626*

COMDOC MM  
4/22/03



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Paul A. Styles #656, Sergeant- Third Platoon

**FROM:** Ronald J. Morenz #626, Lieutenant-3<sup>rd</sup> Platoon Watch Commander

<small>PAGE</small> <b>1 of 3</b>	<small>SUBJECT</small> <b>Training- Proper Completion of an Investigation ref: Injury to Protection Officer/ On-Duty</b>	<small>DATE</small> <b>07APR03</b>
--------------------------------------	-----------------------------------------------------------------------------------------------------------------------------	---------------------------------------

As Supervisors we are tasked with completing investigations into various occurrences on our Platoons, one of these is for an On-Duty Injury to a Protection Officer. This type of investigation is important because it documents the nature and extent of the injury, in addition to providing the CMHA Human Resources Department with pertinent information for the timely processing of a Workman's Compensation claim. The following illustrates areas in which the investigation into the on-duty injury to Protection Officer Janet Gowdy #219 was lacking.

The title bar incorrectly stated the date as 16FEB03; the actual date of the injury and investigation was 16MAR03. The dates of all the paperwork associated with the investigation should be the same, unless the treatment at the hospital takes the investigation into another day.

The first paragraph tells the authors assignment, where they responded to, and why. This may also include the names of officers they were meeting. The proper identification for an officer the first time in an investigation is PO John Doe #00. Rank, first name, last name, and badge number.

The second paragraph starts with the author's observations of the scene upon their arrival. Their conferring with units, officers, victims, witnesses, and suspects, on-scene follows. The proper way to initially identify a person is first name, middle initial, last name, race, sex, age, social security number, date of birth, complete address, and telephone number where they can be contacted. A synopsis of each interview is presented. It should be noted if written statements were requested or received.

The next paragraph discusses the action taken. Were there visible injuries? Were there photographs taken of the injuries? Were there photographs taken to document no injuries? Was medical treatment offered or accepted? What action was taken towards the suspect?

The next paragraph explains what medical treatment was sought and where. Also included is the extent of the injury, any medications given or prescribed, work restrictions if any, and time for a follow-up visit. The name of the Attending Physician is also part of this section. There should also be

PAGE <b>2 of 3</b>	SUBJECT <b>Training- Proper Completion of an Investigation ref: Injury to Protection Officer/ On-Duty</b>	DATE <b>07APR03</b>
-----------------------	--------------------------------------------------------------------------------------------------------------	------------------------

documentation regarding the officer completing a urinalysis, in accordance with Departmental and Agency Rules and Regulations. There should be a statement in the investigation letting the recipient know that the proper CMHA Incident Forms were completed and faxed to the Human Resources Department, including date and time.

The next paragraph is where the author makes their determination, was the injury preventable or not? There should be a brief statement supporting either determination. This is followed by the determination if the officer was in violation of any laws or rules and regulations at the time of the incident.

The last paragraph describes the final action the author is requesting, the investigation be closed, or the preference of Departmental Charges.

When a Protection Officer signs their name they are not to use the initials PO in front of their name. The words Protection Officer must be written out. PO is an abbreviation for Patrol Officer.

When completing a Case Report titled Injury to Person/ CMHA Employee, the narrative should only state, "This report contains confidential medical information." There should be no other information in the report. All of the other information contained in other sections of the report must also be accurate before the supervisor approves the report.

All forms submitted by the investigating Supervisor must be signed.

When these steps are not followed completely, there is a breakdown in the system. The report includes inaccurate or incomplete information, lacks the proper signatures and cannot be processed, does not get faxed to Human Resources which may result in the officer being billed for medical services rendered, and requires other officers, whose responsibilities cannot be handled until the supervisor turns in their properly completed report, to hurry their responsibilities which could cause error on their part.

The proper completion of investigations by a supervisor is a must. Each supervisor has had a number of training classes on this subject, and should be familiar with the proper completion of same. This is a responsibility of being a supervisor and should not be taken lightly. All reports and investigations submitted should be complete, correct, and bear the proper signatures of those officers involved.

This is additional training reference to the proper completion of investigations.

PAGE <b>3 of 3</b>	SUBJECT <b>Training- Proper Completion of an Investigation ref: Injury to Protection Officer/ On-Duty</b>	DATE <b>07APR03</b>
-----------------------	--------------------------------------------------------------------------------------------------------------	------------------------

I have received this training and understand its content.

SGT- Paul A. Styles #656  
 Sgt. Paul A. Styles #656

4-27-03 0200  
 Date/ Time

Supervisor issuing training.

Lt. Ronald V. Moenz #626  
 Lt. Ronald V. Moenz #626

4-22-03 0200  
 Date/ Time



Academy / Accreditation  
Training Manual  
Ref: Accreditation Chapter 33



## TRAINING DOCUMENTATION

This is to certify that I have received a copy of and training on the following topic:

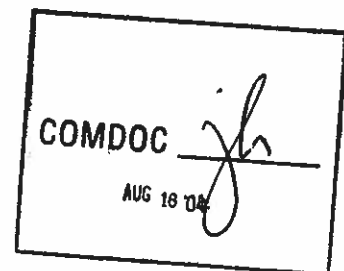
Investigations/ Preparation of Departmental Charges/ Reviewing Reports/ Step-1  
Grievance Procedures & Proper Paperwork Completion

SUPPLEMENTAL TRAINING ACKNOWLEDGEMENT		
NAME/BADGE #	SIGNATURE	DATE
Sgt. Paul Styles #656	SGT. Styles #656	05AUG04

1420 - 1540

Supervisor Issuing: Sc [Signature] 626

Supervisor Issuing: [Signature] 644



<b>PAGE</b> 1 of 1	<b>SUBJECT</b> Supplemental Training- Investigations/ Preparation of Departmental Charges/ Reviewing Reports/ Step-1 Grievance Procedures & Proper Paperwork Completion	<b>DATE</b> 05AUG04
-----------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

The CMHA Police Department is a nationally accredited Police Department that holds itself to high standards. All investigations completed by its supervisors must conform to departmental standards. They must include complete names and pertinent information from all of the parties involved in the incident. A supervisors report must be written in such a manner, that the person reading the investigation could obtain all of the necessary information for them to draw a conclusion. Investigations need not contain extra wording that is not pertinent to the facts of the case. They should be focused directly on the incident at hand, as well as, any history that the parties might have together. It is a supervisors' responsibility to insure that all of their investigations are completed to Departmental Standards.

All reports completed by its officers must conform to departmental standards. They must include complete names and pertinent information from all of the parties involved in the incident. An officer's report must be written in such a manner, that the person reading the report could obtain all of the necessary information for them to draw a conclusion. Reports need not contain extra wording that is not pertinent to the facts of the case. Reports should be focused directly on the incident at hand, as well as, any history that the parties might have together. It is a supervisors' responsibility to insure that all of their subordinates are writing reports correctly. If not, they must show the officer their mistake, and take steps to correct the deficiency. If it cannot be handled on a platoon level, assistance can be rendered through the Training Bureau.

The Department is confident that his training will help its Officers to better understand the reasons for honesty and integrity, and how it affects the daily operations of the Department and its officers.

**From:** Paul Styles  
**To:** Sharon Barto  
**Date:** 8/5/2004 5:31:08 AM  
**Subject:** Matrix

Commander Protection Officer Flowers #257 is temp transfer to Third Platoon in E class. I thied to put her in the matrix and mest it up. Can you fix it for me please.

# SUPERVISORY TRAINING - 23DEC02

## I. DISCIPLINE: (Effective: 01JAN03)

ACP:	Written Warning	<i>(No approval necessary to execute)</i>
	Written Reprimand	<i>(No approval necessary to execute) (Re: last paragraph....still confident...) (Re: last paragraph....additional discipline...) (Re: last paragraph....suspension or termination)</i>
General:	Written Warning	<i>(Approval necessary prior to execution)</i>
	Written Reprimand	<i>(Approval necessary prior to execution) (Process: check for proper disc. In general and for officer) (Re: paragraph #1....change: date/time/etc.)</i>
General Mock Written Warning		<i>(Re: paragraph#1, 1<sup>st</sup> sentence... date/time/violation/where)</i>

## II. INVESTIGATIONS: Reminder list for specific subjects

Specific Information:	See attached lists for:
	1) MVAs
	2) Injuries (on/off duty)
	3) Use of force

### Points to remember:

- ▶ The lists will not be all inclusive of every detail needed. Every investigation is somewhat different and would require more information than others of the same type.  
For example: Injury to P.O. (struck by a vehicle standing outside of the police car)  
                  Injury to P.O. (struck by a vehicle due to tripping, or slipping on ice)  
In the latter, description and photos of the officer's shoes and pavement may be necessary.
- ▶ The Agency having Jurisdiction (AHJ) controls the investigation.
- ▶ CMHA Police still needs to complete an investigation for the Agencies protection and statistics. However, we cannot hinder the AHJ's investigation. We can assist if needed.
- ▶ The CMHA supervisor on scene of an event makes contact with the AHJ's supervisor for coordination.
- ▶ Assure the AHJ that we will assist them and advise that we are completing an investigation as per CMHA procedures.
- ▶ Get a contact person's name and telephone number and advise that our Detective Bureau, for example, will be in contact with them for any additional information of a mutual concern.

## III. FORMATTING the 94-001 for reports and investigations - (General)

1. Subordinates (Civilian Support Personnel, Dispatchers, Protection Officers, Police Officers)
2. Supervisors (Immediate, Watch Commanders/Unit OICs, Commanders)

## SUPERVISORY TRAINING - 23DEC02

- 1) **Introduction** (who are you & who working with; car assignment, using what car; how & when received, etc)
- 2) **Synopsis** (a brief overview of the incident)
- 3) **Investigation** (what you did)
- 4) **Summary** (Summarizes the investigation-high points)
- 5) **Conclusion** (What should be done about your investigation)
- 6) **Attachments** (a list of documents, and/or photos supporting or corroborating the investigation. The investigation package should contain the attachment list in order. For example: your first attachment listed would be placed first after your investigative report; the second would be next and so on and so forth.)

### IV. MOCK INVESTIGATION - SUPERVISORS

### V. MOCK REPORTS for SUBORDINATES

### VI. SHIFT TRAINING for personnel

Training subjects are and will continue to be placed into the application launcher in Office 2000. At present the Vehicle Operation Reference Manual (VORM) is the only one.

However, as subjects come up, they will be added.

**Example:** You have officers that are not completing MM Citations properly. They need training. You set up a training program citing particular additional material (DNs, GPOs, Policy & Procedures Manual, etc.) if necessary. Then that program is forwarded to 605 via e-mail. If approved you will be notified and it will be entered into the application launcher for you and other supervisors to use for the training. A *sign off sheet* will precede the actual training material in the computer. Upon completion the officer/s will sign and you will forward it through channels. Do not complete any unapproved training.

Various subjects will come up that can be handled or corrected by shift training. Some examples:

1. ***Officer/s not wearing the proper or required uniform. (non-police pins or signage, not wearing ties or hats, etc.*** Whether you would be instructing one officer or all of the officers under your command, each officer would sign the sign off sheet. The sign off sheet would contain the title: Uniform of CMHA Police Officers; Uniform of CMHA Protection Officers; Uniform of CMHA Dispatchers. In this situation you would have training on the pertinent section of the Manual of Rules and Regulations, for example.
2. ***Officers not performing safety checks or improperly performing them.*** Whether you would be instructing one officer or all of the officers under your command, each officer would sign the sign off sheet. The sign off sheet would contain the title: Safety Checks by CMHA Personnel. In this situation you would be relying on D.N. #97-025 and

# **SUPERVISORY TRAINING - 23DEC02**

Training Bulletin #97-08.

The above examples are to help with developing training for your personnel. Remember, training must be approved by the Training Coordinator prior to execution.

## **VII. DEPARTMENT HEADER – Effective 01JAN03**

Consistency in Headers for police correspondence

Effective 01JAN03 all Police Correspondence will use the attached header on the CMHAPD94-001.

Page 1 Case Report Information

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Case Report 2000-1578

Case Type: **Drug Abuse / Marijuana** Case Number: 2000-1578

Date/Time: Occurrence Date: 04/01/2000 04/01/2000 Occurrence Time: 19:10 19:10  
 Report Date: 04/01/2000 Report Time: 19:33  
 Week Day: Saturday Archive Number:

Location: Common Name: **Bellaire Gardens** Location Type: **Residence-Family (Low Risk)**  
 Address: Number: 4235 St: W Street: 123rd Suffix: St Apt/Suite:  
 City: Cleveland State: OH Zip: 44135 County: Cuyahoga

Map Reference: Police: 426L Bellaire Zone: 404  
 City: Cleveland County: Cuyahoga

Case: Status: **Cleared by Arrest** Ar. of Date: 04/01/2000  Alcohol Related  
 Drug Related  
 Weapon Related

Assigned To: Personnel Role:

Emplo/SS	Role	Date
Barton #634, Tom	Supervisor Review	04/01/2000
Hopkins #88, Ronald	Arresting Officer	04/01/2000
Stringfellow #71, James	Arresting Officer	04/01/2000
Kleinhenz #08, John	Assisting Officer	04/01/2000
Kob #70, Stephen	Assisting Officer	04/01/2000

Employee: Role: Date: / /

Person(s)

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Conway, John - Black MSP

Person: **Arrested Person**

Role: **Arrested Person**

Last Name: **Conway** First: **John** Middle:

Biometric Name: Mar. #:

Address: Number: 13101 St: St. James Ave. Apt/Suite:  
 City: Cleveland State: OH Zip: 44135

Telephone: Home: (216) - Work: (216) - Ext: Cellular: (216) - Pager: (216) - PIN:

Information: Date of Birth: 11/10/1984  Juvenile:    
 Social Security No: - - - Age: 15  
 Height: 57  
 Weight: 150  
 Sex: **Male** Race: **Black** Ethnic Origin: **Black** Citizenship: **Yes**  
 Marital Status: **Single** Religion: **Baptist**  
 Residence Type: **Non-Resident (CMHA)** Residency Status: **Non-Resident (CMHA)**  
 State: **OH** Country: **United States of America**  
 Place of Birth: **Cleveland** State: **OH** Country: **United States of America**  
 Driver License #: - - - - -

## Person(s) #2

PSM 2000 Plus LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Glass, David - Black/Male

Person | Description | Arrested Person | Employment | Victim | MIA Person | FTO Log | Risk

Name

Role: **Arrested Person**

Last Name: **Glass** First: **David** Middle:

Buagery Name:  Street:

Address

Number: **2600** DE:  Block: **Lbop** Suffix: **Dr** Apt/Suite: **203**

City: **Cleveland** State: **OH** Zip: **44315**

Telephone

Home: **(216) -** Work: **(216) -** Ext:

Cellular: **(216) -** Pager: **(216) -** P.N.:

Information

Date of Birth: **04/10/1983**  Juvenile

Social Security No:  Age: **16**

Sex: **Male** Height: **55**

Race: **Black** Weight: **160**

Ethnic Origin: **Black** Citizenship: **Yes**

Marital Status: **Single** Religion: **Baptist**

Residency Category:  Residency Status: **Non-Resident (CMHA)**

Place of Birth: **Cleveland** State: **OH** Country: **United States of America**

Driver License #:  State:  Expiration:

Case Report 2000-1578

- Person
  - Arrested Person
    - Conway, John - B
    - Glass, David - Bl
- Property
  - Evidence
    - 1 bag suspected marijuana
    - 3 bags of suspected marijuana
- Vehicle
- Offense
  - Possession of Drugs
- Relationship Matrix
- Related Reports
- Photos
- Narrative
  - CAD Narrative - Wilkin
  - Narrative - Hopkins HB

## Property

PSM 2000 Plus LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / 1 bag suspected marijuana

Property | Inventory | Buy | Exchange | Indoc

Property Information

Property Category: **Evidence** Property Description: **Drugs**

Description: **1 bag suspected marijuana** Condition:

Make:  Model:

Serial Number:  Year:

Color:  Reported Date: **04/01/2000**

Stolen Location

Address

Number:  DE:  Street:  Apt/Suite:

City: **Cleveland** State: **OH** Zip:

Other

Photo Damage:  Deposition:

Value: **\$0.00** Quantity:

Insured:  Insured By:

Case Report 2000-1578

- Case Report 2000-1578
  - Person
    - Arrested Person
      - Conway, John - B
      - Glass, David - Bl
  - Property
    - Evidence
      - 1 bag suspected marijuana
      - 3 bags of suspected marijuana
  - Vehicle
  - Offense
    - Possession of Drugs
  - Relationship Matrix
  - Related Reports
  - Photos
  - Narrative
    - CAD Narrative - Wilkin
    - Narrative - Hopkins HB



### Property #2

PSM 2000 Plus! LEERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / 3 bags of suspected marijuana

Property | Recovery | Drug | Document | NCIC

**Property Information**

Property Category: Evidence Property DCR Type: Drugs

Description: 3 bags of suspected marijuana Condition: \*\*\*\*

Make: Serial Number: Year: Reported Date: 04/01/2000

Stolen Location

Address: Number: Dr: Street: Suffix: Sts/Old: Apt/Suite: City: State: ZIP

Cleveland OH

Other

Part Damaged: \*\*\*\* Disposition: \*\*\*\*

Value: \$0.00 Quantity: Insured: \*\*\*\* Insured By:

Navigation: Add, Delete, Cancel, Save, Print, Copy

Property Information, in this case "Drug" was used

PSM 2000 Plus! LEERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / 3 bags of suspected marijuana

Property | Recovery | Drug | Document | NCIC

**Drug Information**

Drug Type	Quantity	Unit	Value
Marijuana	3	bag	\$0.00

Drug Type: Quantity: Unit: Value:

Navigation: Add, Delete, Cancel, Save, Print, Copy

Property #2 also "Drug"

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / 3 bags of suspected marijuana

Property | Recovery | Drug | Document | NCIC

**Drug Information**

Drug Type	Quantity	Units	Value
Marijuana	3	Baggies	\$4000

Drug Type:  Units:  Value:

Quantity:

Buttons: Add, Edit, Delete, Save, Print, Close

Left Panel: Case Report 2000-1578, Person (Arrested Person: Conway, John - B, Glass, David - B), Property (Evidence: 1 bag suspected n, 3 bags of suspect), Vehicle, Offense (Possession of Drugs), Relationship Matrix, Related Reports, Photos, Narrative (CAD Narrative - William, Narrative - Hopkins #B)

Offense

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Possession of Drugs

Offense | Assault/Battery | Police Assault | Burglary | Theft | Domestic Violence | Conspiracy

**Offense**

State UCR Case Study: Possession of Drugs

UCR Category:

State UCR Number:

Reporting Agency: Yes

Drug Activity: Possess

State UCR Disposition: JUV-Handled within Dept. & Re... UCR Disposition Date: 04/01/2000

UCR Disposition: Open Active

Arrest / UCR Disposition Report Number: 2000-203 Number of People Arrested: 2

MO / Crime Spots

Crime Spot: Narcotics Violations

Offense / Agency

Location Type:

Structure / Department:

Unit / Vehicle Link:

Buttons: Add, Edit, Delete, Save, Print, Close

Left Panel: Case Report 2000-1578, Person (Arrested Person: Conway, John - B, Glass, David - B), Property (Evidence: 1 bag suspected n, 3 bags of suspect), Vehicle, Offense (Possession of Drugs), Relationship Matrix, Related Reports, Photos, Narrative (CAD Narrative - William, Narrative - Hopkins #B)

## Relationship Matrix

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Relationship Matrix

Person Matrix Property Matrix Vehicle Matrix

Property

Offense	Property	Person
Possession of Drugs	3 bags of suspected marijuana	Glass, David
Possession of Drugs	3 bags of suspected marijuana	Conway, John

Offense: [dropdown]  
Property: [dropdown]  
Person: [dropdown]

## Related Reports

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Related Reports

Related Incidents

Report Number	Report Type
2000-200	Armed Offender Report

Report Number: [dropdown] Report Type: [dropdown]

## CAD Narrative

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / CAD Narrative - Williams #007, Roxsann - 04/01/2000

Case Report 2000-1578

Person

- Arrested Person
  - Conway, John - B
  - Glass, David - Bl

Property

- Evidence
  - 1 bag suspected n
  - 3 bags of suspecte

Vehicle

Offense

- Possession of Drugs

Relationship Matrix

Related Reports

Photos

Narrative

- CAD Narrative - Willia
- Narrative - Hopkins #88

Narrative

Type: CAD Narrative      Status: Reviewed

Author: Williams #007, Roxsann      Date: 04/01/2000

Reviewed By: Burton #634, Tom      Review Date: 04/01/2000

Narrative:

04/01/2000 19:13:02 Williams #007, Roxsann  
 Taylor, Annetria A / 051377 / 270749268 "clears"  
 04/01/2000 19:25:33 White #008, Gloria  
 Conway, John Dob/081084 "cks through Jdc" Cmha Arrested for Drug Abuse Marijuana  
 Mother, Michelle Conway  
 Johnson, Marcus Dob/041083 "Cks through Jdc" Cmha Arrested for Drug Abuse Marijuana  
 Mother, Sherill Johnson  
 4401/32685 to H.Q.  
 5500/40599 to H.Q. 19:19

Spell Check

## Report Narrative

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Narrative - Hopkins #88, Ronald - 04/01/2000

Case Report 2000-1578

Person

- Arrested Person
  - Conway, John - B
  - Glass, David - Bl

Property

- Evidence
  - 1 bag suspected n
  - 3 bags of suspecte

Vehicle

Offense

- Possession of Drugs

Relationship Matrix

Related Reports

Photos

Narrative

- CAD Narrative - Willia
- Narrative - Hopkins #88

Narrative

Type: Narrative      Status: Reviewed

Author: Hopkins #88, Ronald      Date: 04/01/2000

Reviewed By: Burton #634, Tom      Review Date: 04/01/2000

Narrative:

St.

On April 1, 2000 while assigned to the SWAT Unit 5500, in the company of PO Singleton #71, and assisting TAC Unit 4401 PO Kleehring #88 in the company of PO Kald #70, we had the occasion to arrest John Conway Jr. B/M/15 and David Glass B/M/16 for Drug Abuse Marijuana. The following are the facts related to the arrests.

At 1910 on a C2 check at Bellaire Gardens drug activity area of 4235 W 123rd smelled a strong odor of marijuana. The parties that were in the area, were one black female identified as Annetria A. Taylor, and two black males identified as John Conway Jr. and David Glass. John Conway had been arrested numerous times by this unit for drug offenses, a routine wants and warrants check was requested, and all parties cleared. The two juveniles were patted down for officer safety, David Glass had in his right front pants pocket a small bag later found to be one bag of marijuana, and John Conway also had two bags of marijuana in his right front coat pocket. Taylor Annetria was not patted down because we did not have a female officer with us, she was advised to leave the area and warned and sent.

Radio was advised of the arrest and both juveniles were transported to CHHAPD for booking. Unit 5500 transported David Glass and Unit 4401 transported John Conway. At 1935 hrs. we arrived at Police headquarters. John Conway's father was notified at phone #941-4349. Mr. John Conway, of 13101 St. James Avenue arrived for pick up.

John Conway was released to father at headquarters. David Glass was transported to 2600 Loop Drive #2103 and released to his mother Chanel Glass. The evidence was turn over to Sgt. Smith #630 for processing. Charges to be filed by the Juvenile Officer, Detective Brian Salasone.

Spell Check



\*\*\*FOR TRAINING USE ONLY\*\*\*

CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



TO: John Law, Lieutenant #621, Watch Commander  
3<sup>rd</sup> Platoon

FROM: Sam Sneed, Sergeant #699, 3<sup>rd</sup> Platoon supervisor

PAGE	SUBJECT	DATE
1 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

[Part 1-INTRODUCTION]

On 01JAN03 at 0200 hrs., while assigned to car 555 supervising 3<sup>rd</sup> platoon sector 1 personnel, I received this assignment via land line from (Sergeant Joe Dokes of the Complaint Investigation Unit)

[Part 2-SYNOPSIS]

The assignment alleged that Sgt. Dokes' reliable informant advised him that one of the patrol officers assigned to the 3<sup>rd</sup> platoon was intoxicated and asleep in a zone car in the rear of 1441 W. 25<sup>th</sup> Street.

[Part 3-INVESTIGATION]

I arrived at the location at 0215 hours and observed zone car 299A parked in the rear of 1441 W. 25<sup>th</sup> Street at the extreme southern part of the lot. Being that the area was dimly lit, I was unable to see any occupant in the zone car from my vehicle. I exited and approached zone car 299A finding P.O. Majors apparently asleep slumped in the driver's seat. I observed an open partially empty 40 oz. bottle of Iron City Beer between P.O. Majors legs. In the passenger seat I observed a full, unopened 40 oz. bottle of Iron City beer. I opened the passenger door of the zone car, removed the two bottles of beer, then attempted to wake P.O. Majors. After three tries P.O. Majors awoke and was ordered out of the vehicle. P.O. Majors eyes were dilated, speech slurred and staggered as he walked.

\*\*\*FOR TRAINING USE ONLY\*\*\*  
\*\*\*FOR TRAINING USE ONLY\*\*\*

PAGE	SUBJECT	DATE
2 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

He surrendered his weapon and cigarettes to me, then got into my vehicle as ordered. I advised RCC to send car 399 to assist me and requested the Watch Commander be notified to call me on the Departmental cell phone assigned to me.

P.O. John Smith #2 and P.O. Jane Doe #3 on car 399 arrived at 0235 hrs. I instructed them to inventory car 299A for unauthorized property and damage then drive it back to HQ. I also advised them to remove P.O. Majors personal property and secure it at HQ.

After conferring with Lt. Law by cell phone, I conveyed P.O. Majors to St. Vincent Charity Hospital (SVCH), arriving at 0240 hrs. At my instruction Mary Jones, R.N. administered a B.A.T. and urinalysis to P.O. Majors at 0255 hrs. The B.A.T. results were .20%. Urinalysis results pending. I conferred with Lt. Law via land line at SVCH and advised him of the B.A.T. results. He ordered that I convey P.O. Majors back to HQ for a conference with him.

Upon arrival at HQ at 0330 hrs., I attended the conference with Lt. Law and P.O. Majors. Lt. Law then ordered that P.O. Majors be relieved from duty pursuant to G.P.O. 01-001, Emergency Relief from Duty at 0350 hrs. Lt. Law then conferred with John Wayne, Patrol Commander, who set a Hearing date of 04JAN03 at 0900 hrs., in his office. P.O. Majors was verbally notified of the Hearing date and time. At the order of Lt. Law I conveyed P.O. Majors to his place of residence. P.O. Majors' personal vehicle was secured at HQ.

I placed the two 40 oz. bottles of beer confiscated into evidence as per procedures. I turned over the CMHA P.D. Glock Model 21 bearing serial #111111, assigned to P.O. Majors, to Lt. Law in HQ at 0345 hrs.

[Part 4-SUMMARY]

This investigation determined that P.O. Majors was intoxicated while armed and on duty thereby creating a hazardous condition endangering himself and others.

\*\*\*FOR TRAINING USE ONLY\*\*\*  
\*\*\*FOR TRAINING USE ONLY\*\*\*

PAGE	SUBJECT	DATE
3 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

[Part 5-CONCLUSION]

As a result, P.O. Majors was in violation the Manual of Rules and Regulations and Policy and Procedures of the Department as well as the Administrative Orders of CMHA. I respectfully request preference of the following Departmental Charges against P.O. Majors:

**RULE:** *The 1<sup>st</sup> rule violation listed would not be necessarily the most important violation, but the one that actually defines the particular primary violation. In this case, for example, it might be:*

**RULE:** 1.2.1.04-Drink alcoholic beverages while on duty or in uniform.

**SPECIFICATION:** On 01JAN03 at 0215 hrs., while in the rear parking lot at 1441 W. 25<sup>th</sup>, in zone car 299A, was intoxicated and sleeping while on duty.

**RULE:** *Now you would list the appropriate supporting charges in numerical order, for example: 1.1.2 Gross neglect of duty; 1.1.5 Failure to obey...; 1.1.6 Conduct unbecoming...; 1.1.8 Any other reasonable...; 1.1.9 This section incorporates...; etc.*

**NOTE:** Once all of the Police Department Rules, Regulations, Policy and Procedure violations have been listed, then list the A.O. 11 violations. Usually A.O. 11.10.03 (violate any CMHA rules) will cover most of the situations encountered.

**NOTE:** When completing the "specification" section for each Rule violation, in most cases it is permissible to use the phrase, "as stated in above specification". However, if the next Rule violation you cite is not explained or related to the preceding specification, you will need a new explanation in the specifications. For Example: if you cite Rule 1.1.2, you need to explain how his action caused him to grossly neglect his duty.

\*\*\*FOR TRAINING USE ONLY\*\*\*

**\*\*\*FOR TRAINING USE ONLY\*\*\***

PAGE	SUBJECT	DATE
4 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

You may state, *while P.O. Majors was intoxicated and asleep on duty and in his vehicle, he grossly neglected his sworn duties to protect the lives of CMHA residents and its property. He elected to be intoxicated thereby rendering him incapable of making life and death decisions.*

When citing the Rule about sleeping on duty you may state, *while P.O. Majors was asleep on duty and in his vehicle, he was incapable of responding timely to any threat or immediate necessary action that police officers encounter constantly.*

In another Rule or Policy you may show that what the officer did not only endangered the officer, but the residents, the public in general and police officers.

The above format continues until all charges are listed and specified. In this situation you would also need to address the violation of law. For example:

*Further, it appears that P.O. Majors may be in violation of ORC2923.15-Using weapons while intoxicated. I request that the Internal Affairs Unit investigate the possible violation of law. Lt. Law was notified of this request.*

NOTE: It is important that when you request another unit to investigate or perform some act, they must be notified. Usually, for example, in a LERS report you would send a copy of that report to the Detective Bureau O.I.C. when you're requesting the detectives to follow-up on the initial incident. Otherwise the report remains dormant without any follow-up. The same holds true for an investigation when you request follow-up.

**\*\*\*FOR TRAINING USE ONLY\*\*\***



**\*\*\*FOR TRAINING USE ONLY\*\*\***

PAGE	SUBJECT	DATE
5 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

[Part 6-ATTACHMENTS]

Attachments:

- 1-CMHAPD94-001 Dated 01JAN03 from P.O. Smith #2
- 2-CMHAPD94-001 Dated 01JAN03 from P.O. Doe #3
- 3-CMHAPD94-016 Notification of urine test dated 01JAN03

Respectfully,

Sam Sneed, Sergeant

**DISCUSSION QUESTION:**

Are there points that would be important to this investigation that were left out? If so, what would they be?

**\*\*\*FOR TRAINING USE ONLY\*\*\***  
**\*\*\*FOR TRAINING USE ONLY\*\*\***

PAGE	SUBJECT	DATE
1 of 1	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

**DISCUSSION QUESTION:**      [For supervisors' investigation]

I purposely left out some points that would be important to this investigation. What would they be?

1. "and request for preference of Departmental Charges" in subject box.
2. Was the officer interviewed? If not, explain why.
3. During the officer's interview, one of the 1<sup>st</sup> questions would be is he a diabetic.
4. Was there an odor of alcohol on his breath?
5. Were there any other persons on the scene?
6. If so, did you interview them? If not, explain why.
7. Did you contact the CIU OIC to advise what happened and if there was anymore information regarding the incident and obtain an investigation number?
8. What about ammunition, badge and identification swipe card. Were they also confiscated? If not explain why?
9. A report from members of car 399 as to what they did and observed while involved in the assignment.



\*\*\*FOR TRAINING USE ONLY\*\*\*

CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



TO: Sam Sneed, Sergeant #699, 3<sup>rd</sup> Platoon supervisor

FROM: John Smith, Patrol Officer #2

PAGE	SUBJECT	DATE
1 of 2	Activities in c/w assignment at 1441 W. 25 <sup>th</sup>	01JAN03

[Part 1-INTRODUCTION]

On 01JAN03 at 0400 hrs., I was ordered by Sgt. Sam Sneed to make a report on activities regarding an assignment handled at 1441 W. 25<sup>th</sup> St.

[Part 2-SYNOPSIS]

On 01JAN03 at 0225 hrs., while assigned to car 399, in company with P.O. Jane Doe #3, we received an assignment from RCC to assist car 699 in the rear of 1441 W. 25<sup>th</sup>. Upon arrival at 0235 hrs., we conferred with Sgt. Sam Sneed, who instructed us to record our observations, inventory car 299A for unauthorized property and damage then drive it back to HQ. Further, we were instructed to remove P.O. Majors personal property and secure it at HQ.

[Part 3-INVESTIGATION]

We inventoried car 299A on the scene, with the following results:

Contraband seized-

- 1) Three(3) 40oz. bottles of Iron City beer on the floor of the rear seat area behind the driver under a bullet proof vest;
- 2) Two(2) marijuana cigarettes (roaches) in the front ashtray; and,
- 3) One(1) case of 24, 12 oz. bottle of Iron City beer in the trunk.

\*\*\*FOR TRAINING USE ONLY\*\*\*

\*\*\*FOR TRAINING USE ONLY\*\*\*

PAGE	SUBJECT	DATE
2 of 2	Activities in c/w assignment at 1441 W. 25 <sup>th</sup>	01JAN03

**Personal property removed for safe keeping-**

- 1) One(1) Armour Brand bullet proof vest bearing serial # 2222222 on the front panel and #2222223 on the rear panel. An identification tag on the inside front panel contained P.O. Majors' name and badge number. This was located on the floor in the rear seat compartment behind the driver.
- 2) One(1) brown 1'x 2' brief case (no brand name or serial number) found in the trunk. It only contained miscellaneous departmental forms. The identification card contained P.O. Majors' name.

Upon inventory, I did not view any interior or exterior damage to Car 299A. It was driven back to HQ by P.O. Doe #3 and secured in the police lot at 0345 hrs. P.O. Majors' personal vehicle, is a 1999 Ford Explorer, blue in color, bearing Ohio License #LM 1. I observed his vehicle was locked and secured in the HQ Police Lot.

The contraband and P.O. Majors' personal property was conveyed by us to HQ. There the contraband was tagged and entered into the property book and placed into the evidence safe by P.O. Doe #3. I secured P.O. Majors' personal property into his personal locker.

**[Part 4-SUMMARY]**

Upon completion of this assignment at 0430 hrs., we reported to Sgt. Sneed for further instructions. He advised us to return to our regularly assigned duties. RCC notified at 0435 hrs.

**[Part 5-CONCLUSION]**

If applicable

**[Part 6-ATTACHMENTS]**

If applicable

Respectfully,

John Smith, P.O.

**DISCUSSION QUESTION:**

Are there points that you would want the officer to put in, or that should be in the report? If so, what would they be?

**\*\*\*FOR TRAINING USE ONLY\*\*\***

**\*\*\*FOR TRAINING USE ONLY\*\*\***

**DISCUSSION QUESTION: [For subordinates' report]**

Are there points that you would want the officer to put in, or should be in the report? If so, what would they be?

1. Was there an odor of alcohol and/or marijuana in car 299A?
2. The report from members of car 399 did not contain what they observed while involved in the assignment, in relation to seeing P.O. Majors on scene.
3. "I secured P.O. Majors' personal property into his personal locker." Is there a problem with that?

**\*\*\*FOR TRAINING USE ONLY\*\*\***



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Gregory Drew, Police Officer #04 – SWAT

**FROM:** Melvin I. Guinn, Sergeant #624 – SWAT OIC

PAGE <b>1 of 1</b>	SUBJECT <b>Step One Grievance Response</b>	DATE <b>04AUG04</b>
-----------------------	-----------------------------------------------	------------------------

On 28JUL04 I convened a Step One grievance hearing with you regarding a Written Reprimand that you were issued on 20JUL04. The reprimand resulted from Departmental Charges that Sgt. Paul J. Shaughnessy #654 forwarded against you for an incident regarding improper procedures during a prisoner transport on 13MAR04. You stated that you wished to have the reprimand removed from your file because PO Eric Rives #86 was the senior officer and was operating the vehicle, you already received a shift counseling from Sgt. Shaughnessy on 13MAR04, and you were never given a Pre-disciplinary hearing.

This grievance cannot be resolved at this level.

\_\_\_\_\_  
Melvin I. Guinn, Sergeant

I have received a copy of this Step One Grievance.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Eric Rives, Police Officer #86 – Third Platoon

**FROM:** Thomas Imes, Lieutenant #628 - Third Platoon Watch Commander

<b>PAGE</b> 1 of 2	<b>SUBJECT</b> Step One Grievance	<b>DATE</b> 04AUG04
-----------------------	--------------------------------------	------------------------

On 31JUL04 I conducted a Step One grievance hearing with you regarding a Written Reprimand that you received on 20JUL04 as a result of Departmental Charges that were levied against you by Sgt. Paul J. Shaughnessy #654 (ref X04-023). You stated that you wished to have the reprimand dismissed and removed from your file based on the following grounds:

1. You received a verbal shift counseling for the infraction on 13MAR04
2. You were verbally threatened, harassed, and intimidated on the same date
3. On 16MAR04 Sgt. Shaughnessy ordered you to write a report regarding the incident after he became aware that you forwarded a written complaint against him (ref X04-022) and the Written Reprimand was retaliation against you.
4. The offense was your first and a Written Reprimand was not progressive discipline based on Rules and Regulations (*RR*) Section 11.1.5.02B.
5. The Written Reprimand that you received was not the preferred method of discipline under *RR* 11.1.7.01
6. The violation was a minor infraction and did not fall under *RR* 11.1.3.01

It was your contention that the verbal shift counseling that you stated received on 13MAR04 and the Written Reprimand that you received on 20JUL04 constituted “double discipline” for the same infraction.

Upon my review, this grievance cannot be resolved at this level.

Attachments to this report:

- CMHA PD 94-001 report from PO Eric Rives #86 dated 28JUL04
- CMHA PD Manual of Rules and Regulation Section 11.1.3.01; 11.1.5.02B
- CMHA PD Manual of Rules and Regulation Section 11.1.7.01

---

Thomas Imes, Lieutenant

PAGE <b>2 of 2</b>	SUBJECT <b>Step One Grievance</b>	DATE <b>04AUG04</b>
-----------------------	--------------------------------------	------------------------

I have received a copy of this Step One Grievance.

Signed \_\_\_\_\_ Date \_\_\_\_\_



Academy / Accreditation  
Training Manual  
Ref: Accreditation Chapter 33



## TRAINING DOCUMENTATION

This is to certify that I have received a copy of and training on the following topic:

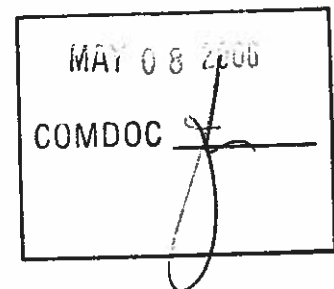
Investigations/ Preparation of Departmental Charges/ Reviewing Reports/ Step-1  
Grievance Procedures & Proper Paperwork Completion

SUPPLEMENTAL TRAINING ACKNOWLEDGEMENT		
NAME/BADGE #	SIGNATURE	DATE
Sgt. Paul Styles #656	SGT. Styles #656	05AUG04

1420-1540

Supervisor Issuing: SC [Signature] 626

Supervisor Issuing: [Signature] #644



<b>PAGE</b> 1 of 1	<b>SUBJECT</b> Supplemental Training- Investigations/ Preparation of Departmental Charges/ Reviewing Reports/ Step-1 Grievance Procedures & Proper Paperwork Completion	<b>DATE</b> 05AUG04
-----------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

The CMHA Police Department is a nationally accredited Police Department that holds itself to high standards. All investigations completed by its supervisors must conform to departmental standards. They must include complete names and pertinent information from all of the parties involved in the incident. A supervisors report must be written in such a manner, that the person reading the investigation could obtain all of the necessary information for them to draw a conclusion. Investigations need not contain extra wording that is not pertinent to the facts of the case. They should be focused directly on the incident at hand, as well as, any history that the parties might have together. It is a supervisors' responsibility to insure that all of their investigations are completed to Departmental Standards.

All reports completed by its officers must conform to departmental standards. They must include complete names and pertinent information from all of the parties involved in the incident. An officer's report must be written in such a manner, that the person reading the report could obtain all of the necessary information for them to draw a conclusion. Reports need not contain extra wording that is not pertinent to the facts of the case. Reports should be focused directly on the incident at hand, as well as, any history that the parties might have together. It is a supervisors' responsibility to insure that all of their subordinates are writing reports correctly. If not, they must show the officer their mistake, and take steps to correct the deficiency. If it cannot be handled on a platoon level, assistance can be rendered through the Training Bureau.

The Department is confident that his training will help its Officers to better understand the reasons for honesty and integrity, and how it affects the daily operations of the Department and its officers.

**From:** Paul Styles  
**To:** Sharon Barto  
**Date:** 8/5/2004 5:31:08 AM  
**Subject:** Matrix

Commander Protection Officer Flowers #257 is temp transfer to Third Platoon in E class. I thied to put her in the matrix and mest it up. Can you fix it for me please.

# SUPERVISORY TRAINING - 23DEC02

## I. DISCIPLINE: (Effective: 01JAN03)

ACP:	Written Warning	<i>(No approval necessary to execute)</i>
	Written Reprimand	<i>(No approval necessary to execute) (Re: last paragraph....still confident...) (Re: last paragraph....additional discipline...) (Re: last paragraph....suspension or termination)</i>
General:	Written Warning	<i>(Approval necessary prior to execution)</i>
	Written Reprimand	<i>(Approval necessary prior to execution) (Process: check for proper disc. In general and for officer) (Re: paragraph #1....change: date/time/etc.)</i>
General Mock Written Warning		<i>(Re: paragraph#1, 1<sup>st</sup> sentence... date/time/violation/where)</i>

## II. INVESTIGATIONS: Reminder list for specific subjects

Specific Information:	See attached lists for:
	1) MVAs
	2) Injuries (on/off duty)
	3) Use of force

### Points to remember:

- ▶ The lists will not be all inclusive of every detail needed. Every investigation is somewhat different and would require more information than others of the same type.  
For example: Injury to P.O. (struck by a vehicle standing outside of the police car)  
Injury to P.O. (struck by a vehicle due to tripping, or slipping on ice)  
In the latter, description and photos of the officer's shoes and pavement may be necessary.
- ▶ The Agency having Jurisdiction (AHJ) controls the investigation.
- ▶ CMHA Police still needs to complete an investigation for the Agencies protection and statistics. However, we cannot hinder the AHJ's investigation. We can assist if needed.
- ▶ The CMHA supervisor on scene of an event makes contact with the AHJ's supervisor for coordination.
- ▶ Assure the AHJ that we will assist them and advise that we are completing an investigation as per CMHA procedures.
- ▶ Get a contact person's name and telephone number and advise that our Detective Bureau, for example, will be in contact with them for any additional information of a mutual concern.

## III. FORMATTING the 94-001 for reports and investigations - (General)

1. Subordinates (Civilian Support Personnel, Dispatchers, Protection Officers, Police Officers)
2. Supervisors (Immediate, Watch Commanders/Unit OICs, Commanders)

# SUPERVISORY TRAINING - 23DEC02

- 1) **Introduction** (who are you & who working with; car assignment, using what car; how & when received, etc)
- 2) **Synopsis** (a brief overview of the incident)
- 3) **Investigation** (what you did)
- 4) **Summary** (Summarizes the investigation-high points)
- 5) **Conclusion** (What should be done about your investigation)
- 6) **Attachments** (a list of documents, and/or photos supporting or corroborating the investigation. The investigation package should contain the attachment list in order. For example: your first attachment listed would be placed first after your investigative report; the second would be next and so on and so forth.)

## IV. MOCK INVESTIGATION - SUPERVISORS

## V. MOCK REPORTS for SUBORDINATES

## VI. SHIFT TRAINING for personnel

Training subjects are and will continue to be placed into the application launcher in Office 2000. At present the Vehicle Operation Reference Manual (VORM) is the only one. However, as subjects come up, they will be added.

**Example:** You have officers that are not completing MM Citations properly. They need training. You set up a training program citing particular additional material (DNs, GPOs, Policy & Procedures Manual, etc.) if necessary. Then that program is forwarded to 605 via e-mail. If approved you will be notified and it will be entered into the application launcher for you and other supervisors to use for the training. A *sign off sheet* will precede the actual training material in the computer. Upon completion the officer/s will sign and you will forward it through channels. Do not complete any unapproved training.

Various subjects will come up that can be handled or corrected by shift training. Some examples:

1. ***Officer/s not wearing the proper or required uniform. (non-police pins or signage, not wearing ties or hats, etc.*** Whether you would be instructing one officer or all of the officers under your command, each officer would sign the sign off sheet. The sign off sheet would contain the title: Uniform of CMHA Police Officers; Uniform of CMHA Protection Officers; Uniform of CMHA Dispatchers. In this situation you would have training on the pertinent section of the Manual of Rules and Regulations, for example.
2. ***Officers not performing safety checks or improperly performing them.*** Whether you would be instructing one officer or all of the officers under your command, each officer would sign the sign off sheet. The sign off sheet would contain the title: Safety Checks by CMHA Personnel. In this situation you would be relying on D.N. #97-025 and

# **SUPERVISORY TRAINING - 23DEC02**

Training Bulletin #97-08.

The above examples are to help with developing training for your personnel. Remember, training must be approved by the Training Coordinator prior to execution.

## **VII. DEPARTMENT HEADER – Effective 01JAN03**

Consistency in Headers for police correspondence

Effective 01JAN03 all Police Correspondence will use the attached header on the CMHAPD94-001.

Page 1 Case Report Information

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Case Report 2000-1578

Case Type: **Drug Abuse / Marijuana** Case Number: 2000-1578

Date/Time: From: 04/01/2000 To: 04/01/2000 Occurrence Time: From: 19:10 To: 19:10

Report Date: 04/01/2000 Report Time: 19:33

Week Day: Saturday Archive Number: \_\_\_\_\_

Location: Common Name: **Bellare Gardens** Location Type: **Residence-Family (Low Risk)**

Address: Number: 4235 Dr: W Street: 123rd Suffix: St Sh/Dic: Apt/Suite: \_\_\_\_\_

City: Cleveland State: OH Zip: 44135 County: Cuyahoga

Map Reference: \_\_\_\_\_

Patch: 426L Bellare Zone: 404

City: Cleveland County: Cuyahoga

Case: Status: **Cleared by Arrest** As of Date: 04/01/2000  Alcohol Related  Drug Related  Weapon Related

Assigned To: \_\_\_\_\_

Personnel Role:

Employee	Role	Date
Burton #634, John	Supervisor Review	04/01/2000
Hopkins #88, Ronald	Arresting Officer	04/01/2000
Stingfellow #71, James	Arresting Officer	04/01/2000
Kleinhenz #08, John	Arresting Officer	04/01/2000
Kirk #20, Stephen	Arresting Officer	04/01/2000

Employee: \_\_\_\_\_ Role: \_\_\_\_\_ Date: / /

Person(s)

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Conway, John - Black Male

Person: **Conway, John** (Arrest)

Name: **Conway, John** Male

Business Name: \_\_\_\_\_ Male: \_\_\_\_\_

Address: Number: 13101 Dr: St James Suffix: Ave Sh/Dic: Apt/Suite: \_\_\_\_\_

City: Cleveland State: OH Zip: 44135

Telephone: Home: (216) - \_\_\_\_\_ Work: (216) - \_\_\_\_\_ Ext: \_\_\_\_\_ Cellular: (216) - \_\_\_\_\_ Pager: (216) - \_\_\_\_\_ Fax: \_\_\_\_\_

Information: Date of Birth: 11/10/1984  Cleared: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Sex: Male Age: 15

Race: Black Height: 57

Ethnic Desc: Black Weight: 150

Marital Status: Single Citizenship: Yes

Residency Type: \_\_\_\_\_ Religion: Baptist

Residency Status: Non-Resident (CMHA) State: \_\_\_\_\_ Country: \_\_\_\_\_

Place of Birth: Cleveland OH United States of America

Driver License #: \_\_\_\_\_

Person(s) #2

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Glass, David - Black/Male

Person: Description | Arrested Person | Victim | M.O./Time | Employment | Victim | Misc Person | Photo | Role

Name: Role: Arrested Person

Last Name: Glass First: David Middle:

Business Name: Street #:

Address: Number: 2600 Bk: Loop Street: Dr: Apt/Suite: 203

City: Cleveland State: OH Zip: 44315

Telephone: Home: (216) - Work: (216) - Fax: Cellar: (216) - Pager: (216) - PIN:

Information: Date of Birth: 04/10/1983  Juvenile Minimum: Maximum: Social Security No: -- -- Age: 16 Height: 55 Sex: Male Race: Black Weight: 160 Ethnic Origin: Black Citizenship: Yes: Religion: Baptist Marital Status: Single Residence Status: Non-Resident (OH/A) State: Country: United States of America Place of Birth: Cleveland OH Divul License #: -- --

Property

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / 1 bag suspected marijuana

Property: Description | Property | Drug | Property (No.)

Property Information: Property Category: Evidence Property Type: Drugs

Description: 1 bag suspected marijuana Condition: --

Make: Serial Number: Year: Registered Date: 04/07/2000

State Location: Address: Number: Dr: Street: Apt/Suite: City: Cleveland State: OH

Price/Date Acq: Value: \$0.00 Date Acq: Insured: Insured By:



## Property #2

PSM 2000 Plus LERS - C.M.H.A. Police Department / Case Report 2000-1578  
C.M.H.A. Police Department / 3 bags of suspected marijuana

Property Information

Property Category: Evidence Property DOR Type: Drugs

Description: 3 bags of suspected marijuana Condition: \*\*\*\*

Make: Model:

Serial Number: Year:

Color: Primary: Secondary: Reported Date: 04/01/2000

Stolen Location

Address: Number: 0000 Street: Subtype: SubDir: Apt/Suite

City: State: Zip

Cleveland OH

Other

Prop. Damaged: Disposition:

Value: \$0.00 Quantity:

Insured: Insured By:

Property Information, in this case "Drug" was used

PSM 2000 Plus LERS - C.M.H.A. Police Department / Case Report 2000-1578  
C.M.H.A. Police Department / 1 bag suspected marijuana

Drug Information

Drug Type	Quantity	Unit	Value
Marijuana	1	Baggie	\$0.00

Drug Type: Quantity: Unit: Value:

Property #2 also "Drug"

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / 3 bags of suspected marijuana

Property | Property | Drug | Document | NDC

Drug Type	Quantity	Units	Value
Marijuana	3	Baggies	\$0.00

Drug Type:  Units:  Value:

Offense

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Possession of Drugs

Offense | Arrest/Arrested | Arrest/Arrested | Arrest/Arrested | Arrest/Arrested | Arrest/Arrested

Offense:

State UCR Classification: Possession of Drugs

UCR Classification: [dropdown]

Statute Reference: [text]

Evidence Collected: Yes

Drug Activity: Possess

State UCR Disposition: JUN-Handled within Dept. & Rept

UCR Disposition: Open Active

Arrest & Juvenile Offense Report Number: 2000-203

Reported Date: 04/01/2000

UCR Disposition Date: 04/01/2000

Number of People Arrested: 2

MO/Crime Spic: [dropdown]

Crime Spec: Narcotics Violations

Other/Arrest: [dropdown]

Location Type: [dropdown]

Offense Category: [dropdown]

Total Value Lost: [text]

## Relationship Matrix

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Relationship Matrix

Property Matrix

Offense	Property	Person
Possession of Drugs	1 bag suspected marijuana	Glass, David
Possession of Drugs	3 bags of suspected marijuana	Conway, John

Offender:

Property:

Person:

Buttons: Add, Edit, Delete, Print, Cancel, Save, Find, Close

## Related Reports

PSM 2000 Plus! LERS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Related Reports

Related Incidents

Report Number	Report Type
2000-203	Arrestable Offense Report

Report Number:  Report Type:

Buttons: Add, Edit, Delete, Print, Cancel, Save, Find, Close

# DISCIPLINARY FILE



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO: Paul A. Styles #656, Sergeant-2<sup>nd</sup> Platoon**

**FROM: Carol D. Rucker #632, Complaint Investigation Unit OIC**

PAGE  1 of 2	SUBJECT  <b>DISCIPLINE WRITTEN WARNING re: Rule violation</b>	DATE  02OCT08
--------------------	-------------------------------------------------------------------------	---------------------

On 02SEP08 at 1750 hours you responded to 9500 Wade Park to confer with and/or assist PO Hizak #24 with a incident involving a female who was not a CMHA Resident, but had keys to a unit. You were told by Hizak that confirmation from the manager on this date, and RCC that the female was not a leaseholder/resident. You however, told Hizak to unlock the door to admit this female into this unit to attempt to locate papers reflecting her being a resident of that unit. The papers were not located and in your conversation with the leaseholder of this unit, after you had let the female into this unit, advised you that she was not on his lease, but in the process of placing her on it. As a result, you have been found in violation of the following Rules: **The Following Shall Be Grounds for Disciplining Personnel, Including Removal: .01 Incompetence, 1.1.2, 1.1.6, 1.1.8, 1.1.9, and AO #11.B-I.B – Prohibited Conduct.)** "This "WRITTEN WARNING" is disciplinary action taken against you for being in violation of the aforementioned Rules."

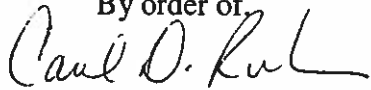
On 02SEP08 at 1750 hours had PO Hizak to unlock the door to admit a non-resident into a unit to locate papers reflecting that she was a resident of that unit, when you were advised prior to doing so by Hizak that the manager had advised that she was not a resident/leaseholder. RCC had been contacted by Hizak also and that information was the same as what management had confirmed. There was no need to go inside this unit. As a supervisor you failed to abide by the policy and procedures of the CMHA Police Department, and instruct your subordinates to do the same. You must lead by example at all times, in a positive direction. This in turn gains the respect from residents, peers, supervisors and others you come in contact with.

The CMHA Police Department is a nationally accredited agency as a result of demonstrating professional excellence through a national law enforcement credentialing program by the Commission on Accreditation for Law Enforcement Agencies. Accreditation is a coveted award that symbolizes professionalism, excellence, and competence. The accreditation award proves that the agency is committed to maintaining compliance with a broad-based set of internationally accepted professional standards that provide a proven management system of written directives, sound training, clearly defined lines of authority and routine reports that support decision making and resource allocation for the agency.

APPROVED:  Date:   
CMHAPD94-059A rev. 05MAY05; rev. 18APR06

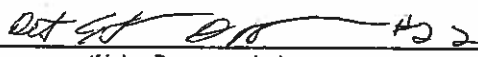
PAGE <b>2 of 2</b>	SUBJECT <b>DISCIPLINE</b> <b>WRITTEN WARNING re: Rule violation</b>	DATE <b>02OCT08</b>
-----------------------	---------------------------------------------------------------------------	------------------------

Since the CMHA Police Department has been accredited by CALEA, it is in the national spotlight. Therefore, there is a broad and diverse audience scrutinizing the actions of its members. Members who demonstrate voluntary compliance with Rules, Regulations, Policies and Procedures of the Department, receive the prestige as positive role models and negate the need for discipline. Positive role models have influence to foster an atmosphere of high morale and respect from their peers and/or subordinates. High morale and mutual respect for each of the members are sensed by others, both in and outside of the police community. To this end, whether the incident was an oversight or a departure from good judgment, the Department is confident you can make the necessary adjustments to prevent a reoccurrence of incidents of this type. Any further violations of this nature will result in additional discipline being taken against you. This "WRITTEN WARNING" will remain in your personnel file.

By order of  
  
 Carol D. Rucker, Sergeant

I acknowledge receipt of this "DISCIPLINARY ACTION" and understand its content.

Signature: SGT. Paul A. Styls #656 06 OCT 08 1530  
 (Your signature is not an admission of agreement) (Date/Time)

Signature:  #2 10-7-08 1258  
 (Union Representative) (Date/Time)

Signature: LT James C. Huff #613 06 OCT 08 1530  
 (Issuing/Witnessing Supervisor) (Date/Time)

APPROVED:  Date: 10/6/08  
 CMHAPD94-059A rev. 05MAY05; rev. 18APR06



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



**TO:** Paul A. Styles #656, Sergeant- Narcotics Unit OIC

**FROM:** Ronald J. Morenz #626- Lieutenant- Special Operations Unit OIC

PAGE  1 of 2	SUBJECT  <b>DISCIPLINE</b>  <b>WRITTEN REPRIMAND re: Court subpoena</b>	DATE  31JUL06
--------------------	-------------------------------------------------------------------------------------	---------------------

On 10JUL06 at 1330, you failed to appear in Cleveland Municipal Court in response to a subpoena. As a result, you have been found in violation of the following Rules: **2.1.6.21-Personnel within the Department shall take care of their cases in court promptly. If, for any reason, they are unable to do so, they shall arrange with their Superior Officer to have some other officer attend court, and have the case continued or otherwise disposed of; and related charges of: 1.1.8; 1.1.9; and AO #11.B-I.B – Prohibited Conduct.** This **“WRITTEN REPRIMAND”** is disciplinary action taken against you for being in violation of the aforementioned Rules.

On 10JUL06, you failed to appear in Court in response to a subpoena that you received regarding Anthony Smith- Case #2006CRB019734 at the required time, and did not make the proper notification as mandated by Rule 2.1.6.21. Due to your tardiness, the case was dismissed. This dismissal exposes the agency to potential liability and litigation. This does not present the agency in a good light and does not foster a good working relationship with the various Judicial Divisions. The reputation for having dependable, well-prepared officers appear in court is a fundamental aspect of maintaining the professional image of the CMHA Police Department within the Judicial System. Additionally, your testimony is most often the key component of the Prosecutor’s Office being able to make a successful prosecution of an offender.

The CMHA Police Department is a nationally accredited agency as a result of demonstrating professional excellence through a national law enforcement credentialing program by the Commission on Accreditation for Law Enforcement Agencies. Accreditation is a coveted award that symbolizes professionalism, excellence, and competence. The accreditation award proves that the agency is committed to maintaining compliance with a broad-based set of internationally accepted professional standards that provide a proven management system of written directives, sound training, clearly defined lines of authority and routine reports that support decision making and resource allocation for the agency.

APPROVED:  Date: 31 Jul 06

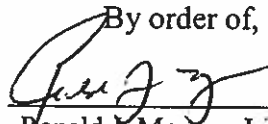
CMHAPD94-059C Eff: 09AUG05; rev. 18APR06

*Rec'd 7/31/06*

17

PAGE  2 of 2	SUBJECT  <b>DISCIPLINE</b> <b>WRITTEN REPRIMAND re: Court subpoena</b>	DATE  31JUL06
--------------------	---------------------------------------------------------------------------------	---------------------

Since the CMHA Police Department has been accredited by CALEA, it is in the national spotlight. Therefore, there is a broad and diverse audience scrutinizing the actions of its members. Members who demonstrate voluntary compliance with Rules, Regulations, Policies and Procedures of the Department, receive the prestige as positive role models and negate the need for discipline. Positive role models have influence to foster an atmosphere of high morale and respect from their peers and/or subordinates. High morale and mutual respect for each of the members are sensed by others, both in and outside of the police community. To this end, whether the incident was an oversight or a departure from good judgment, the Department is still confident you can make the necessary adjustments to prevent a reoccurrence of this incident. Any further violations of this nature will result in additional discipline being taken against you, which would result in **suspension or termination**. This "WRITTEN REPRIMAND" will remain in your Personnel file.

By order of,  
  
 Ronald J. Morenz, Lieutenant

I acknowledge receipt of this "DISCIPLINARY ACTION" and understand its content.

Signature: SBT Paul A. Stybo #156  
 (Your signature is not an admission of agreement)

31 Jul 06 @ 1400  
 (Date/Time)

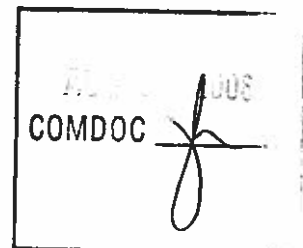
Signature: St Paul A. Stybo  
 (Union Representative)

31 Jul 06 1400  
 (Date/Time)

Signature: St Paul A. Stybo #156  
 (Issuing/Witnessing Supervisor)

31 Jul 06 @ 1400  
 (Date/Time)

APPROVED:  Date: 31 Jul 06







**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Ronald J. Morenz #626, Lieutenant Special Operations

**FROM:** Paul A. Styles #656, Sergeant Narcotics Unit OIC

PAGE <b>1 of 1</b>	SUBJECT <b>Missed Court Appearance 10JUL06.</b>	DATE <b>25JUL06</b>
-----------------------	----------------------------------------------------	------------------------

Sir,

On 25JUL06, I was assigned to the Narcotics Unit as the OIC. I received an order from you to generate a report to a missing court appearance on 10JUL06. The following are the facts related to the incident:

On 10JUL06, I had a court appearance for Anthony Smith at 1330 hours in Judge Tarver's courtroom. At approximately 1300 hours, I received a call from Rodney Barnett Chief of maintenance advising me he and his crew were at 1515 Crawford Road making repairs. He reported he observed two black males involved in drug activity making hand-to-hand transactions, and if I hurry and get over there, I would catch them. Patrol was tied up so I contacted Sgt. Likes for assistance. Sgt. Likes send two of his units to assist me. At approximately 1339 hours, we responded to 1515 Crawford Road and observed to two black males in the courtyard, as we approached one of the male fled and was later apprehended. They were identified as Allen Tyes 27/b/m/s and Gerlon McDuffie 27/b/m/s. Mr. Tyes was arrested on a felony warrant with the Cuyahoga County Sheriff's Office for Aggravated Burglary, Assault, and Criminal Damaging. He also received a Minor Misdemeanor Citation for Drug Abuse Marijuana. He was in possession of three large baggies of suspected Marijuana. Mr. McDuffie also received a Minor Misdemeanor Citation for Drug Abuse Marijuana. He was in possession of two large baggies of suspected Marijuana. Both males had large amounts of currency with them. Case report 2006-15800.

I cleared the scene at approximately 1353 hours. At approximately 1403 hours, I responded to the justice center to attend court, when I got to the courtroom, I observed Mr. Smith walking out of the courtroom. After conferring with the prosecutor, she advised me the case was dismissed due to no officer present. It was not my intention to miss court, I acted on the information that I received and made poor judgment on timing. I though I could handle the call and still make it to court on time.

Respectfully,

*Paul A. Styles #656*  
 Paul A. Styles, Sergeant



# CMHA POLICE DEPARTMENT COURT TRACKING DATABASE

<b>Report by Date Range</b>	<b>Case Number</b> 2006CRB019734	<b>Case Type</b> City	<b>Court Date</b> 7/10/2006	<b>Judge</b> Tarver
<b>Report by Case Number</b>	<b>Court Room</b> 12C	<b>Case Status</b> Closed		
<b>Report by Case Status</b>	<b>Comments</b>			
<b>Report by Case Type and Status</b>				
	<b>Defendant Last Name</b> Smith	<b>Defendant First Name</b> Anthony		
	<b>Defendant Middle</b>	<b>Disposition:</b> Dismissed		
	<b>Officers Last Name</b> Styles	<b>Officers First Name</b> Paul		
	<b>Officers Badge #</b> 656	<b>Officers Shift</b> Narcotics		

In Cleveland Municipal Court

The State Of Ohio  
County of Cuyahoga ss.  
City of Cleveland

Criminal Branch

Case No. 2006CRB019734 A

City of Cleveland  
vs.  
ANTHONY SMITH

Charge: MC 607.03  
DRUG ABUSE

Judge: TARVER

Complaint filed, warrant issued and return made. 06/16/2006

- 06/16/2006 A Complaint received and filed with Clerk's Office on 06/16/2006.
- 06/22/2006 BEDNAR The defendant having failed to appear, a capias is ordered.
- 06/22/2006 Letter to defendant regarding capias for failure to appear to be processed and mailed.
- 06/22/2006 The defendant has failed to appear or comply with court order on this case. Administrative processing or notification activity previously placed on hold is now reactivated.
- 06/23/2006 Personal Bond posted with the Clerk.  
Bond Number 03 PB 91,172
- 06/23/2006 The defendant has appeared and a new court date has been scheduled for this case. ACS processing activity has been suspended, pending outcome of case.
- 06/23/2006 Case set for 3C Bail Docket 06/27/2006 at 9:30a.m.
- 06/27/2006 BEDNAR A Defendant, having been advised of his or her rights, enters a plea of NOT GUILTY.
- 06/27/2006 Case has been assigned to the personal docket of

Judge Tarver.

BEDNAR

06/27/2006

Case Control Lottery Number 27,986 recorded.

BEDNAR

06/27/2006

Set for Trial 07/10/2006 13:30

BEDNAR

06/27/2006

The witnesses are ordered to be subpoenaed.

BEDNAR

06/27/2006

For good cause shown, the capias is ordered recalled.

BEDNAR

06/28/2006

One (1) subpoena issued by clerk.

07/10/2006

A Case is dismissed for want of prosecution.

VODREY

The defendant is hereby discharged as to this charge.

07/10/2006

Officer not present in court.

VODREY

07/10/2006

(D. IS BLIND)

VODREY

I, Earle B. Turner, Clerk of the Cleveland Municipal Court, within and for said city. Hereby certify that the above and foregoing is truly taken and copied from the original Journal Entry 2006CRB019734 now on file in my office.

Witness my hand and seal of said court this

\_\_\_\_\_ Day of \_\_\_\_\_ A.D. \_\_\_\_\_

Earle B. Turner

By \_\_\_\_\_, Deputy

NAME	BADGE#	CASE#	DEFENDANT	DATE REC'D	COURT DATE	COURT ROOM	JUDGE	CHARGES	INTAKER	OFFICER SIGNATURE	DATE	OIC NOTIFICAT
Williams	#50	2006CB 020271	Somalia Key	6.27	7.18	14D	Zone	JH		[Signature]	6.28	7.2.62
Williams	#50	2005CB 019446	Richard Sloan	6.27	7.6	14D	Zone	JH		[Signature]	6.28	7.9.6
Ramsey	#107	2004CB 016500	Marcus Williams	6.27	6.28	HC	Mayo	JH		[Signature]	6.28	TR-010 2004CB 15
Morenz	626	471677	Chris Harris	6.27	7.5	137A	Russo	275		[Signature]	6/28	
Troyer		"	"	"	"	"	"	"		[Signature]	6/28	7.2.628
Azzaro	61	"	"	"	"	"	"	"		[Signature]	6/28	7.2.628
Ali	31	"	"	"	"	"	"	"		[Signature]	6/28	
Blakemore	12	2006/3102	Natasha Moon	6.28	8.7	137A	-	Euction	Wiley	[Signature]	6/28	2006/36
Drew	04	d	d		d	d	-	d	Wiley	[Signature]	6/28	2006/36
Smile	#47	2006CB 020464	Stison East	6.28	7.5	3D		621.06	JH	[Signature]	6.28	2006/36
Clayton	#28	"	"	"	"	"	-	621.06	JH	[Signature]	6.29	2006/36
Styles	#156	2006CB 19734	Anthony Smith	6.28	7.10	12C	Tenver	607.03	JH	[Signature]	6-28	2006/36
Woodland	#181	2006CB 006652	Larry E. Drake	6.28	7.5	14D	Zone	451.15	JH	[Signature]	6.28	2006/36



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



**TO:** Paul A. Styles #656, Sergeant- OIC Narcotics Unit

**FROM:** Ronald J. Morenz #626, Lieutenant- OIC Special Operations Unit

PAGE  1 of 2	SUBJECT  <b>DISCIPLINE</b> <b>WRITTEN WARNING re: Rule violation</b>	DATE  11APR06
--------------------	-------------------------------------------------------------------------------	---------------------

On 04APR06 at approximately 2010, while at the Shell station located at 2625 E55th St. you discovered that the Wright Express gas card was missing from your vehicle. You did not report it at the beginning of your shift, or prior to going into the field. You were the last user of the card on 27MAR06. As a result, you have been found in violation of the following Rules: **2.1.4.02- Personnel within the Department shall be responsible for the loss or damage of police equipment placed in their charge. Any loss or damage will be presumed to have occurred during the tour of duty at the time such loss or damage is discovered, unless reported at the beginning of the tour of duty, in which event it will be presumed to have occurred during the previous tour of duty;** and related charges of: 1.1.8; 1.1.9; and AO #11.B-I.B – **Prohibited Conduct**. This "**WRITTEN WARNING**" is disciplinary action taken against you for being in violation of the aforementioned Rules.

On 06APR06 you notified me that you lost the Wright Express gas card assigned to the vehicle that you use. Records indicate that you were the last one to make a purchase using the card. The loss of a gas card can cause an unnecessary expense to the Department and Agency. It is imperative that you maintain proper possession of the card at all times.

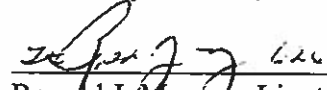
The CMHA Police Department is a nationally accredited agency as a result of demonstrating professional excellence through a national law enforcement credentialing program by the Commission on Accreditation for Law Enforcement Agencies. Accreditation is a coveted award that symbolizes professionalism, excellence, and competence. The accreditation award proves that the agency is committed to maintaining compliance with a broad-based set of internationally accepted professional standards that provide a proven management system of written directives, sound training, clearly defined lines of authority and routine reports that support decision making and resource allocation for the agency.

APPROVED:  Date: 13 APR 06

PAGE  2 of 2	SUBJECT  <b>DISCIPLINE</b> <b>WRITTEN WARNING re: Rule violation</b>	DATE  11 APR 06
--------------------	-------------------------------------------------------------------------------	-----------------------

Since the CMHA Police Department has been accredited by CALEA, it is in the national spotlight. Therefore, there is a broad and diverse audience scrutinizing the actions of its members. Members who demonstrate voluntary compliance with Rules, Regulations, Policies and Procedures of the Department, receive the prestige as positive role models and negate the need for discipline. Positive role models have influence to foster an atmosphere of high morale and respect from their peers and/or subordinates. High morale and mutual respect for each of the members are sensed by others, both in and outside of the police community. To this end, whether the incident was an oversight or a departure from good judgment, the Department is confident you can make the necessary adjustments to prevent a reoccurrence of incidents of this type. Any further violations of this nature will result in additional discipline being taken against you. This "WRITTEN WARNING" will remain in your personnel file.

By order of,

  
 Ronald J. Morenz, Lieutenant

I acknowledge receipt of this "DISCIPLINARY ACTION" and understand its content.

Signature: SGT. Paul A. Stybs #656  
 (Your signature is not an admission of agreement)

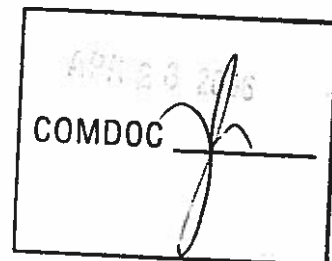
13 APR 06 / 1400  
 (Date/Time)

Signature: [Signature] 626  
 (Union Representative)

17 APR 06 0700  
 (Date/Time)

Signature: [Signature] 626  
 (Issuing/Witnessing Supervisor)

13 APR 06 / 1200  
 (Date/Time)



APPROVED: [Signature] Date: 13 APR 06



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Sharon E. Barto #605- Administrative Commander

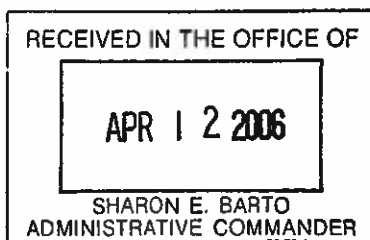
**FROM:** Ronald J. Morenz #626, Lieutenant-Special Operations

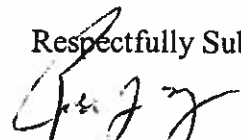
PAGE 1 of 1	SUBJECT Investigation X06-026 ref: Missing Property/Wright Express Gas Card for ZC817	DATE 11APR06
----------------	---------------------------------------------------------------------------------------------	-----------------

I reviewed the investigation submitted by Sgt. Paul Styles #656 in reference to the missing Wright Express gas card for Zone Car 817. I was able to review the transactions using that particular card and found the Sgt. Styles was the last one to purchase fuel with the card, that being on 27MAR06. Since that time there were no purchases made with the card. Sgt. Styles was the last user of the card; it was his responsibility to insure that the card was returned to the sun visor for the next user to use. Sgt. Styles listed the card as being in the vehicle on 30MAR06. It wasn't until he attempted to purchase fuel during his tour of duty on 04APR06, at approximately 2010. The card wasn't discovered missing prior to him going out into the field.

Based upon my review of the investigation, Sgt. Styles was responsible for the proper return of the equipment. As the Officer-in-Charge of the Narcotics Unit, it is his responsibility to insure that the gas cards are in his vehicles. I recommend that Sgt. Styles be given a Written Warning for violating section 2.1.4.02 of the Manual of Rules and Regulations which reads: **Personnel within the Department shall be responsible for the loss or damage of police equipment placed in their charge. Any loss or damage will be presumed to have occurred during the tour of duty at the time such loss or damage is discovered, unless reported at the beginning of the tour of duty, in which event it will be presumed to have occurred during the previous tour of duty.**

I contacted Lt. Donna Correy #615 and had the card deactivated. At that time there were no additional purchases made with the card.



Respectfully Submitted,  
  
 Ronald J. Morenz, Lieutenant





**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Ronald J. Morenz #626, Lieutenant Special Operations

**FROM:** Paul A. Styles #656, Sergeant- Narcotics Unit OIC

PAGE <b>1 of 2</b>	SUBJECT <b>Investigation ref: Missing Property/ Gas Card</b>	DATE <b>10APR06</b>
-----------------------	-----------------------------------------------------------------	------------------------

Sir,

On 04APR06, I was assigned to the Narcotics Unit as the OIC. I discovered the gas card assigned to ZC817 was missing from the pouch located over the sun visor. The following are the facts related to the incident.

At approximately 2010 hours, I responded to the Shell gas station located at 2625 E.55 Street, to refuel ZC817. I discovered that the gas card, assigned to this vehicle, was missing from inside the pouch located over the sun visor. I checked the interior of the vehicle for the card, and it was unable to be located. ZC817 is a white 1996 Ford Crown Victoria Bearing Ohio Registration CMN3371. I conferred with Detectives James Harris #03, and David Whitney #48 about the missing gas card. They reported they had not driven, nor fueled ZC817. They also reported that they do not know where the gas card was. Detective Stringfellow #71 reported, approximately a week and a half ago, he attempted to refuel ZC817 at the same location and was unable to locate the card. He eventually located the card tucked deep inside to pouch over the visor. I responded back to headquarters, and used the spare gas card located inside the key cabinet, to refuel ZC817. I also generated a missing property report. ZC817 is assigned to me, and on occasions, may be driven by any officers assigned to the Narcotics Unit. The last time I drove ZC817 was 30MAR06, and did not need to be fueled.

Based on the statements and information that I gathered during the course of this investigation, it's uncertain when the gas card was actually missing, and who may have taken it. I respectfully request that the gas card be deactivated, to prevent any unauthorized use.

PAGE 2 of 2	SUBJECT Investigation ref: Missing Property/ Gas Card	DATE 06APR06
----------------	----------------------------------------------------------	-----------------

Attachments to this report:

1. CMHAPD Case Report 2006-7149 titled lost/ found property.
2. CMHAPD 94-001 submitted by PO James Stringfellow #71.
3. CMHAPD 94-064 titled Notification Of Investigation To CIU.

Respectfully,

*Sgt. Paul A. Styles #656*  
Paul A. Styles, Sergeant



# CMHA - Police Division Case Report Detail



Print Date/Time: 04/06/2006 21:14

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

Login ID: Styles656

ORI Number: OH0186800

Case Number: 2006-00007149

## Case Details

Case Number: 2006-00007149  
Location: 5715 WOODLAND AVE  
Cleveland, OH, 44104

Incident Type: Lost Property  
Occurred From: 04/04/2006 20:10  
Occurred Thru: 04/04/2006 20:10

Reporting Officer ID: 656 - Styles  
Scene Processed By: 656 - Styles  
Assigned Bureau: Narcotics

Status: Open  
Disposition:  
Exc Clear:

Status Date: 4/4/2006  
Disposition Date:  
Exc Clear Date:

## Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	OH0186800	NCR	Found / Lost Property	Found / Lost Property	1

### Offense #1

Group/ORI: OH0186800 Crime Code: NCR

Statute: Found / Lost Property Counts: 1

Attempt/Commit Code:

Description: Found / Lost Property

NCIC Code:

Scene Code: 104 - Police Headquarters

Offense Date: 04/04/2006

# of Adults:

# of Juveniles:

Bias/Motivation:

Property Damage Amt:

Abandoned Structure: No

IBR Seq. NO: 1

Domestic Circumstance:

Carjacking: No

Lane:

Accosting Situation:

Gambling Motivated: No

Hate Bias Indicator:

## Subjects

## Arrests

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
04/04/2006	Lost / Missing	Credit/Debit Cards			1 CMHA Gas card		

### Seq #1

#### Property Codes

Lost / Missing

Property Type: Credit/Debit Cards Property Class: Credit/Debit Cards Date Received: 04/04/2006

UCR Value:

Initial Value:

Stolen Location:

Quantity:

Unit Of Measure:

Measurement

Description: 1 CMHA Gas card

Source:

## Suspect Vehicles

### Narrative- Styles 656

Sir,

On 04APR06, I was assigned to the Narcotics Unit as the OIC. I generated a missing property report. The following are the facts related to this incident:

At approximately 2010 hours, I responded to the Shell gas station located at 2625 E.55th Street to fuel ZC 801. I discovered that the gas card assigned to this vehicle was missing from the pouch located over the sun visor. I



# CMHA - Police Division Case Report Detail



Print Date/Time: 04/06/2006 21:14

Login ID: Styles656

Case Number: 2006-00007149

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

ORI Number: OH0186800

checked the interior of the vehicle for the card, and it was unable to be located. ZC801 is assigned to me, and the last time I remember fueling the vehicle was approximately two weeks ago. ZC801 is a white Ford Crown Victoria, Bearing Ohio Registration CMN3371.

Reporting Officer \_\_\_\_\_

Date \_\_\_\_\_



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Paul Styles #656, Sergeant Narcotics Unit OIC**

**FROM: James Stringfellow #71, Detective Narcotics**

<b>PAGE</b> 1 of 1	<b>SUBJECT</b> Gas Card – Vehicle #817	<b>DATE</b> 07APR06
-----------------------	-------------------------------------------	------------------------

Sir,

On Monday, 20MAR06 I was assigned to the Narcotics Unit along with Detective Harris #03. At approximately 1600 hours we were transported to ICS to pick-up vehicles #809, and #817. I drove back vehicle #817 ( OH- CMN 3171 ), Det. Harris #809. Prior to arriving at 5715 Woodland I decided to refuel #817 at the Shell Station on E. 55<sup>th</sup> St. and Kinsman. Once at the station I had difficulty located the "gas card" so I called Sgt. Styles via landline. Sgt. Styles advised me that the card is somewhere inside the visor map holder. I then found the gas card inside the visor map holder, zipped up in the middle section. #817 was then refueled and the gas card was returned into the same section of the visor holder.

Upon returning to HQ, I advised Sgt. Styles that I had found the gas card, fueled the vehicle, and returned the gas card into the same, black compartment above the visor, driver side.

Respectfully,

*James Stringfellow #71 Det.*  
James Stringfellow #71, Detective Narcotics



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Ronald J. Morenz #626, Lieutenant Special Operations

**FROM:** Paul A. Styles #656, Sergeant- Narcotics Unit OIC

PAGE <b>1 of 1</b>	SUBJECT <b>NOTIFICATION OF INVESTIGATION TO C.I.U.</b>	DATE <b>06APR06</b>
-----------------------	-----------------------------------------------------------	------------------------

In compliance with DN#03-058, the following information is provided to the Complaint Investigation Unit (CIU) regarding this investigation:

Type of investigation	Missing Property
Date of occurrence	04APR06
Complainant/victim/officer involved	Sgt. Styles #656
Date received	04APR06
Received by	Sgt. Styles #656
Case report number	2006-7149
Investigation assigned to	Sgt. Styles #656

- This investigation is completed and is being forwarded through Official Channels
- This investigation is **not** complete at this time.

Respectfully,

*Sgt. Paul A. Styles #656*  
 Paul A. Styles, Sergeant #656

**SUPERVISOR:** You will be notified of the CIU investigation number within one (1) business day.

cc: Administrative Commander  
 Patrol Commander



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Sharon E. Barto #605- Administrative Commander

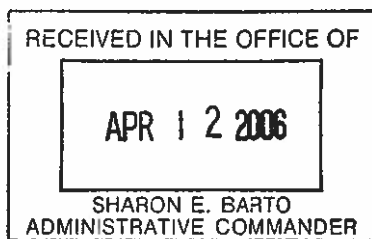
**FROM:** Ronald J. Morenz #626, Lieutenant-Special Operations

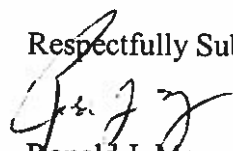
PAGE 1 of 1	SUBJECT Investigation X06-026 ref: Missing Property/Wright Express Gas Card for ZC817	DATE 11APR06
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I reviewed the investigation submitted by Sgt. Paul Styles #656 in reference to the missing Wright Express gas card for Zone Car 817. I was able to review the transactions using that particular card and found the Sgt. Styles was the last one to purchase fuel with the card, that being on 27MAR06. Since that time there were no purchases made with the card. Sgt. Styles was the last user of the card; it was his responsibility to insure that the card was returned to the sun visor for the next user to use. Sgt. Styles listed the card as being in the vehicle on 30MAR06. It wasn't until he attempted to purchase fuel during his tour of duty on 04APR06, at approximately 2010. The card wasn't discovered missing prior to him going out into the field.

Based upon my review of the investigation, Sgt. Styles was responsible for the proper return of the equipment. As the Officer-in-Charge of the Narcotics Unit, it is his responsibility to insure that the gas cards are in his vehicles. I recommend that Sgt. Styles be given a Written Warning for violating section 2.1.4.02 of the Manual of Rules and Regulations which reads: **Personnel within the Department shall be responsible for the loss or damage of police equipment placed in their charge. Any loss or damage will be presumed to have occurred during the tour of duty at the time such loss or damage is discovered, unless reported at the beginning of the tour of duty, in which event it will be presumed to have occurred during the previous tour of duty.**

I contacted Lt. Donna Correy #615 and had the card deactivated. At that time there were no additional purchases made with the card.



Respectfully Submitted,  
  
 Ronald J. Morenz, Lieutenant



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Ronald J. Morenz #626, Lieutenant Special Operations

**FROM:** Paul A. Styles #656, Sergeant- Narcotics Unit OIC

PAGE <b>1 of 2</b>	SUBJECT <b>Investigation ref: Missing Property/ Gas Card</b>	DATE <b>10APR06</b>
-----------------------	-----------------------------------------------------------------	------------------------

Sir,

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PAGE <b>2 of 2</b>	SUBJECT <b>Investigation ref: Missing Property/ Gas Card</b>	DATE <b>06APR06</b>
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Attachments to this report:

1. CMHAPD Case Report 2006-7149 titled lost/ found property.
2. CMHAPD 94-001 submitted by PO James Stringfellow #71.
3. CMHAPD 94-064 titled Notification Of Investigation To CIU.

Respectfully,

*Sgt. Paul A. Styles #656*  
Paul A. Styles, Sergeant



# CMHA - Police Division

## Case Report

### Detail



Print Date/Time: 04/06/2006 21:14

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY  
ORI Number: OH0186800

Login ID: Styles656  
Case Number: 2006-00007149

#### Case Details

Case Number: 2006-00007149	Incident Type: Lost Property	
Location: 5715 WOODLAND AVE Cleveland, OH, 44104	Occurred From: 04/04/2006 20:10 Occurred Thru: 04/04/2006 20:10	
Reporting Officer ID: 656 - Styles	Status: Open	Status Date: 4/4/2006
Scene Processed By: 656 - Styles	Disposition:	Disposition Date:
Assigned Bureau: Narcotics	Exc Clear:	Exc Clear Date:

#### Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	OH0186800	NCR	Found / Lost Property	Found / Lost Property	1

#### Offense #1

Group/ORI: OH0186800	Crime Code: NCR	Statute: Found / Lost Property	Counts: 1	Attempt/Commit Code:
Description: Found / Lost Property		Scene Code: 104 - Police Headquarters	Offense Date: 04/04/2006	Bias/Motivation:
NCIC Code:		# of Juveniles:	IBR Seq. NO: 1	Household Status:
# of Adults:		Abandoned Structure: No	Lane:	
Property Damage Amt:		Carjacking: No	Hate Bias Indicator:	
Domestic Circumstance:		Gambling Motivated: No		
Accosting Situation:				

#### Subjects

#### Arrests

#### Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
04/04/2006	Lost / Missing	Credit/Debit Cards			1 CMHA Gas card		

#### Seq #1

Property Codes: Lost / Missing	Property Type: Credit/Debit Cards	Property Class: Credit/Debit Cards	Date Received: 04/04/2006
Quantity:	UCR Value:	Initial Value:	Stolen Location:
Unit Of Measure:	Measurement Source:	Description: 1 CMHA Gas card	

#### Suspect Vehicles

#### Narrative- Styles 656

Sir,

On 04APR06, I was assigned to the Narcotics Unit as the OIC. I generated a missing property report. The following are the facts related to this incident:

At approximately 2010 hours, I responded to the Shell gas station located at 2625 E.55th Street to fuel ZC 801. I discovered that the gas card assigned to this vehicle was missing from the pouch located over the sun visor. I



# CMHA - Police Division Case Report Detail



Print Date/Time: 04/06/2006 21:14

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

Login ID: Styles656

ORI Number: OH0186800

Case Number: 2006-00007149

checked the interior of the vehicle for the card, and it was unable to be located. ZC801 is assigned to me, and the last time I remember fueling the vehicle was approximately two weeks ago. ZC801 is a white Ford Crown Victoria, Bearing Ohio Registration CMN3371.

\_\_\_\_\_  
Reporting Officer

\_\_\_\_\_  
Date



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Paul Styles #656, Sergeant Narcotics Unit OIC**

**FROM: James Stringfellow #71, Detective Narcotics**

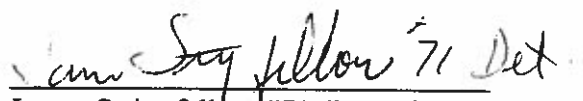
PAGE 1 of 1	SUBJECT Gas Card – Vehicle #817	DATE 07APR06
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Sir,

On Monday, 20MAR06 I was assigned to the Narcotics Unit along with Detective Harris #03. At approximately 1600 hours we were transported to ICS to pick-up vehicles #809, and #817. I drove back vehicle #817 ( OH- CMN 3171 ), Det. Harris #809. Prior to arriving at 5715 Woodland I decided to refuel #817 at the Shell Station on E. 55<sup>th</sup> St. and Kinsman. Once at the station I had difficulty located the "gas card" so I called Sgt. Styles via landline. Sgt. Styles advised me that the card is somewhere inside the visor map holder. I then found the gas card inside the visor map holder, zipped up in the middle section. #817 was then refueled and the gas card was returned into the same section of the visor holder.

Upon returning to HQ, I advised Sgt. Styles that I had found the gas card, fueled the vehicle, and returned the gas card into the same, black compartment above the visor, driver side.

Respectfully,

  
James Stringfellow #71, Detective Narcotics



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Ronald J. Morenz #626, Lieutenant Special Operations

**FROM:** Paul A. Styles #656, Sergeant- Narcotics Unit OIC

<b>PAGE</b> 1 of 1	<b>SUBJECT</b> <b>NOTIFICATION OF INVESTIGATION TO C.I.U.</b>	<b>DATE</b> 06APR06
-----------------------	------------------------------------------------------------------	------------------------

In compliance with DN#03-058, the following information is provided to the Complaint Investigation Unit (CIU) regarding this investigation:

Type of investigation	Missing Property
Date of occurrence	04APR06
Complainant/victim/officer involved	Sgt. Styles #656
Date received	04APR06
Received by	Sgt. Styles #656
Case report number	2006-7149
Investigation assigned to	Sgt. Styles #656

- This investigation is completed and is being forwarded through Official Channels  
 This investigation is **not** complete at this time.

Respectfully,

*Sgt. Paul A. Styles #656*  
 Paul A. Styles, Sergeant #656

**SUPERVISOR:** You will be notified of the CIU investigation number within one (1) business day.

cc: Administrative Commander  
 Patrol Commander



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



**TO: Paul A. Styles, Sergeant #656 - Third Platoon Protection Officer OIC A Platoon**

**FROM: Michael G. Shank #604, Acting Patrol Commander**

PAGE  1 of 1	SUBJECT  <b>DISCIPLINE</b>  <b>WRITTEN REPRIMAND re: Rule violation</b>	DATE <b>15SEP04</b>
--------------------	-------------------------------------------------------------------------------------	------------------------

On numerous dates during the months of June, July, and August you allowed Protections Officer to report late for their tour of duty and did not take disciplinary action against them. As a result, you have been found in violation of the following Rules: **2.1.1.13 Superior Officer shall request disciplinary action against personnel of their command who violate any of the rules, regulations or orders of the Department;** and related charges of: 2.1.1.16; 1.1.8; 1.1.9; and A.O. #11.10.03. This "**WRITTEN REPRIMAND**" is disciplinary action taken against you for being in violation of the aforementioned Rules.

During the months of June, July and August, you allowed Protection Officers Sir Baron Williams #248 and William Cattren #233 to use compensatory because their attending the Police Academy causing them to be tardy for multiple tours of duty. This is not in compliance with the CMHA Police Department's well-established Attendance Control Policy nor did you request permission to make any such arrangement. You as a Supervisor are responsible for insuring that any infraction of the Manual of Rules and Regulations or Policies and Procedures is handled appropriately. During the same time frame, other Protection Offices were late for their tours of duty and were charged with violating the Attendance Control Policy and received points. Prompt, proper and equal discipline is required in order to inspire the trust, respect and confidence of your other subordinates. Whenever you are taking any action, administrative or otherwise, you are acting as representative of the Chief of Police. This means that you must demonstrate the fairness and equality that is represented in the CMHA Police Department's Mission Statement.

Whether this was an oversight or a departure from good judgment, the Department is still confident you can make the necessary adjustments to prevent a reoccurrence of this incident. Any further violations of this nature will result in additional discipline being taken against you, which would result in **suspension or termination**. This "**WRITTEN REPRIMAND**" will remain in your Personnel file.

COMDOC *jh*  
SEP 20 04

By order of,

SEP 15 2004

*Commander Michael G. Shank #604*  
 Michael G. Shank, Acting Patrol Commander

FORWARD

I acknowledge receipt of this "**DISCIPLINARY ACTION**" and understand its content.

Signature: *Sgt. Styles #656* Date/Time: *15 Sep 04 @ 1705*  
(Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor: *Katherine J. Young #650*

APPROVED: *[Signature]* Date: \_\_\_\_\_  
 CMHAP94-059B rev. 02/04



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



**TO: Paul A. Styles, Sergeant #656 - Third Platoon Protection Officer OIC A Platoon**

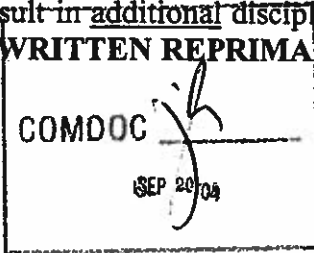
**FROM: Michael G. Shank #604, Acting Patrol Commander**

PAGE  1 of 1	SUBJECT  <b>DISCIPLINE</b>  <b>WRITTEN REPRIMAND re: Rule violation</b>	DATE <b>15SEP04</b>
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During the months of June, July and August, you allowed Protection Officers Sir Baron Williams #248 and William Cattren #233 to use compensatory because their attending the Police Academy causing them to be tardy for multiple tours of duty. This is not in compliance with the CMHA Police Department's well-established Attendance Control Policy nor did you request permission to make any such arrangement. You as a Supervisor are responsible for insuring that any infraction of the Manual of Rules and Regulations or Policies and Procedures is handled appropriately. During the same time frame, other Protection Offices were late for their tours of duty and were charged with violating the Attendance Control Policy and received points. Prompt, proper and equal discipline is required in order to inspire the trust, respect and confidence of your other subordinates. Whenever you are taking any action, administrative or otherwise, you are acting as representative of the Chief of Police. This means that you must demonstrate the fairness and equality that is represented in the CMHA Police Department's Mission Statement.

Whether this was an oversight or a departure from good judgment, the Department is still confident you can make the necessary adjustments to prevent a reoccurrence of this incident. Any further violations of this nature will result in additional discipline being taken against you, which would result in suspension or termination. This "**WRITTEN REPRIMAND**" will remain in your Personnel file.



By order of,

SEP 15 2004

*Michael G. Shank #604*  
 Michael G. Shank, Acting Patrol Commander

**FORWARD**

I acknowledge receipt of this "**DISCIPLINARY ACTION**" and understand its content.

Signature: *Sgt. Styles #656* Date/Time: *15 SEP 04 @ 1705*  
(Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor: *Antwan J. Young #650*

APPROVED: *[Signature]* Date: \_\_\_\_\_  
 CMHAPD94-059B rev. 02/04



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**

RECEIVED IN THE OFFICE OF  
 AUG 27 2004

STANLEY C. MURREY  
 DEPUTY CHIEF



**TO:** Thomas Imes Lieutenant-Third platoon Watch Commander

**FROM:** Paul A. Styles Sergeant-Third Platoon Protection Officers OIC, A Platoon

PAGE 1 of 1	SUBJECT <b>Compensatory Time Granted to Protection Officers Williams #248 and Cattren #233</b>	DATE <b>25AUG04</b>
----------------	-------------------------------------------------------------------------------------------------------	------------------------

Sir,

On 23AUG04, while assigned to the Third Platoon as the OIC for the Protection Officers, Acting Commander Shank instructed me to generate a form one indicating when I gave Protection Officers SirBaron Williams #248 and William Cattren #233 permission to use compensatory time for late start while they attend the Police Academy, and my reason for doing so. The following are the facts.

During the month of January 2004, Protection Officer Cattren advised me he of his intension to join the police academy. He wanted to know if it was possible to use comp time to cover the time he was not at work. I advised him since he brought it to my attention and I know in advance he was attending the academy he would be able to use his comp time.

During the month of April 2004, Protection Officer Williams also advised me of his intension to join the police academy, and if he was able to use his comp time. I also granted him permission to use his comp time while he is currently in the academy.

Both Williams and Cattren are new Protection Officers, prior to them attending the academy their attendance was excellent, Protection Officer Williams used approximately two weeks of sick time due to an off duty motor vehicle accident. Cattren has approximately one month remaining in the academy, and Williams has approximately three months remaining. As their immediate supervisor I saw two officers wanting to further their education in law enforcement. They often spoke of applying to the CMHA Police department upon completion of their academy training because they wanted to help make a difference. At this point I respectfully request they be granted permission to continue using their comp time until they complete.

**FORWARD**

AUG 26 2004

*ij604*

Respectfully,

*SGT. Styles #656*  
 Paul A. Styles, Sergeant



\*\*\* SUMMARY FILE \*\*\*

NAME: Cattren William K. Protection 233  
LAST, FIRST M.I. RANK BADGE #

DATE OF BIRTH: 13JAN72 RACE: W SEX: M BLOOD TYPE: \_\_\_\_\_

S.S. NUMBER: [REDACTED] START DATE: 03MAR03

ADDRESS: [REDACTED] [REDACTED] North Ridgeville 44039  
STREET APT.# CITY ZIP CODE

TELEPHONE NUMBERS: [REDACTED] [REDACTED] [REDACTED]  
PAGER OTHER

IN CASES OF EMERGENCY NOTIFY: Linda Cattren [REDACTED]  
NAME RELATIONSHIP

AT: [REDACTED] [REDACTED] [REDACTED]  
ADDRESS TELEPHONE NUMBER TELEPHONE NUMBER #2

**SPECIFICS:**

WEAPON:	ASSIGNED DATE:
SWIPE CARD:	DATE OF ISSUE:
BULLET PROOF VEST	DATE OF ISSUE:
SECONDARY EMPLOYMENT:	APPROVAL DATE:
SECONDARY WEAPON	APPROVAL DATE:
PEPPER SPRAY:	APPROVAL DATE:
ASP:	APPROVAL DATE:

DATE	INCIDENT	RELATED
03MAR03	PTF: (Type:New Hire) (Effective03MAR03) (hired as a Protection Officer Recruit)	Filed
29APR03	Admin. Leave w/pay OPOTA test 4.00	Filed
08MAY03	ASSIGNMENT: Transfer pursuant to DN#03-060 To 2 <sup>nd</sup> Platoon Effective Date: 10MAY03	Filed
02OCT03	Rec'd PTF for Change of Status request date 02OCT03 effective date 23SEP03	Filed
06DEC03	Rec'd memo ref to retro pay for Armed Status paperwork was forwarded to HR 16DEC03 by 732	Filed
15DEC03	PFT Pay Adjustment - eff. 04AUG03 request date 15DEC03	Filed
18FEB04	Compensatory Time .50	Filed
19FEB04	Compensatory Time .50	Filed
08MAR04	Compensatory Time .50	Filed
12MAR04	Compensatory Time .50	Filed
15MAR04	Compensatory Time .50	Filed
16MAR04	Compensatory Time .50	Filed

\*\*\* SUMMARY FILE \*\*\*

NAME: Cattren William K. Protection 233  
LAST, FIRST M.I. RANK BADGE #

.....  
 DATE INCIDENT RELATED NUMBERS DETERMINATION

19MAR04	PTF: 2004 Salary Increase eff. 03MAR04 request date 06JAN04.		Filed
24MAR04	Compensatory Time	.25	Filed
30MAR04	Compensatory Time	.50	Filed
01APR04	Compensatory Time	.50	Filed
02APR04	Compensatory Time	.25	Filed
06APR04	Compensatory Time	.50	Filed
08APR04	Compensatory Time	.50	Filed
15APR04	Compensatory Time	.50	Filed
16APR04	Compensatory Time	.50	Filed
22APR04	Compensatory Time	.25	Filed
23APR04	Compensatory Time	.50	Filed
26APR04	Compensatory Time	.50	Filed
27APR04	Compensatory Time	.50	Filed
03MAY04	Compensatory Time	.50	Filed
04MAY04	Compensatory Time	.75	Filed
12MAY04	Compensatory Time	.50	Filed
13MAY04	Compensatory Time	.50	Filed
14MAY04	Compensatory Time	1.00	Filed
19MAY04	Compensatory Time	.75	Filed
20MAY04	Compensatory Time	.25	Filed
26MAY04	Compensatory Time	.50	Filed
15JUN04	Compensatory Time	.25	Filed
21JUN04	Compensatory Time	.50	Filed
23JUN04	Compensatory Time	.50	Filed

\*\*\* SUMMARY FILE \*\*\*

NAME: Cattren William K. Protection 233  
LAST, FIRST M.I. RANK BADGE #

.....

DATE	INCIDENT	RELATED NUMBERS	DETERMINATION
24JUN04	Compensatory Time	.25	Filed
09JUL04	Compensatory Time	.50	Filed
12JUL04	Compensatory Time	.50	Filed
19JUL04	Compensatory Time	.50	Filed
20JUL04	Compensatory Time	.25	Filed
26JUL04	Compensatory Time	.25	Filed
28JUL04	Compensatory Time	.25	Filed
05AUG04	Compensatory Time	.25	Filed
14AUG04to			
16AUG04	Furlough	16.00	Filed



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Paul A. Styles, Sergeant #656 Third Platoon  
 Protection Officer OIC  
**FROM:** William K. Cattren, Protection Officer #233

PAGE 1 of 1	SUBJECT Attendance at Academy	DATE 19 Aug 04
----------------	----------------------------------	-------------------

Sir, On 19 Aug 04, while assigned to Cedar High-rise, Sgt. Styles #656 advised me to generate a report in regards to my Academy Classes at Cuyahoga Community College. (Police Academy)  
 The Following are the facts.

During the period of: Feb 18, 2004 to Sep. 18 2004.  
 Hours of attendance are: 6pm - 10pm. I will finish with the Police Academy on Sat, Sep 18, 2004.

Respectfully,

*William Cattren #233*

William Cattren, Protection Officer #233

**FORWARD**

AUG 19 2004

*y 604*



CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



TO: Paul A. Styles Sergeant #656, OIC Protection Officer A, Platoon  
FROM: Sir. Baron Williams #248 Protection Officer A, Platoon

PAGE 1 of 1	SUBJECT Attendance of Police Academy	DATE 8-17-04
----------------	-----------------------------------------	-----------------

Sir,

ON May 19, 2004 I enrolled in the police academy at Cuyahoga Community College Metropolitan Campus. My final Academy day will be December 11, 2004 at Cuyahoga Community College Metropolitan Campus.

I attend classes on Monday through Thursday from 1800 to 2200 hours and Saturday 0800 to 1700 hours each night. I am requesting to use my Comp time to cover when I am not at work.

FORWARD

AUG 17 2004

ij 604

Respectfully,

Sir. Baron Williams #248

\*\*\* DISCIPLINARY FILE \*\*\*

NAME: WILLIAMS SIR BARON SPO #248  
LAST, FIRST M.I. RANK BADGE #

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

S.S. NUMBER: \_\_\_\_\_ START DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT.# CITY ZIP CODE

TELEPHONE NUMBERS: \_\_\_\_\_  
HOME PAGER OTHER

IN CASES OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME RELATIONSHIP

AT: \_\_\_\_\_  
ADDRESS TELEPHONE NUMBER TELEPHONE NUMBER #2

SPECIFICS:

.....

CHARGE #	DATE	OFFENSE DESCRIPTION	DISPOSITION
15.5.4	14APR04	A.C.P. 4.0	Written Warning
15.5.4	01AUG04	A.C.P. 6.5	Written Reprimand

**\*\*\* SUMMARY FILE \*\*\***

NAME: Williams Sir Baron V. Protection 248  
LAST, FIRST M.I. RANK BADGE #  
 DATE OF BIRTH: 21AUG78 RACE: B SEX: M BLOOD TYPE: \_\_\_\_\_  
 S.S. NUMBER: \_\_\_\_\_ START DATE: 03MAR03  
 ADDRESS: \_\_\_\_\_  
STREET APT.# CITY ZIP CODE  
 TELEPHONE NUMBERS: \_\_\_\_\_  
HOME PAGER OTHER  
 IN CASES OF EMERGENCY NOTIFY: Louise Williams \_\_\_\_\_  
 AT: \_\_\_\_\_  
ADDRESS TELEPHONE NUMBER TELEPHONE NUMBER #2

**SPECIFICS:**

WEAPON:	ASSIGNED DATE:
SWIPE CARD:	DATE OF ISSUE:
BULLET PROOF VEST	DATE OF ISSUE:
SECONDARY EMPLOYMENT:	APPROVAL DATE:
SECONDARY WEAPON	APPROVAL DATE:
PEPPER SPRAY:	APPROVAL DATE:
ASP:	APPROVAL DATE:

DATE	INCIDENT	RELATED NUMBERS	DETERMINATION
03MAR03	PTF: (Type:New Hire) (Effective03MAR03) (hired as a Protection Officer Recruit)		Filed
25APR03	Rec'd change of address: _____		Filed
269APR03	Admin. Leave w/pay OPOTA test	4.00	Filed
08MAY03	ASSIGNMENT: Transfer pursuant to DN#03-060 To 2 <sup>nd</sup> Platoon Effective Date: 10MAY03		Filed
05MAY03	Compensatory Time 2.75		Filed
01OCT03	VOP SUSPENSION NOTIFICATION		Filed
08OCT03	VOP to Safety Mgmt. 702 by 603		Noted
20OCT03to 23OCT03	Furlough 24.00		Filed
13NOV03	Rec'd memo ref to completion of range qualifications to become armed.		Filed
17NOV03	PTF: Change of Status (Armed) eff. 20SEP03 request date 17NOV03		Filed
21NOV03	PTF to HR for pay increase to armed status faxed by 732		Filed

\*\*\* SUMMARY FILE \*\*\*

NAME: Williams Sir Baron V. Protection 248  
LAST, FIRST M.I. RANK BADGE #  
 DATE OF BIRTH: 21AUG78 RACE: B SEX: M BLOOD TYPE: \_\_\_\_\_  
 S.S. NUMBER: \_\_\_\_\_ START DATE: 03MAR03  
 ADDRESS: \_\_\_\_\_  
STREET APT.# CITY ZIP CODE  
 TELEPHONE NUMBERS: \_\_\_\_\_  
HOME PAGER OTHER  
 IN CASES OF EMERGENCY NOTIFY: Louise Williams \_\_\_\_\_  
NAME RELATIONSHIP  
 AT: \_\_\_\_\_  
ADDRESS TELEPHONE NUMBER TELEPHONE NUMBER #2

**SPECIFICS:**

WEAPON:	ASSIGNED DATE:
SWIPE CARD:	DATE OF ISSUE:
BULLET PROOF VEST	DATE OF ISSUE:
SECONDARY EMPLOYMENT:	APPROVAL DATE:
SECONDARY WEAPON	APPROVAL DATE:
PEPPER SPRAY:	APPROVAL DATE:
ASP:	APPROVAL DATE:

.....  
 DATE INCIDENT RELATED NUMBERS DETERMINATION

06JAN04	2004 Salary Increase request date 06JAN04 effective date 01Jan04		Filed
26MAY04	Compensatory Time 1.25		Filed
27MAY04	Compensatory Time 1.25		Filed
29MAY04	Compensatory Time 1.5		Filed
01JUN04	Compensatory Time 1.00		Filed
02JUN04	Compensatory Time 1.00		Filed
03JUN04	Compensatory Time .75		Filed
11JUN04	Compensatory Time .75		Filed
21JUN04	Compensatory Time 1.00		Filed
28JUN04	Compensatory Time 1.00		Filed
06JUL04	Compensatory Time 1.00		Filed
07JUL04	Compensatory Time 1.00		Filed
13JUL04	Compensatory Time 1.00		Filed
14JUL04	Compensatory Time 1.00		Filed



**\*\*\* SUMMARY FILE \*\*\***

NAME: Williams Sir Baron V. Protection 248  
LAST, FIRST M.I. RANK BADGE #  
 DATE OF BIRTH: 21AUG78 RACE: B SEX: M BLOOD TYPE: \_\_\_\_\_  
 S.S. NUMBER: \_\_\_\_\_ START DATE: 03MAR03

ADDRESS: \_\_\_\_\_  
STREET APT.# CITY ZIP CODE  
 TELEPHONE NUMBERS: \_\_\_\_\_  
HOME PAGER OTHER

IN CASES OF EMERGENCY NOTIFY: Louise Williams  
NAME  
 AT: \_\_\_\_\_  
ADDRESS TELEPHONE NUMBER TELEPHONE NUMBER #2

**SPECIFICS:**

WEAPON:	ASSIGNED DATE:
SWIPE CARD:	DATE OF ISSUE:
BULLET PROOF VEST	DATE OF ISSUE:
SECONDARY EMPLOYMENT:	APPROVAL DATE:
SECONDARY WEAPON	APPROVAL DATE:
PEPPER SPRAY:	APPROVAL DATE:
ASP:	APPROVAL DATE:

DATE	INCIDENT	RELATED NUMBERS	DETERMINATION
15JUL04	Compensatory Time	1.50	Filed
24JUL04	Compensatory Time	8.00	Filed
21JUL04	Compensatory Time	1.25	Filed
22JUL04	<b>INVESTIGATION:</b> Request for Preference of Charges DESCRIPTION: Failure to Obey Orders NOI: 30JUL04 by 656 ICD: xxxxxx by XXX DISPOSITION: () NOD: xxxxxx by XXX		<b>X04-071</b> Filed Filed Noted Filed
22JUL04	Compensatory Time	1.50	Filed
27JUL04	Compensatory Time	1.75	Filed
29JUL04	Compensatory Time	2.00	Filed
02AUG04	Compensatory Time	1.25	Filed
03AUG04	Compensatory Time	1.25	Filed
06AUG04	Compensatory Time	1.25	Filed
09AUG04to 12AUG04	Bereavement Sir Wilbert L. Williams (Father)	24.00	Filed



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



**TO:** Paul Styles #656, Sergeant- Third Platoon

**FROM:** Wayne C. Yates #604, Patrol Commander

PAGE 1 of 1	SUBJECT  <b>DISCIPLINE</b> <b>WRITTEN REPRIMAND re: Rule violation</b>	DATE <b>19SEP03</b>
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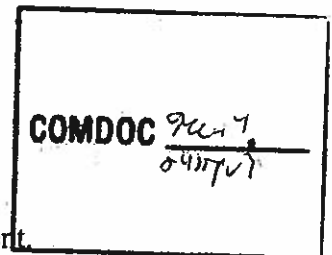
On 02AUG03 @ approximately 23:42, while assigned as a Third Platoon Field Sergeant, you had a conversation on the telephone with PO Thomas Azzano #61. PO Azzano wanted to take a few hours off at the beginning of his shift, which began in 45 minutes. During this conversation PO Azzano suggested that if Sgt. Tom Burton #634 asked about the time usage, you would both say it was approved days earlier. As a result, you have been found in violation of the following Rules: **1.1.6-The following shall be grounds for disciplining personnel, including removal: Conduct Unbecoming an Employee;** and related charges of: 1.3.1.05; and A.O. #11.10.03. This "**WRITTEN REPRIMAND**" is disciplinary action taken against you for being in violation of the aforementioned Rules.

Your actions gave PO Azzano permission to give false information to another supervisor. A police officers character must be without question, especially a supervisor. By allowing a subordinate to make false statements to another supervisor, you cause turmoil on the shift. Officers who do not get the answer they want, will simply go to another supervisor until they get the answer they want. Being a nationally accredited department, we hold ourselves to a higher standard than other departments.

Whether this was an oversight or a departure from good judgment, the Department is still confident you can make the necessary adjustments to prevent a reoccurrence of this incident. Any further violations of this nature will result in additional discipline being taken against you, which would result in **suspension or termination**. This "**WRITTEN REPRIMAND**" will remain in your Personnel file.

By order of,

*Wayne C. Yates*  
 Wayne C. Yates, Patrol Commander



I acknowledge receipt of this "**DISCIPLINARY ACTION**" and understand its content.

Signature: *Sgt. Styles #656* Date/Time: 09/22/03 1230  
(Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor: *Wayne C. Yates #604*

APPROVED: *[Signature]* Date: 19 SEP 03  
 CMHAPD94-069B



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



**TO:** Paul A. Styles #656, Sergeant- Third Platoon

**FROM:** Ronald J. Morenz, #626, Lieutenant- Special Operations

PAGE  1 of 1	SUBJECT  <b>DISCIPLINE SHIFT COUNSELING</b>	DATE  04JUN03
--------------------	-------------------------------------------------------	---------------------

On February 4, 2003 while assigned to the Third Platoon you left an unloaded .38 caliber revolver, in plain-view, on the front passenger seat of ZC919. As a result, you have been found in violation of the following Rules: **1.3.1.34 Personnel of the CMHA Police Department shall not willfully or negligently damage or lose property entrusted to them;** and related charges of: 1.1.8 and 1.1.9. This "**SHIFT COUNSELING**" is disciplinary action taken against you for being in violation of the aforementioned Rules.

By leaving the firearm inside an unattended vehicle during your tour of duty, there was a significant opportunity for someone to steal it from your vehicle. The CMHA Police Department, being accredited, is in the national spotlight. A theft from one of our marked police vehicles, of one of our own firearms, would greatly tarnish our image.

Whether this was an oversight or a departure from good judgment, the Department is confident you can make the necessary adjustments to prevent a reoccurrence of this incident. Any further violations of this nature will result in additional discipline being taken against you. This "**SHIFT COUNSELING**" will remain in your Personnel file.

By order of,

\_\_\_\_\_  
 Ronald J. Morenz, Lieutenant

I acknowledge receipt of this "**DISCIPLINARY ACTION**" and understand its content.

Signature: Paul A. Styles #656 Date/Time 06-12-03 @ 0050  
(Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor's signature: Ronald J. Morenz, LT.

APPROVED: SJA Date: 6-10-03  
 CMHAPD94-059A



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Sharon E. Barto, Administrative Commander**

**FROM: Tyrone M. Cooper, Sergeant – Complaint Investigation Unit OIC**

PAGE 1 of 1	SUBJECT Investigation X03-0010: Internal Investigation re: Sgt. Paul A. Styles #656 - Supplemental	DATE 29MAY03
----------------	----------------------------------------------------------------------------------------------------------	-----------------

Commander,

On 21FEB03 while assigned as the Officer-in-Charge the Complaint Investigation Unit, the Complaint Investigation Unit received the above referenced investigation to research for prior history regarding the transportation of firearms in CMHA Police Vehicles.

During my initial research I was unable to locate any prior instance of any incident similar to this one. After continuing my research, the only incident with any remote similarity was X00-0050 which involved Protection Officer Jan Coleman #214 who left her entire duty belt with her loaded firearm in the holster hanging on the stall door in the women's staff bathroom at her assigned Hi-Rise after working there on 18MAR00 and calling off sick on 19MAR03. Her belt was found the Protection Officer that was working there on 20MAR00. Protection Officer Coleman was issued a Written Warning for her actions. Based on my review, this incident does not bear enough common factors or a similar fact pattern to be considered a similar occurrence.

Again, neither the Rules and Regulations nor the Policy and Procedure manuals address the issue of how the firearm was transported. I concur with Lt. Morenz's findings.

Respectfully,

*Tyrone M. Cooper*  
 Tyrone M. Cooper, Sergeant

30 MAY 03

*Cinda Barto*

*Invest. clarification "SUBSTANTIATED." Due to the fact that the property left in the vehicle was a firearm, a stronger form of training will be necessary. Have prepared and executed a shift counseling training for Sgt. Styles.*

*Stanley C. Morenz*  
 Deputy Chief

**X030010**



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Ronald J. Morenz #626**  
**Lieutenant-Third Platoon**

**FROM: Paul A. Styles #656**  
**Sergeant-Third Platoon**

PAGE <b>1 of 1</b>	SUBJECT <b>Firearm Left in Zone Car 919</b>	DATE <b>13 FEB 03</b>
-----------------------	------------------------------------------------	--------------------------

Sir,

On February 13, 2003 while assigned to Third Platoon as the Field Sergeant, I received a Notification to generate a report of a Firearm left in a vehicle. The following are the facts related to the incident.

On February 4, 2003 while assigned as the Acting Watch Commander on Third Platoon, I conducted a Safety Check at 6001 Woodland (108-II) at approximately 0248 Protection Officer Wallace #220, who was assigned to the building, stated to me, that he needed to return a loaner gun to Detective Beachler #54. I advised him that I would take custody of the gun which was a .38 cal Smith and Wesson model 10, and I see to it that Detective Beachler received it. I took the gun and placed it next to my briefcase on the front passenger seat. I left and continued Safety Checks at several other buildings. At 0610 I returned to headquarters. It was still dark and there was not much light. I picked up my brief case, locked the car doors, and came into the building. I did not remember the gun was still sitting on the seat. At 0700 I was relieved by Lt. Tufts #613 and reported off duty. At approximately 1215 that day, I realized I forgot to pick the gun that I left on the seat. I immediately called and notified Deputy Chief Cobbs, who was my next chain of command due to Commander Yates being out. My actions were not intentional, being a Supervisor is a big responsibility and we must show example. I apologized for the incident, and will not make the same mistake again.

Respectfully,

*Paul A. Styles #656*  
 \_\_\_\_\_  
 Paul A. Styles, Sergeant



RECEIVED IN THE OFFICE OF  
AUG 16 2001  
STANLEY C. MURREY  
DEPUTY CHIEF

FILE



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**

**TYPE: WRITTEN REPRIMAND**

**TO:** Paul J. Styles #656  
Sergeant- Third Platoon

**FROM:** Ronald J. Morenz #626  
Lieutenant- Third Platoon Watch Commander

**DATE:** August 16, 2001

RECEIVED IN THE OFFICE OF  
AUG 16 2001  
JOSEPH W. CAINE  
PATROL COMMANDER

**SUBJECT:** Chapter 21.2.1 of the Policies and Procedures Manual

On May 30, 2001 you were involved in a motor vehicle accident, which was found to be preventable. This is the second such accident that you have been involved in. You must take care to insure that you properly operate all Agency vehicles. Your driving habits are a direct reflection of this Agency since our vehicles are substantially marked with the CMHA logo.

You are to insure that you take any and all precautionary measures to avoid an accident.

The Department is confident that you will make the necessary adjustments to prevent a re-occurrence of these incidents.

Upon receipt you are to sign, date and return one copy.

This will remain part of your Personnel record.

By orders of:

*Ronald J. Morenz*  
\_\_\_\_\_  
Ronald J. Morenz, Lieutenant

*Sgt Paul Styles 656*  
\_\_\_\_\_  
Signature

*08-17-01 @ 0830*  
\_\_\_\_\_  
Date/Time

I have read the contents and I have no comments  the attached comments

Issuing/Witnessing Supervisor: *J. J. 626*  
\_\_\_\_\_  
15 AUG 01  
*km*

# SECONDARY EMPLOYMENT



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

TYPE: REQUEST (PCM 95-012)

TO: Stanley C. Murrey, Patrol Commander

FROM: Harvey J. McGowan, Lieutenant-3th Plt Watch Commander

DATE: November 6, 1996

SUBJECT: Part Time Employment Approval Request - P.O Paul Styles  
#25

Sir:

Requesting approval of the attached request, for said officer.

Said officer has a good employee performance record and a second job of 15-20 hours a week, should not hamper his performance.

The granting of this request will not adversely affect the operation of the platoon.

The officer has been counselled as to CMHA being his priority employment.

9 NOV 1996

*Sir:  
I have no objection & recommend  
approval.  
Respectfully  
Stanley C. Murrey*

Respectfully,

*[Signature]*  
Harvey J. McGowan, Lt.

Attachment (1)



CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE

REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: October 22, 1996

EMPLOYEE'S NAME: PAUL STYLES

ADDRESS: [REDACTED]

Sworn Police Officer:  YES  NO  
If no, then Commission Number: \_\_\_\_\_

Name of Outside Employer: TENABLE PROTECTIVE SERVICES, INC.  
Address: 1776 Columbus Rd. Cleveland, Ohio 44113  
Phone Number: 241-0001

Number of hours to be worked per (Week - Month): 5-10 hours

Capacity you will be employed in: POLICE OFFICER

Is a Police Commission required:  YES  NO  
Is a Uniform Required:  YES  NO

**\*\*CMHA UNIFORM IS NOT AUTHORIZED\*\***

Paul Styles DATE: October 22, 1996  
EMPLOYEES' SIGNATURE

\*\*\*\*\*

TO THE EMPLOYER:

- CMHA Division of Police does not authorize its' officers to work outside of CMHA in any capacity, if the employer does not provide Workers Compensation.
- CMHA Division of Police requires that its' Non-Sworn Officers working for outside employers have that employer listed on his/her commission.
- CMHA ACCEPTS NO RESPONSIBILITY FOR EMPLOYEES WORKING OUTSIDE OF CMHA. WHEN WORKING FOR AN OUTSIDE EMPLOYER, SAID EMPLOYEE IS THE AGENT OF THAT EMPLOYER, WHO ACCEPTS FULL RESPONSIBILITY FOR ACTS OF THE EMPLOYEE DONE IN THE COURSE OF THAT EMPLOYMENT.

I certify that I have read the above, understand it, and I am in full compliance with it.

Employer Signature: [Signature]  
Title: PRESIDENT

TO THE OFFICE OF THE EXECUTIVE DIRECTOR:

I do , do not , endorse the above officer's request for outside employment.

[Signature] DATE: 11-14-96  
Chief of Police



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** All Personnel  
**FROM:** Stanley C. Murrey, Chief of Police  
**DATE:** August 24, 2006

Page 1 of 1	PAC Awards Certificates	DN #06-114
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The CMHA Police Department would like to extend its congratulations to the following officers who received certificates of appreciation from the Progressive Action Council (PAC) for their participation in the D30's / Deep Pockets investigations and their dedication to the residents of CMHA.

Lieutenant Jack J. Justus  
Sergeant Dale Homerick  
Sergeant Raymond Morgan  
Sergeant Carol Rucker  
Sergeant Paul Styles  
Sergeant Theodore Troyer  
RCC Supervisor Roxsann Howard  
Detective Cornell Grimes  
Detective James E. Harris Jr.  
Detective Paul Hermensky  
Detective Estel L. Justus  
Detective Maurice Kennedy  
Detective Charles Schultz  
Detective David Whitney

Police Officer Saleem Ali  
Police Officer Adam Beese  
Police Officer Kerry Blakemore  
Police Officer Gregory Drew  
Police Officer William Higginbotham  
Police Officer Ronald Hopkins  
Police Officer John Kleinhenz  
Police Officer Brian Salomone  
Police Officer Robert Vales  
Police Officer Eric Williams  
Police Officer Thomas Williams  
Communications Officer Michelle Ford  
Communications Officer Lisa Revelt  
Communications Officer Kelley Shealy

AUG 24 2006  
COMDOC

By order of,  
  
Stanley C. Murrey, Chief of Police



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

TYPE: Inter-Office Memorandum

TO: Stanley C. Murrey  
Patrol Commander

FROM: Ronald J. Morenz  
Lieutenant- Second Platoon Watch Commander

DATE: February 4, 1997

SUBJECT: Outside Employment

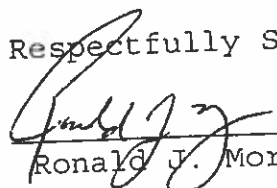
Sir:

I respectfully request permission to work part-time for the Cleveland State University Police Department and the Tenable Protective Services. Between the two I would not be working in excess of 45 hours per month. I understand that my primary employment is with the CMHA Police Department, and that any incident that may arise, my first concern is for CMHA. I have attached a copy of my 1996 Attendance Control Card for your review. It shows that I did not use any sick time, nor was I tardy, during 1996.

I feel that the extra employment will not be physically or mentally taxing to the extent that it would affect my performance at CMHA. If this should happen, I will immediately correct the problem.

Attached are 2 Request of Certification of Outside Employment forms.

Respectfully Submitted,

  
Ronald J. Morenz, Lieutenant

NAME MORENZ RONALD J DEPARTMENT POLICE  
 LAST FIRST MIDDLE BADGE NUMBER \_\_\_\_\_  
 DATE OF BIRTH 8-26-60 DATE OF HIRE \_\_\_\_\_  
 SOCIAL SECURITY NUMBER [REDACTED] SICK DAYS DUE \_\_\_\_\_ VACATION TIME DUE \_\_\_\_\_

## EMPLOYEE ATTENDANCE RECORD

	19 <u>96</u>																															ABSENCE SUMMARY											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	A	B	C	D	E	F	M	O	P	S	W	X
JAN	H					X	X						X	X							X	X																					
FEB			X	X						X	X						X	X						X	X																		
MAR		X	X					X	X		X	X			X	X							C	X	X																		
APR	L	L	L	L	C	X	X						X	X					C	C	X	X																					
MAY	X	E	X	X					X	X	A	A	B	A	A	X	X						X	X																			
JUN		A	X	X			A	X	X	A	A				X	X						X	X																				
JUL	X	X						X	X					X	X									A	X	X																	
AUG			X	X					X	X	X	X				C	X	X																									
SEP	X	X						X	X					X	X																												
OCT				X	X						A	X	X	A	A	A	A	X																									
NOV		X	X						X	X				A		X	X																										
DEC	X	X							X	X				P	X	X							X	X		H																	

A=ANNUAL LEAVE  
 B=DOCTOR'S CERT. REQUESTED  
 C=COMPENSATORY LEAVE  
 D=DID NOT CALL IN 1ST HR.  
 E=DOCTOR'S CERT. PRESENTED  
 F=FUNERAL LEAVE  
 J=JURY LEAVE  
 L=ADMINISTRATIVE LEAVE  
 M=MILITARY LEAVE  
 O=AWOL  
 P=PERSONAL  
 S=SICK LEAVE  
 SS=SUSPENSION  
 W=LEAVE WITHOUT PAY  
 X=VACATION DAY

YEARLY TOTALS  
 USE REVERSE SIDE  
 FOR ADDITIONAL NOTES  
 Printed in U.S.

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE

REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: 2-1-97

EMPLOYEE'S NAME: ROBALO J. MORESZ

ADDRESS: [REDACTED]

Sworn Police Officer:  YES  NO

If no, then Commission Number: \_\_\_\_\_

Name of Outside Employer: CLEVELAND STATE UNIVERSITY POLICE DEPT.

Address: 2300 CHESTER AVE. CLEVELAND, OHIO 44115

Phone Number: 687-2020

Number of hours to be worked per (Week - Month): 15

Capacity you will be employed in: SPECIAL EVENTS OFFICER

Is a Police Commission required:  YES  NO

Is a Uniform Required:  YES  NO

**\*\*CMHA UNIFORM IS NOT AUTHORIZED\*\***

*Robalo J. Morsz* DATE: 2-1-97  
EMPLOYEE'S SIGNATURE

\*\*\*\*\*  
TO THE EMPLOYER:

- CMHA Division of Police does not authorize its' officers to work outside of CMHA in any capacity, if the employer does not provide Workers Compensation.
- CMHA Division of Police requires that its' Non-Sworn Officers working for outside employers have that employer listed on his/her commission.
- CMHA ACCEPTS NO RESPONSIBILITY FOR EMPLOYEES WORKING OUTSIDE OF CMHA. WHEN WORKING FOR AN OUTSIDE EMPLOYER, SAID EMPLOYEE IS THE AGENT OF THAT EMPLOYER, WHO ACCEPTS FULL RESPONSIBILITY FOR ACTS OF THE EMPLOYEE DONE IN THE COURSE OF THAT EMPLOYMENT.

I certify that I have read the above, understand it, and I am in full compliance with it.

Employer Signature: *E.R. March*  
Title: LIEUTENANT

TO THE OFFICE OF THE EXECUTIVE DIRECTOR:

I do , do not , endorse the above officer's request for outside employment.

\_\_\_\_\_  
Chief of Police DATE: \_\_\_\_\_



DEPARTMENT OF PUBLIC SAFETY

University Police  
1983 East 24th Street  
Cleveland, Ohio 44115  
Telephone: (216) 687-2020  
FAX: (216) 687-5144

Chief Anthony Jackson  
Cuyahoga Metropolitan Housing  
Authority Police Department  
2685 East 79 th. Street  
Cleveland, Ohio, 44104

January 30, 1997

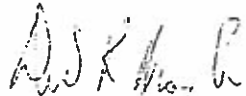
Dear Chief Jackson,

We request that RONALD MORENZ be permitted to work as a sworn employee of the Cleveland State University Police Department on a part-time, as needed basis. It is the practice of the Cleveland State University Police Department to hire qualified, unranked, hourly contract employees, sworn in as Cleveland State University Police Officers, when their services are needed.

Any deputy sheriff or police officer, while on authorized duty at the Cleveland State University, is working in the capacity of an employee of the Cleveland State University Police Department. Therefore, his or her actions while on such authorized duty are the responsibility and liability of the Cleveland State University Police Department.

The Cleveland State University Police Department releases the Cuyahoga Metropolitan Housing Authority, and its' Police Department from any and all responsibility and/or liability for the actions of any Officer, while on such authorized duty for the Cleveland State University Police Department.

Sincerely,

  
David R. Moughan  
Chief of Police

DRM/rjf  
waiver.cmh



CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE

REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: 2-1-97

EMPLOYEE'S NAME: RONALD J. MORENO

ADDRESS: [REDACTED]

Sworn Police Officer:  YES  NO

If no, then Commission Number: \_\_\_\_\_

Name of Outside Employer: TENABLE PROTECTIVE SERVICES

Address: 1776 COLUMBUS RD. CLEVELAND, OHIO 44113

Phone Number: 241-0001

Number of hours to be worked per (Week - Month): 30

Capacity you will be employed in: SECURITY OFFICER

Is a Police Commission required:  YES  NO

Is a Uniform Required:  YES  NO

\*\*CMHA UNIFORM IS NOT AUTHORIZED\*\*

[Signature]  
EMPLOYEES' SIGNATURE

DATE: 2-1-97

\*\*\*\*\*

TO THE EMPLOYER:

- CMHA Division of Police does not authorize its' officers to work outside of CMHA in any capacity, if the employer does not provide Workers Compensation.
- CMHA Division of Police requires that its' Non-Sworn Officers working for outside employers have that employer listed on his/her commission.
- CMHA ACCEPTS NO RESPONSIBILITY FOR EMPLOYEES WORKING OUTSIDE OF CMHA. WHEN WORKING FOR AN OUTSIDE EMPLOYER, SAID EMPLOYEE IS THE AGENT OF THAT EMPLOYER, WHO ACCEPTS FULL RESPONSIBILITY FOR ACTS OF THE EMPLOYEE DONE IN THE COURSE OF THAT EMPLOYMENT.

I certify that I have read the above, understand it, and I am in full compliance with it.

Employer Signature: [Signature]  
Title: Director of Law Enforcement Div

TO THE OFFICE OF THE EXECUTIVE DIRECTOR:

I do  , do not  , endorse the above officer's request for outside employment.

\_\_\_\_\_  
Chief of Police

DATE: \_\_\_\_\_

11-11-97

PF626



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

TYPE: Inter-Office Memorandum

TO: Stanley C. Murrey  
Patrol Commander

FROM: Ronald J. Morenz  
Lieutenant- Second Platoon Watch Commander

DATE: February 4, 1997

SUBJECT: Outside Employment

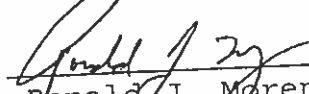
Sir:

I respectfully request permission to work part-time for the Cleveland State University Police Department and the Tenable Protective Services. Between the two I would not be working in excess of 45 hours per month. I understand that my primary employment is with the CMHA Police Department, and that any incident that may arise, my first concern is for CMHA. I have attached a copy of my 1996 Attendance Control Card for your review. It shows that I did not use any sick time, nor was I tardy, during 1996.

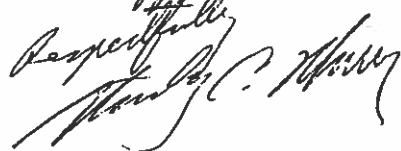
I feel that the extra employment will not be physically or mentally taxing to the extent that it would affect my performance at CMHA. If this should happen, I will immediately correct the problem.

Attached are 2 Request of Certification of Outside Employment forms.

Respectfully Submitted,

  
Ronald J. Morenz, Lieutenant

4 FEB 97

Sir:  
Recommend approval  
Respectfully  






**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** Angel Morales, Deputy Chief

**FROM:** Thomas Burdyslaw, Commander

PAGE 1 of 1	SUBJECT <p align="center"><b>Secondary Employment Request by Sergeant Paul A. Styles #656</b></p>	DATE/NUMBER <b>16DEC14</b>
----------------	----------------------------------------------------------------------------------------------------------	-------------------------------

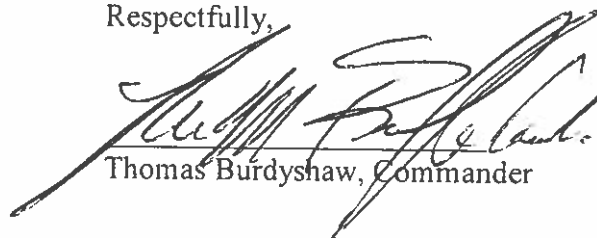
The attached request for Sergeant Paul Styles #656 permission to engage in secondary employment with **(American Communications Network, ACN)** is in compliance with Policy & Procedures Chapter 1.13.

An audit of Paul Styles' Sick Time during the previous twelve months revealed he has used: **00.00 Total Hours**. Paul Styles **has not** received disciplinary action in 2014 greater than a reprimand.

Paul Styles **has not** used more than the annual allotment of sick time during the previous (12) month period, which is **(15) days (120) hours**.

Upon approval/denial, please forward a signed copy of all paperwork to the Complaint Investigation Unit (CIU) for proper recording. **Approval** received will initiate the issuance of two CMHAPD 94-018 forms to the officer(s) supervisor for completion. One CMHAPD 94-018 form will be filed in the C.I.U office.

Respectfully,



Thomas Burdyslaw, Commander



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



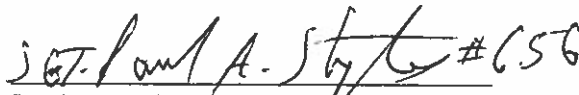
**TO:** Thomas Burdyshaw, Commander

**FROM:** Paul A. Styles #656, Sergeant

PAGE	SUBJECT	DATE
1 of 1	Secondary Employment Request Addendum	02JAN15

In regards to this request, there is no Workers Compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. No CMHA residents or employees will be solicited regarding this request. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving American Communications Network.

Respectfully,

  
Paul A. styles, Sergeant



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

Request for Secondary Employment

I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name Paul, Last Name Styles, Street Address, City, Zip, Apartment/Unit #, Phone, SWORN POLICE OFFICER [checked], RESERVE OFFICER [unchecked], PROTECTION OFFICER [unchecked]

NAME OF PROPOSED SECONDARY EMPLOYER

Company American Communications Network (ACN), Address, City Cleveland, Zip 44103, Telephone, Contact Person Paul A. Styles, Title Owner, My hourly rate of pay will be N/A, The estimated length of employment is: Annually

I will be working 6 Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday.

Duties You Will Perform Sign Up Customers For Gas and Electricity Services

Police Commission Required? YES [unchecked] NO [checked], Generic Police Uniform Required? YES [unchecked] NO [checked]

NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

IMPORTANT NOTICE

- I have no disciplinary actions on file greater than a written reprimand within the last two (2) years.
I have used 0 sick hours within the last twelve (12) months.
I understand that I MAY NOT engage in secondary employment involving the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises.
I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided.
I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY. I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13)
I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

Member Signature [Signature], Print Name Paul A. Styles

Date 16DEC14

SUPERVISOR'S ENDORSEMENT

The above member has used 0 sick hours in the past twelve (12) months and is not classified as a sick abuser.

I DO [unchecked] DO NOT [unchecked] recommend approval of the above member's request to engage in secondary

Supervisor's Signature, Commander's Signature, Deputy Chief's Signature, Date 12/29/14, Date 12-29-14



CUYAHOGA METRO. POLITAN HOUSING AUTHORITY POLICE DEPARTMENT

Request for Certification for Outside Employment

MEMBER INFORMATION

First Name Paul Last Name Styles
Street Address [Redacted] Apartment/Unit # [Redacted]
City [Redacted] Zip Ohio Phone [Redacted]
SWORN POLICE OFFICER [X] RESERVE OFFICER [ ] PROTECTION OFFICER [ ]

MEMBER AUTHORIZATION

I HEREBY AUTHORIZE THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT AND THE BELOW-LISTED PROSPECTIVE EMPLOYER TO EXCHANGE INFORMATION REGARDING IMPOSED DISCIPLINE AND/OR MEDICAL INFORMATION.

MEMBER SIGNATURE [Signature] DATE 16DEC14

NAME OF PROPOSED SECONDARY EMPLOYER
Company American Communications Network
Address [Redacted] Telephone [Redacted]
Supervisor Self Title Owner

Duties You Will Perform Sign Up Customers For Gas Electricity and Phone Services

Police Commission Required? YES [ ] NO [X] Generic Police Uniform Required? YES [ ] NO [X]
NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER

- CMHA does not authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided.
CMHA requires non-commissioned members to be listed on the employer's license (commission).
CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment.
CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: "Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured" CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non payment.
CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer.

The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.

Employer Signature [Signature] Date 16DEC14
Title Owner

FOR CMHA USE ONLY

TO THE CMHA - CHIEF EXECUTIVE OFFICER:
I DO [X] DO NOT [ ] Endorse the above member's request for secondary employment.
[Signature]



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

TYPE: REQUEST (PCM 95-012)

TO: Stanley C. Murrey, Patrol Commander

FROM: Harvey J. McGowan, Lieutenant-3th Plt Watch Commander

DATE: November 6, 1996

SUBJECT: Part Time Employment Approval Request - P.O Paul Styles  
#25

Sir:

Requesting approval of the attached request, for said officer.

Said officer has a good employee performance record and a second job of 15-20 hours a week, should not hamper his performance.

The granting of this request will not adversely affect the operation of the platoon.

The officer has been counselled as to CMHA being his priority employment.

Respectfully,

  
Harvey J. McGowan, Lt.

*for:*  
*I have no objection & recommend approval,*  
*Respectfully,*  
*Stanley C. Murrey*

Attachment (1)

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE

REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: October 22, 1996

EMPLOYEE'S NAME: PAUL STYLES

ADDRESS: [REDACTED]

Sworn Police Officer:  YES  NO  
If no, then Commission Number: \_\_\_\_\_

Name of Outside Employer: TENABLE PROTECTIVE SERVICES, INC.  
Address: 1776 Columbus Rd. Cleveland, Ohio 44113  
Phone Number: 241-0001

Number of hours to be worked per (Week - Month): 5-10 hours

Capacity you will be employed in: POLICE OFFICER

Is a Police Commission required:  YES  NO  
Is a Uniform Required:  YES  NO  
\*\*CMHA UNIFORM IS NOT AUTHORIZED\*\*

Paul Styles DATE: October 22, 1996  
EMPLOYEES' SIGNATURE

\*\*\*\*\*

- TO THE EMPLOYER:
- CMHA Division of Police does not authorize its' officers to work outside of CMHA in any capacity, if the employer does not provide Workers Compensation.
  - CMHA Division of Police requires that its' Non-Sworn Officers working for outside employers have that employer listed on his/her commission.
  - CMHA ACCEPTS NO RESPONSIBILITY FOR EMPLOYEES WORKING OUTSIDE OF CMHA. WHEN WORKING FOR AN OUTSIDE EMPLOYER, SAID EMPLOYEE IS THE AGENT OF THAT EMPLOYER, WHO ACCEPTS FULL RESPONSIBILITY FOR ACTS OF THE EMPLOYEE DONE IN THE COURSE OF THAT EMPLOYMENT.

I certify that I have read the above, understand it, and I am in full compliance with it.

Employer Signature: [Signature]  
Title: PRESIDENT

TO THE OFFICE OF THE EXECUTIVE DIRECTOR:

I do , do not , endorse the above officer's request for outside employment.



CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



TO: Angel Morales, Deputy Chief

FROM: Thomas M. Burdyshaw, Commander

PAGE 1 of 1	SUBJECT Secondary Employment Request by Sergeant Paul A. Styles #656	DATE/NUMBER 09DEC15
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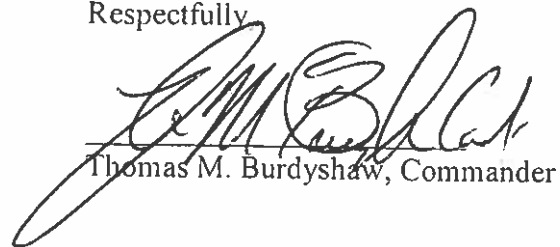
The attached request by Sergeant Paul A. Styles #656 permission to engage in secondary employment with the (American Communication Network, ACN) is in compliance with Policy & Procedures Chapter 1.13.

An audit of Paul Styles' Sick Time during the previous twelve months revealed he has used: 00.00 Hours. Paul Styles has not received discipline greater than a reprimand in 2014 or 2015.

Paul Styles has not used more than the annual allotment of sick time during the previous (12) month period, which is (15) days (120) hours.

Upon approval/denial, please forward a signed copy of all paperwork to the Complaint Investigation Unit (CIU) for proper recording. Approval received will initiate the issuance of two CMHAPD 94-018 forms to the officer(s) supervisor for completion. One CMHAPD 94-018 form will be filed in the C.I.U office.

Respectfully

  
Thomas M. Burdyshaw, Commander



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT  
**Request for Certification for Outside Employment**

**MEMBER INFORMATION**

First Name **Paul** Last Name **Styles**  
 Street Address [REDACTED] Apartment/Unit # [REDACTED]  
 City [REDACTED] Zip [REDACTED] Phone [REDACTED]  
 SWORN POLICE OFFICER  RESERVE OFFICER  PROTECTION OFFICER

**MEMBER AUTHORIZATION**

I HEREBY AUTHORIZE THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT AND THE BELOW-LISTED PROSPECTIVE EMPLOYER TO EXCHANGE INFORMATION REGARDING IMPOSED DISCIPLINE AND/OR MEDICAL INFORMATION.

MEMBER SIGNATURE *Paul A. Styles* DATE **09DEC15**

NAME OF PROPOSED SECONDARY EMPLOYER  
 Company **American Communications Network, ACN**  
 Address [REDACTED] Telephone [REDACTED]  
 Supervisor **Self** Title **Independent Business Owner**

Duties You Will Perform **Utilities Consulting**  
 Police Commission Required? YES  NO  Generic Police Uniform Required? YES  NO   
**NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.**

**IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER**

- CMHA does **not** authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided.
- CMHA requires non-commissioned members to be listed on the employer's license (commission).
- CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment.
- CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: "Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured" CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non-payment.
- CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer.

The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. **BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.**

Employer Signature *Paul A. Styles* Date **09DEC15**  
 Title **Independent Business Owner, IBO**

**FOR CMHA USE ONLY**

TO THE CMHA - CHIEF EXECUTIVE OFFICER:

I DO  DO NOT  Endorse the above member's request for secondary employment.

Chief of Police *[Signature]* Date **12/10/15**





# Request for Secondary Employment

## I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name **Paul** Last Name **Styles**  
 Street Address [REDACTED] Apartment/Unit # [REDACTED]  
 City [REDACTED] Zip [REDACTED] Phone [REDACTED]

SWORN POLICE OFFICER  RESERVE OFFICER  PROTECTION OFFICER

## NAME OF PROPOSED SECONDARY EMPLOYER

Company **American Communication Network, ACN**  
 Address [REDACTED]  
 City [REDACTED] Zip [REDACTED] Telephone [REDACTED]

Contact Person **Self** Title **Independent Business Owner**  
 The estimated length of employment is: **1 Year** My hourly rate of pay will be: **N/A**

I will be working **4.0** Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday.

Duties You Will Perform **Utilities Consulting**

Police Commission Required? YES  NO  Generic Police Uniform Required? YES  NO

**NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.**

## IMPORTANT NOTICE

- I have no disciplinary actions on file greater than a written reprimand within the last two (2) years.
- I have used 0 sick hours within the last twelve (12) months.
- I understand that I MAY NOT engage in secondary employment involving the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises.
- I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided.
- I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. **CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY.** I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13)
- I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

Member Signature *Paul A. Styles* Date **09DEC15**  
 Print Name **Paul A. Styles**

## SUPERVISOR'S ENDORSEMENT

The above member has used 0 sick hours in the past twelve (12) months and is not classified as a sick abuser.

I **DO**  **DO NOT**  recommend approval of the above member's request to engage in secondary

Supervisor's Signature [REDACTED] Date [REDACTED]  
 Commander's Signature *[Signature]* Date **12/9/15**  
 Deputy Chief's Signature *[Signature]* Date **12/10/15**



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Thomas M. Burdyshaw, Commander

**FROM:** Paul A. Styles #656, Sergeant

<small>PAGE</small> 1 of 1	<small>SUBJECT</small> Secondary Employment Request Addendum	<small>DATE</small> 09DEC15
-------------------------------	-----------------------------------------------------------------	--------------------------------

In regards to this request, there is no Workers Compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. No CMHA residents or employees will be solicited regarding this request. No CMHA equipment will be needed. The nature of this request does not require me to dispense any alcoholic beverage. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving American Communications Network.

Respectfully,

*SGT. Paul A. Styles #656*  
 Paul A. styles, Sergeant

MEMBER IS NOT AUTHORIZED TO  
 CONDUCT BUSINESS AT CMHA —

*[Signature]*  
 12/10/2015

# CERTIFICATIONS



5715 Woodland Avenue T - 216-426-7760  
Cleveland, Ohio 44104-2740 F - 216-361-3728



February 11, 2013

Law Enforcement Foundation, Inc.  
PELC Application  
6277 Riverside Drive  
Suite 2N  
Dublin, Ohio 43017-5067

**RE: Statement of Nomination – Sergeant Paul A. Styles**

To whom it may concern:

Please accept this letter as a nomination for Sergeant Paul A. Styles to be a candidate for an upcoming PELC Class.

Sergeant Styles is a 20 year plus veteran of police service. He is currently serving on the Cuyahoga Metropolitan Housing Authority (CMHA) Police Department assigned to the Compliant Investigation Unit. He is responsible for ensuring compliance with written directives.

Sergeant Styles has assisted in revising integrity related policy in our department. I expect Sergeant Styles to continue providing leadership and effectively communicating with citizens who may file formal complaints.

As a PELC graduate myself, I know Sergeant Styles will benefit greatly from the PELC experience. I fully support his participation and will support his attendance to sessions and assignments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrés González', written over a white background.

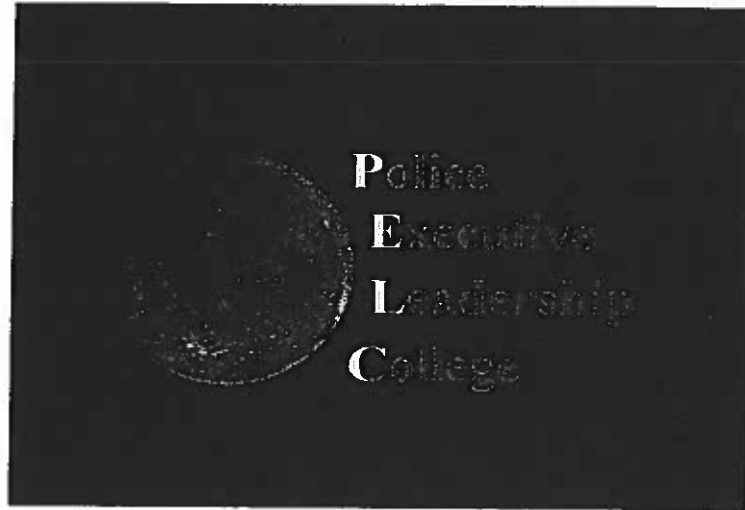
Andrés González, Chief  
CMHA Police Department

Attachment: Nomination for PELC Scholarship

Cc: Paul A. Styles, Sergeant  
Member File

Jeffery K. Patterson, Chief Executive Officer/Safety Director

# Application for Admission to



## The Law Enforcement Foundation

The mission of the Law Enforcement Foundation, Inc. is to develop working partnerships for the common concerns of business and police executives to foster the values of good citizenship; to enhance the prospects of secure communities; and to brighten the future through constructive social change within each Ohio community. The Executive Institute is a part of the Foundation. Its goal is to provide law enforcement executives with innovative and in-depth educational opportunities. The Police Executive Leadership College was developed to meet this goal.

*Indicate PELC Session preferences:*

1st PELC # \_\_\_\_\_

2nd PELC # \_\_\_\_\_

3rd PELC # \_\_\_\_\_

4th PELC # \_\_\_\_\_

LEF use only	
Date received:	
Session Number:	
EIC Meeting:	

## WHO SHOULD ATTEND?

PELC is designed for Police Chiefs, Sheriff's, Private Sector Security Executives, and Management-Level staff who are willing to devote time away from their agencies to improve their leadership skills. The course is geared to law enforcement executives from all size agencies or companies. The most important quality a participant should possess is the willingness to learn and unlearn.

### MINIMUM QUALIFICATIONS OF APPLICANT:

Minimum qualifications for the Police Executive Leadership College include personal and job-related criteria. The applicant must:

- ✦ hold a chief executive position in a law enforcement agency/company or occupy a law enforcement management position which demonstrably includes full-time permanent responsibility to supervise full-time personnel, and has the ability to influence policy or impact the operation of the company or agency.
- ✦ complete the attached P.E.L.C application form; an application returned with unanswered questions *will not* be considered.
- ✦ provide a statement of nomination and commitment from the applicant's administrator. (see section IV)

## TUITION AND LOCATION

The student fee charged to local law enforcement agencies is \*\$2,000, or \*\$2,500 \*(subject to change) for out-of-state agencies. Tuition includes all classroom materials and program notebook, noon meals, breaks, orientation breakfast and graduation meal. Lodging is not included, but is available at a special program rate. PELC is subsidized by the Law Enforcement Foundation through the generous support of corporations, foundations and individual donors.

PELC is held in Columbus, Ohio.

# Application Police Executive Leadership College

## TO THE APPLICANT

Please complete Section I through Section III of the Application. Please type your response. Be sure to sign your Statement of Commitment. **If you are not the CEO of your agency, your Nominator must complete and sign Section IV.**

SECTION I PERSONAL INFORMATION	
Applicant Name/Rank: Paul Anthony Styles Sergeant	
Department: Cuyahoga Metropolitan Housing Authority Police Department	
Work Address: 5715 Woodland Avenue Cleveland, Ohio 44104	
Home Address: [REDACTED]	
Business Telephone: (216) 426-7822	Fax: (216) 361-3759
Home Telephone: [REDACTED]	
E-mail Address: pstyles@cmhapd.org	
Nickname for Name Tag: Pablo	
County: Cuyahoga	Size of Community: 50,000
Total Sworn Personnel: 71	Total employees: 133
Present Assignment: Officer In Charge of Complaint Investigations	
Years in present assignment: 3 years 2 Months	
Years in law enforcement: 20 Years 4 Months	





## SECTION II CONTINUED

### C. EXPERIENCE

Please list present and past positions in law enforcement. List your *present* position first, then next most recent position, etc.

Organization: Cuyahoga Metropolitan Housing Authority	
Date from: December 11, 1998	To: Present
Title or Rank: Sergeant	
Duties and Responsibilities: Investigate Citizen Complaints, Internal Complaints, Schedule and Present Charges to the Chief regarding Disciplinary Hearings, Track Attendance and Sick Leave Abuse Violations.	
Update and monitor the Personnel Early Warning System (PEWS). Update Disciplinary and Summary Files, review Request for Secondary Employment, and assist in the review of New Hires.	

Organization: Cuyahoga Metropolitan Housing Authority	
Date from: January 04, 1995	To: December 11, 1998
Title or Rank: Police Officer	
Duties and Responsibilities: While assigned to the Patrol Division, my Duties were to Protect the Life and Property of the Residents and their Guests, Patrol Assigned areas, Arrest Violators, Issue Citations, and Testyfing in Court.	

Organization: Cuyahoga Metropolitan Housing Authority	
Date from: January 12, 1993	To: January 04, 1995
Title or Rank: Special Police Officer	
Duties and Responsibilities: While assigned to a Hi-Rise Building, my Responsibilities were to Protect the Life and Property of the Residents and their Gussts and issue Citations for Lease Violations.	

**SECTION III - REQUEST TO ATTEND THE POLICE EXECUTIVE LEADERSHIP COLLEGE**

**Answer the following questions in a clear and concise manner using complete sentences. Please type.**

**A.** Please discuss your reasons for wanting to attend the Police Executive Leadership College including how you plan to utilize the knowledge gained through the program.

My reason for attending this course is to enhance my present knowledge and leadership. Upon completion, I will be able to communicate better with my subordinates and other employees, and use the knowledge I learned to help lead the department.

**B.** What is your anticipated contribution to your organization and law enforcement after the completion of the course?

Upon completion of this course, I will engage in contributing a greater wealth of knowledge to my department. That means assisting others in improving their skills and ability while assisting other Law Enforcement Agencies in my jurisdiction to be more effective.

**C.** PELC program is directed toward current and future issues facing law enforcement/private security executives. Please discuss what you see as the most important emerging issues for:

*- you as an executive*

The most important issue for me is investigating Citizen Complaints. As an accredited Agency, we are in the national spotlight, the integrity of the department and our mission cannot be compromised. Receiving, completing, and conducting a fair, and impartial investigation in a timely manner demonstrates professionalism.

*- your organization*

For my organization keeping up morale, training, and staying within our budget, which has a direct impact on the topics.

*- law enforcement/private security during the next 10 years*

Budget, Staffing, and Equipment is essential in order to continue the mission. Our department has demonstrated professionalism, we are a model agency that is recognized internationally by our peers.

## SECTION III CONTINUED

**D.** Cite two specific examples, one internally and one externally, wherein you personally initiated, developed, and played a major leadership role in the completion of a project.

- internally ( within your organization)

I was involved in the implementation/ restructure of the new Citizen Complaint Policy. I approached this assignment by reaching out to my supervisors and gathering their input. The idea behind this is being fair and impartial knowing that I will be the person investigating the complaints and treating everyone fairly.

- externally (community, church, school, civic, fraternal group, etc.)

I currently train and participate at a martial arts school. Our youth program was basically falling apart and just short of destruction. I was given the opportunity by my instructor to find out what went wrong and to fix the problems. Within a three year period, our youth program is one of the best in the entire city as a result of my commitment and leadership. These youths' performance has also excelled in academics for which I have received compliments from other instructors and parents.

In your judgment, what are the qualities needed in leadership today? I believe the following qualities that are essential for today's leadership are honesty, dependability, accountability, and commitment. I believe these qualities are the vital components that an individual must possess when it comes to strong leadership. If one does not possess these qualities, breakdown and destruction is inevitable.

## APPLICANT'S STATEMENT OF COMMITMENT

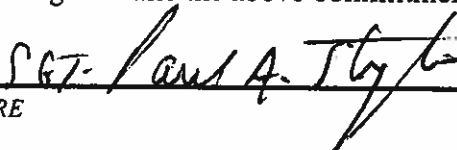
" I understand that if I am selected to attend the Police Executive Leadership College, I will be involved in an intensive educational program that will require a commitment of my time and energy and a dedication toward excellence."

" I agree to personally complete all homework assignments and projects required for the Police Executive Leadership College by the assigned due dates. They will be my own independent, original work."

" I understand that if I do not attend the scheduled programs and complete the required projects and assignments, I will be dropped from the program."

" If selected, I am willing to make the above commitments."

Paul A. Styles



24JAN13

APPLICANT SIGNATURE

DATE

Information provided in the application will be held confidential for the exclusive use of the Police Executive Leadership College. Questions may be directed to the *Law Enforcement Foundation*, (614) 761-9479.

### THE COMPLETED AND SIGNED APPLICATION TO BE RETURNED TO:

Law Enforcement Foundation, Inc.  
PELC Application  
6277 Riverside Dr., Suite 2N  
Dublin, OH 43017-5067

How did you hear about PELC?		
Brochure		Ohio Police Chief magazine
Co-worker	XX	Another Police Executive
A graduate of PELC	XX	Other:

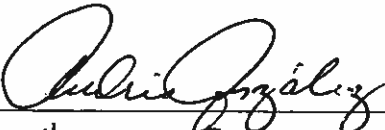
### SECTION IV - STATEMENT OF NOMINATION

**To The Nominator:** Your law enforcement administrator is applying for admission to the Police Executive Leadership College. Before the applicant can be accepted, your nomination of this individual and your commitment to the program are required.

Please comment in the space below, or on an attachment, the reason(s) why you would like the applicant to attend the Leadership College. Include in your discussion the role the applicant is expected to play within your organization and in the law enforcement/private security profession for the next 12 months.

**Note:** All applicants, except the CEO of an agency, must submit a signed "statement of Nomination" from the CEO of the agency.

"I understand my nomination of this individual to attend the Police Executive Leadership College includes a pledge of full support for the applicant to participate in the Leadership College program. My commitment to my law enforcement administrator includes release time to attend the scheduled sessions and to complete all homework assignments."

Nominator Signature:	
Name/Title Printed:	ANDRES GONZALEZ, CHIEF
Full Address:	CMLA POLICE DEPT - 5715 WOODLAND AVE - CLEVELAND - 44104
Nominator Email:	AGONZALEZ@CMLAPD.ORG
Telephone:	216 - 426 - 7801

(SEE ATTACHED LETTER.)

**Ohio Peace Officer Training Council**  
State of Ohio  
Office of the Attorney General

This is to certify that

**PAUL A. STYLES**

has completed the

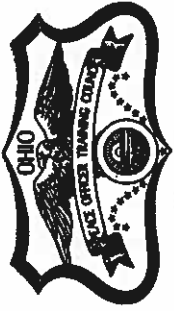
**Ohio Peace Officer  
Basic Training Program**

Shaker Heights Police Academy

Awarded This 4th Day Of January, 1995

*Betty D. Montgomery*  
Betty D. Montgomery  
Attorney General

*Michael S. Henry*  
Michael S. Henry, Chairman  
Ohio Peace Officer Training Council



*George E. Lewis*  
George E. Lewis, Acting Executive Director  
Ohio Peace Officer Training Council

*John F. Sisk*  
John F. Sisk, School Commander

93-079

951598



**RICHARD CORDRAY**  
OHIO ATTORNEY GENERAL

May 12, 2009



Sheriff Frank Bova  
Cuyahoga County Sheriffs Office  
1215 West 3rd Street  
Cleveland, OH 44113-1582

Re: Update Training Complete for Officer Paul Styles

Dear Sheriff Bova:

This is to acknowledge that records have been received to substantiate that the training requirements for Missing Persons have been met.

Please retain a copy of this letter for your records.

Sincerely,

*Sarah J. Thomas*

Sarah Thomas  
Certification Officer  
Certification & Standards Division

cc: OPOTC Officer File  
Cuyahoga Metro Housing Authority  
Officer Styles

ST/bh

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT

OATH OF OFFICE

I, Paul Styles, do solemnly swear that I will support the Constitution of the United States, the Constitution and Laws of the State of Ohio, obey the rules, regulations and orders of the Cuyahoga Metropolitan Housing Authority and will discharge the duties of my office to the best of my knowledge and ability, so help me God.

SGT. Paul A. Styles  
Signature

State of Ohio            )  
                                  )    ss:  
                                  )  
County of Cuyahoga    )

Before me, a Notary Public, State of Ohio, personally, appeared the said Paul Styles and did solemnly swear to support the Constitution of the United States and the Constitution and Laws of the State of Ohio, obey the rules, regulations and orders of the Cuyahoga Metropolitan Housing Authority and will discharge the duties of his office to the best of his knowledge and ability, so help me God, this 11th day of December, 1998.

Anthony Jacobson  
Chief of Police Division

David L. Bly  
Notary Public  
State of Ohio, County of Cuyahoga

My commission expires 4-25-2004

(SEAL)

David L. Bly  
Notary Public, State of Ohio  
Recorded in Cuyahoga Cty.  
My Comm. Expires 04-25-2004



CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT

OATH OF OFFICE

I, Paul Styles, do solemnly swear that I will support the Constitution of the United States, the Constitution and Laws of the State of Ohio, obey the rules, regulations and orders of the Cuyahoga Metropolitan Housing Authority and will discharge the duties of my office to the best of my knowledge and ability, so help me God.

Paul Styles  
Signature

State of Ohio            )  
                                  )    ss:  
                                  )  
County of Cuyahoga    )

Before me, a Notary Public, State of Ohio, personally, appeared the said Paul Styles and did solemnly swear to support the Constitution of the United States and the Constitution and Laws of the State of Ohio, obey the rules, regulations and orders of the Cuyahoga Metropolitan Housing Authority and will discharge the duties of his office to the best of his knowledge and ability, so help me God, this 4th day of January, 1995.

Anthony Jackson  
Chief of Police Division

David L. Bly  
Notary Public  
State of Ohio, County of Cuyahoga

My commission expires April 24, 1999

(SEAL)

# CMHA

## Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113

Phone: 216/348-5000 • Fax: 216/696-0636

AUGUST 18, 1993

TO: PAUL STYLES

FM: MILES T. COBBS  
ACTING CHIEF

SUBJECT: REQUEST FOR OPEN ENROLLMENT SPONSORSHIP TO THE  
BASIC ACADEMY

I AM HAPPY TO APPROVE YOUR REQUEST FOR SPONSORSHIP TO THE  
BASIC POLICE ACADEMY.

PLEASE FIND ATTACHED THE ENROLLMENT FORMS AND A  
RECOMMENDATION LETTER FROM MYSELF THAT YOU REQUESTED.

I DO NEED TO POINT OUT THAT THIS SPONSORSHIP IN NO WAY  
GUARANTEES APPOINTMENT AS A SWORN OFFICER WITH CMHA PD UPON  
YOUR GRADUATION FROM THE ACADEMY.

I POINT THIS OUT NOW BECAUSE I DO NOT WANT THERE TO BE ANY  
MISINTERPRETATION OF WHAT OUR SPONSORSHIP MEANS.

THE COMPLETION OF THE FINGERPRINT CARD INCLUDING MAILING TO  
BCI&I WITH THE \$15.00 FEE WILL BE YOUR RESPONSIBILITY. CMHA  
WILL SUPPLY THE CARD AND TAKE YOUR FINGERPRINTS TO ASSIST  
YOU IN THIS REQUIREMENT.

GOOD LUCK IN YOUR EFFORT.

### Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice Chairwoman  
Dwayne Browder • Dr. Consuela Sousa • Robert Townsend, II  
Claire E. Freeman, Executive Director



# CMHA

## Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113  
Phone: 216/348-5000 • Fax: 216/696-0636

AUGUST 18, 1993

TO WHOM IT MAY CONCERN:

UPON SUCCESSFUL COMPLETION OF THE BASIC TRAINING SCHOOL AND THE OHIO PEACE OFFICER CERTIFICATION EXAMINATION, I WOULD RECOMMEND THAT PAUL STYLES BE EMPLOYED AS A PEACE OFFICER IN THE STATE OF OHIO.



MILES T. COBBS  
ACTING CHIEF

### Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman  
Dwayne Browder • Dr. Consuelo Sousa • Robert Townsend, II  
Claire E. Freeman, Executive Director



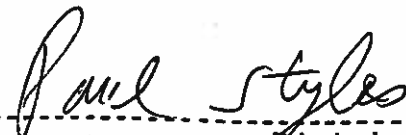
# OFFICIAL BOND

KNOW ALL MEN BY THESE PRESENTS, That we PAUL STYLES  
as Principal, and THE AETNA CASUALTY AND SURETY COMPANY", a surety company  
organized under the laws of the State of CONNECTICUT and authorized to write surety  
bonds in the State of Ohio, as surety, are held and firmly bound unto the City of Cleveland, a municipal  
corporation in the State of Ohio, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000.00) for the  
payment of which, well and truly to be made, we do hereby jointly and severally bind ourselves, our  
heirs, executors, administrators, successors and assigns, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION are such, that whereas, the said PAUL  
STYLES was on the 15th day of JANUARY 19 93, duly  
commissioned as a Private Policeman in the City of Cleveland.

NOW IF THE SAID Principal shall faithfully, honestly and impartially perform and discharge  
the duties of Private Policeman while he shall hold such commission in accordance with the laws of  
the State of Ohio, and the Charter and Ordinances of the City of Cleveland, then this obligation shall  
be void, otherwise to remain in full force and virtue in law.

IN WITNESS WHEREOF the parties hereto affix their signature this 15th  
day of JANUARY 19 93

  
PAUL STYLES Principal.

**CITY OF CLEVELAND**  
**MICHAEL R. WHITE, MAYOR**  
**ARMED SECURITY GUARD'S LICENSE**  
**THIS IS TO CERTIFY THAT** **3002**

Paul A. Styles

IS PERMITTED TO DO PRIVATE POLICE DUTY AT

C.M.H.A.

CITY OF CLEVELAND. THIS COMMISSION MAY BE REVOKED AT ANY TIME WITHOUT NOTICE BY THE DIRECTOR OF PUBLIC SAFETY OR THE CHIEF OF POLICE. IF FOUND DOING ANY POLICE DUTY OTHER THAN AT THE PLACE DESIGNATED THIS PERMIT WILL BE CANCELLED.

*Caryn W. Allen*  
DIRECTOR OF PUBLIC SAFETY

SS# [REDACTED]

Date of Expiration

01/15/94



# EVALUATIONS

# C.M.H.A.P.D. PERFORMANCE RATING CHECKLIST



Styles, Paul # 656  
 EMPLOYEE'S NAME / BADGE  
 January 1, 1999 to January 2000 Vazquez, Anastacio T.  
 RATING PERIOD / SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest. 10-being the highest, 6-being average with 5-just below and 7-just above.

### QUALITY OF WORK

Accuracy	7	Accepts Responsibility	8
Judgement	8	Cooperative	8
Knowledge of Duties	7	Attitude Toward Department	
Thoroughness	7	Goals & Objectives	7
Ability to Learn	8	Accepts/Acts on	
Interest in Work	8	Constructive Criticism	7
Ability to Make Reports	7	<b>PERSONAL RELATIONSHIPS</b>	
Proper Care of Equipment	7	Tactful	7
Compliance/Policy-Directives	8	Courteous	7
Court Cases/Preparation		Proper Appearance	7
& Presentation	7	Proper Uniform / Dress	7

### QUANTITY OF WORK

Production	7	<b>FOR RATING OF SUPERVISORS ONLY</b>	
Organization of Time	7	Obtains Desired Work Results	
Industriousness	7	From Subordinates	
Notice to Violator & Misd.		Explains Well the Work to be	
Citations Issued	7	Done	
Arrest Record	7	Systematically Checks the	
<b>DEPENDABILITY</b>		Work of Subordinates	
Reports for Work on Time	8	Knowledge & Conformity to	
Requires Little Supervision	8	Departmental Directives	
Follows Instructions	8	Readily Accepts & Assumes	
		Responsibility Including	
		Disciplinary Action	

### SUMMARY COMMENTS

Sgt. Styles # 656 has shown from day one that he can except responsibility, follow instructions and perform well under pressure. He is liked by everyone he comes in contact and in more than one occasions I have received compliments from residents from most estates for his professionalism that he has displayed. He has shown great improvement in all areas of the job. Sgt. Styles was an excellent choice for a supervisor. Sgt. Styles is respected by his peers and subordinates.

OFFICER SIGNATURE \_\_\_\_\_ SGT. Paul Styles #656 SUPERVISOR SIGNATURE \_\_\_\_\_ DATE 01-10-00

LIEUTENANT/SUPERVISOR REVIEW AND SIGNATURE \_\_\_\_\_ DATE January 10, 2000



FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name Styles Paul  
Last First M.I.

Badge: 656

Observation Period: from 1/23/99 to 2/5/99

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

*Sergeant Paul Styles #656 always in a good spirit, his attitude towards the job, organization and residents are always very positive. Sgt Styles #656, commands a good working knowledge of the laws, duties and always displays good judgement in handling his calls. He's very personable, yet always ready to aid others with whatever the task or situation it presents. Very respectful, willing to learn and follow instructions very well.*

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

*Sergeant Paul Styles #656 needs just a little more reinforcement in a few areas and has the ability to be a good all round supervisor.*

Respectfully,

*Richard [Signature] #650*  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name STYLES Paul A.  
Last First M.I.

Badge: 656

Observation Period: from 1/23/99 to 1/31/99

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Sgt. STYLES DEMONSTRATES ENTHUSIASM AND INITIATIVE IN HIS JOB. SGT. STYLES RESPONDS WELL TO DIRECTIONS AND CONSTRUCTIVE CRITICISM. ALWAYS SUBSTANTIAL FOR DUTY AND READY TO WORK

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

[Signature] # 130  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name STYLES PAUL A  
Last First M.I.

Badge: 656

Observation Period: from 1/31/99 to 2/4/99

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Sgt. Styles demonstrates a willingness to learn all aspects of his job and respect toward his fellow co-worker. His appearance and personal hygiene are very commendable. It's been a pleasure working with him

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

A.C.S. Brown # 630  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
DAILY OBSERVATION REPORT  
PROBATIONARY OFFICER



Name STYLES, PAUL A  
Last First M.I.

Badge: 656

Observation Period: from 1/23/99 to 1/30/99

OBSERVATIONS AND COMMENTS:

commentary required concerning the probationary officer's overall performance during  
of training. This should include but is not limited to ATTITUDINAL FACTORS,  
KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND  
USAGE. Especially note extraordinary performance and or noticeable deficiencies.  
STYLES #656 IS VERY GOOD IN THE PROCESSING OF REPORTS.  
HE ASKS QUESTIONS AND IF UNSURE OF  
HE WILL ASK THEM GET BACK TO OFFICERS. LOOKS TO  
SUPERVISORS AND LEADERS FOR SUPPORT AND GUIDANCE.

TRAINING RECOMMENDATIONS

remedial training that was given. Especially note when a probationary officer does not  
continual remedial training.  
STYLES #656 WAS SHOWN HOW TO PROCESS DAILY ROSTERS AND  
REQUESTS, UNDERSTANDS WHICH BUILDINGS AND ASSIGNMENTS  
IS COVERED FIRST AND WHY. UNDERSTANDS THE PRIORITY  
DEPARTMENT.

Respectfully;  
Donald White # 763L  
FIELD TRAINING OFFICER

TRAINING OFFICER  
OBSERVATION REPORT  
PROBATIONARY OFFICER



Name STYLES, PAUL A  
Last First M.I.

Badge: 656

Period: from 1/31/99 to 2/5/99

OBSERVATIONS AND COMMENTS:

Commentary required concerning the probationary officer's overall performance during the period of training. This should include but is not limited to ATTITUDINAL FACTORS, TECHNICAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

STYLES #656 HAS A GREAT ATTITUDE TOWARD IS NEW AND IS VERY WILLING TO ASK QUESTIONS. HE REPRESENTS HIMSELF AND THE DEPARTMENT VERY WELL AND BE A GOOD SUPERVISOR AND LEADER IN TIME.

TRAINING RECOMMENDATIONS

Remedial training that was given. Especially note when a probationary officer does not require continual remedial training.

STYLES #656 WAS PROVIDED INSTRUCTION WITH PAYROLL AND MISSING AND OF TIME CARDS. SGT STYLES #656 SHOWED INTREST VERY THROUGH IN THE COMPLETION OF SAME, IN TIME AND EFFICE WILL COMPLETE THIS TASK WELL HE FURTHER WILL BE SET TO ~~ANY~~ ANY PLATOON ASSIGNED TO

Respectfully:

*Gerald Howard # 636*  
FIELD TRAINING OFFICER

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Paul Styles

**SUPERVISOR:** Lt. Ronald J. Morenz

**DATE COMPLETED:** February 19, 2002

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul Styles

Position: Sergeant

Department/Area: Police

Last Appraisal Date: 01 / 01 / 01

Type: XXX Annual         Mid Probation         Other

Current Date: 02 / 19 / 02

Evaluation Period: From 01 / 01 / 01 To 01 / 31 / 01

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

Original: Human Resources

Copy: Employee, Supervisor

**PERFORMANCE FACTOR** (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employee Objectives/Expectation

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1:

RATING

0

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #2:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #3:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #4:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #5:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #6:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original: Human Resources

Copy: Employee, Supervisor

Overall Performance

Rate employee's overall performance:

Total Points 45  $\div 14 = 3.21$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: \_\_\_\_\_

Specific goals for improvement: \_\_\_\_\_

Training needed to accomplish goals: \_\_\_\_\_

Additional comments: \_\_\_\_\_

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Paul Stypis

Date: 02 / 19 / 02

Reviewing Supervisor Signature: [Signature]

Date: 02 / 19 / 02

Department Director Signature: [Signature]

Date: 5 / 3 / 02

Original: Human Resources

Copy: Employee, Supervisor



# CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

## CONFIDENTIAL

Name: Paul J. Styles

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2001

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: x Paul Styles 656 Date: 03 / 29 / 01

Immediate Supervisor Signature: [Signature] Date: 03 / 29 / 01

Department Director Signature: [Signature] Date: 3 128 01



**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

NAME: Paul Styles

DATE: 2/19/02

CURRENT ASSIGNMENT: Third Platoon

**Education:**

High School/GED XX                      Associates Degree      
Bachelors Degree                          Masters Degree      
Doctorate    

**Specialized Training:**

Currently attending the Police Executive Administrative Leadership School.

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1.      **Professionally speaking, where would you like to be five (5) years from now?**  
Either a Unit OIC or Watch Commander.

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2.      **What are your professional goals?**  
Return to school and further my education.

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---

3.      **How can CMHA assist you in obtaining your professional goals?**  
Tuition reimbursement.

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4.      **If possible, what type of training would you like to attend that would be beneficial to your current position?**

a) Legal Updates

b) Police Instructor Courses

c) Advanced PEALS

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5.      **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**

YES XX

NO    

6.      **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**

YES    

NO XX

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**CAREER COUNSELING (continued)**

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES     

NO XX

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

Immediate Supervisor. First step in the chain of command

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES XX

NO     

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES XX

NO     

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never     

Sometimes     

Often XX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES XX

NO     

Employee Name and Badge# Paul Styles #656

(PRINT)

Employee Signature: Paul Styles

Date: 2/19/02

Supervisor Signature: [Signature]

Date: 2/19/02



# CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

## CONFIDENTIAL

Name: Paul Styles

Position: Sergeant

Department/Area: Police

Last Appraisal Date: 01 / 01 / 01

Type: XXX Annual      Mid Probation      Other

Current Date: 02 / 19 / 02

Evaluation Period: From 01 / 01 / 01 To 21 / 31 / 01

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The Comments Section must be completed for all performance ratings. As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5):** Performance is exceptional in all areas recognized as being far superior to others.

**I = Improvement Needed (2):** Performance is deficient in certain areas. Improvement is necessary.

**E = Exceeds Expectations (4):** Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

**U = Unsatisfactory (1):** Results are generally

**M = Meets Expectations (3):** Competent and dependable level of performance. Meets performance standards of the job.

### PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O  E  M  I  U  3 Points

**COMMENTS:** Sgt. Styles needs to work on the elements of crimes as specified by the O.R.C. He still makes mistakes that he shouldn't need to have his supervisor correct. He has demonstrated the ability to accomplish all of the duties outlined in his job description.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O  E  M  I  U  4 Points

**COMMENTS:** Sgt. Styles missed 57 days due to an off-duty injury. After returning from his injury, Sgt. Styles did not miss a day of work due to illness. He follows all Departmental Rules and Regulations, as well as, Agency regulations.



3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O  E  M  I  U 3 Points

COMMENTS: Sgt. Styles turns in paperwork that is accurate. His work is acceptable but would be better if he had a firmer grasp of the ORC.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O  E  M  I  U 3 Points

COMMENTS: Sgt. Styles handles all of his assignments prior to reporting off duty. If he is given an assignment with a due date, he insures that it is completed and turned in by that date.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O  E  M  I  U 3 Points

COMMENTS: Sgt. Styles is a self-motivated employee. He handles any assignment that he is given in order to expand his knowledge. He needs to submit for outside training in an effort to expand his knowledge base and to make him become more familiar with the ORC.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O  E  M  I  U 3 Points

COMMENTS: Sgt. Styles can effectively communicate verbally. His written communications

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O  E  M  I  U 4 Points

COMMENTS: Sgt. Styles has demonstrated that he can work with anyone in the Department effectively. He has an upbeat personality and I have never witnessed him display an outwardly negative attitude. His personality is an asset when he is interacting with the residents of CMHA.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O  E  M  I  U 4 Points

COMMENTS: Sgt. Styles works well without direct supervision. The one problem that he does have to work on is his knowledge of the ORC. On occasion he tends to make incorrect calls, which have to be corrected by another supervisor. But, when he does make a mistake, Sgt. Styles takes ownership of the mistake and learns from it.

## Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts...

RATING

O  E  M  I  U  3 Points

**COMMENTS:** Sgt. Styles successfully coordinates the activities of all of the officers assigned to the 3rd Platoon. He is also aware of the officers that work 2nd Platoon, but overlap into our shift. He inspects these officers on a daily basis to insure that they are completing their assigned duties.

**Objective #2:** Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers...

RATING

O  E  M  I  U  3 Points

**COMMENTS:** Sgt. Styles insures that the 3rd Platoon Police Officers are providing a visible presence in their assigned zone, to deter criminal activity. He confers with me on personnel matters and recommends disciplinary action when appropriate.

**Objective #3:** Conducts investigations of crimes, accidents, and civil disturbances. Supports preliminary investigations...

RATING

O  E  M  I  U  3 Points

**COMMENTS:** Sgt. Styles reviews the investigations of subordinate officers while they are on-scene to insure that their findings are consistent with the evidence. He completes investigations as necessitated by circumstances. He needs to work on these investigations because they frequently lack all of the required information.

**Objective #4:** Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains...

RATING

O  E  M  I  U  3 Points

**COMMENTS:** Sgt. Styles supervises all of the officers working during his shift and insures that they are handling their duties as outlined in their job descriptions. He maintains radio contact with all units and responds to their location whenever they need his assistance, or he feels that a supervisory presence may be needed.

**Objective #5:** Supervises the completion of all written crime reports and completes other required reports and forms describing...

RATING

O  E  M  I  U  3 Points

**COMMENTS:** Sgt. Styles handles the reviewing of the majority of the 3rd Platoon LERS reports. He completes all other reports that he is assigned on a daily basis.

**Objective #6:** Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA ...

RATING

O  E  M  I  U  3 Points

**COMMENTS:** Sgt. Styles serves as the Acting Watch Commander in the absence of other supervisors. He insures that all CMHA equipment is maintained in the proper working order. Any equipment he finds to be defective, he takes the appropriate steps to insure its repair. He maintains his firearms certification as required by Departmental rules and regulations.

Overall Performance

Rate employee's overall performance:

Total Points 45 - 14 = 3.21 (Overall Rating)

Outstanding (4.5 - 5.0)

Improvement Needed (1.5 - 2.4)

Exceeds Expectations (3.5 - 4.4)

Unsatisfactory (0 - 1.4)

Meets Expectations (2.5 - 3.4)

Specific areas of improvement needed: Sgt. Styles needs to work on his knowledge of the Ohio Revised Code. We went over the same subject during his 2000 evaluation. He also needs to complete more thorough investigations. He frequently omits required information that has to be added by me.

Specific goals for improvement: Improve his knowledge of the ORC. Take a little more time and obtain all of the required information so that he can complete a proper investigation.

Training needed to accomplish goals: We discussed the possibility of taking the Legal Update class held at OPOTA. Sgt. Styles is also currently taking the Police Executive Administrative Leadership School which should also help him in this area.

Additional comments: Sgt. Styles is an asset to me and the Department. He is a positive influence and is self-motivating. He tries to learn from the mistakes, and accepts critiques of his work in a positive manner. As time goes by he is learning to be a more effective supervisor.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review in the spaces provided below.

Also, indicate whether you intend to submit a written statement or comments. A statement or comments must be submitted within 10 days after completion of the evaluation.

Written Statement/Comments:  Yes  No

Employee Signature: Paul J. Styles

Date: 02 / 19 / 02

Reviewing Supervisor Signature: [Signature]

Date: 02 / 19 / 02

Department Director Signature: [Signature]

Date: 5 / 3 / 02



# CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2002

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: *Paul A. Styles*

Date: 02 / 19 / 02

Immediate Supervisor Signature: *[Signature]*

Date: 02 / 19 / 02

Department Director Signature: *[Signature]*

Date: 5 / 13 / 02

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Paul J. Styles

**SUPERVISOR:** Lt. Ronald J. Morenz

**DATE COMPLETED:** March 29, 2001

- 1. Employee "self-evaluation"**
- 2. Previous year Objectives/Expectations Worksheet.**
- 3. Copy of Employee Attendance Record for previous year**
- 4. Current Performance Appraisal**
- 5. Current year Objectives/Expectations Worksheet**
- 6. Employee comments and/or written statement regarding Performance Appraisal.**
- 7. Career Counseling Form**



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

**CONFIDENTIAL**

Name: Paul A. Styles

Position: Sergeant

Department/Area: POLICE

Last Appraisal Date: 1 / 1

Type:  Annual     Mid Probation     Other

Current Date: 3 / 28 / 2001

Evaluation Period: From 1 / 1 To 1 / 1

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The Comments Section must be completed for all performance ratings. As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5):** Performance is exceptional in all areas recognized as being far superior to others.

**I = Improvement Needed (2):** Performance is deficient in certain areas. Improvement is necessary.

**E = Exceeds Expectations (4):** Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

**U = Unsatisfactory (1):** Results are generally unacceptable and require immediate improvement.

**M = Meets Expectations (3):** Competent and dependable level of performance. Meets performance standards of the job.

### PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O\_\_      E\_\_      M       I\_\_      U\_\_      3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O\_\_      E       M\_\_      I\_\_      U\_\_      4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

## Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: \_\_\_\_\_

RATING

O\_\_

E /

M\_\_

I\_\_

U\_\_

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #2: \_\_\_\_\_

RATING

O\_\_

E\_\_

M /

I\_\_

U\_\_

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #3: \_\_\_\_\_

RATING

O\_\_

E /

M\_\_

I\_\_

U\_\_

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #4: \_\_\_\_\_

RATING

O\_\_

E /

M\_\_

I\_\_

U\_\_

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #5: \_\_\_\_\_

RATING

O\_\_

E /

M\_\_

I\_\_

U\_\_

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #6: \_\_\_\_\_

RATING

O\_\_

E /

M\_\_

I\_\_

U\_\_

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME STYLES Paul DEPARTMENT Police

DATE OF BIRTH                      FIRST                      MIDDLE                      LAST                       
 DATE OF HIRE                      DATE OF HIRE                     

SOCIAL SECURITY NUMBER                      SICK DAYS DUE                       
 VACATION TIME DUE 6.56  
8.25

**EMPLOYEE ATTENDANCE RECORD**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN																															
FEB	XX																														
MAR																															
APR																															
MAY																															
JUN																															
JUL																															
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SEP																															
OCT																															
NOV																															
DEC																															
A=ANNUAL LEAVE    B=DOCTOR'S CERT. REQUESTED    P=PERSONAL C=COMPENSATORY LEAVE    D=DI DID NOT CALL IN 1ST HR.    S=SICK LEAVE E=DOCTOR'S CERT. PRESENTED    O=AWOL    L=ADMINISTRATIVE LEAVE    SS=SUSPENSION F=FUNERAL LEAVE    J=JURY LEAVE    M=MILITARY LEAVE    W=LEAVE WITHOUT PAY X=VACATION PAY																															
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**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

**NAME:** Paul J. Styles

**DATE:** 3/29/01

**CURRENT ASSIGNMENT:** Third Platoon

**Education:**

High School/GED xxx                      Associates Degree      
Bachelors Degree                          Masters Degree      
Doctorate    

**Specialized Training:**

Electronics- Certified electronic technician.  
\_\_\_\_\_  
\_\_\_\_\_

1.     **Professionally speaking, where would you like to be five (5) years from now?**  
A Lieutenant.  
\_\_\_\_\_

2.     **What are your professional goals?**  
To progress through the ranks to be a Deputy Chief.  
\_\_\_\_\_

3.     **How can CMHA assist you in obtaining your professional goals?**  
Send me to additional training.  
\_\_\_\_\_

4.     **If possible, what type of training would you like to attend that would be beneficial to your current position?**  
a) Investigative Classes  
b) Management type classes  
c)  
\_\_\_\_\_

5.     **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**  
  
YES xxx                                      NO    

6.     **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**  
  
YES                                          NO xxx  
  
\_\_\_\_\_  
\_\_\_\_\_

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES \_\_\_

NO xxx

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

Immediate Supervisor.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES xxx

NO \_\_\_

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES xxx

NO \_\_\_

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never \_\_\_

Sometimes \_\_\_

Often XXX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES xxx

NO \_\_\_

Employee Name and Badge# Paul J. Styles #656

(PRINT)

Employee Signature: Paul J. Styles

Date: 3/29/01

Supervisor Signature: Paul J. Styles

Date: 3/29/01



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul J. Styles

Position: Sergeant

Department/Area: Police

Last Appraisal Date: 12 / 31 / 99

Type: XXX Annual      Mid Probation      Other

Current Date: 03 / 29 / 01

Evaluation Period: From 01 / 01 / 00 To 12 / 31 / 00

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The Comments Section must be completed for all performance ratings. As required, additional pages may be attached to this Performance Appraisal.

#### PERFORMANCE LEVELS

**O = Outstanding (5):** Performance is exceptional in all areas recognized as being far superior to others.

**I = Improvement Needed (2):** Performance is deficient in certain areas. Improvement is necessary.

**E = Exceeds Expectations (4):** Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

**U = Unsatisfactory (1):** Results are generally

**M = Meets Expectations (3):** Competent and dependable level of performance. Meets performance standards of the job.

#### PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O  E  M  I  U  3 Points

COMMENTS: Sgt. Styles needs to become more familiar with the elements of crimes as outlined in the Ohio Revised Code.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O  E  M  I  U  4 Points

COMMENTS: Prior to an off-duty injury on 11-20-00, Sgt. Styles used 3 sick days. He adheres to all Departmental and Agency Rules and Regulations.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O

E

M

I

U

3 Points

COMMENTS: The work sgt. Styles turns in meets all of the standards established by the Department.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O

E

M

I

U

3 Points

COMMENTS: Submits all work in a timely manner.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O

E

M

I

U

3 Points

COMMENTS: Handles all assignments given to him. Has not submitted any requests for advanced training to make himself a more efficient and productive supervisor.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O

E

M

I

U

3 Points

COMMENTS: Communicates effectively both verbally and written. He can follow instructions that are given to him either in writing, or verbally.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

M

I

U

3 Points

COMMENTS: Works well in any situation he is placed into, on any shift.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

M

I

U

3 Points

COMMENTS: Completes al of his work without having to be directly Supervised.

## Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: \_\_\_\_\_

RATING

O

E

M

I

U

3 Points

COMMENTS: Handles all duties and advises his subordinates of the work he expects from them.

Objective #2: \_\_\_\_\_

RATING

O

E

M

I

U

4 Points

COMMENTS: Makes sure that all of his subordinates are handling the duties assigned to them. He confers with me to insure that everything the Platoon needs, is handled.

Objective #3: \_\_\_\_\_

RATING

O

E

M

I

U

3 Points

COMMENTS: Handles all Investigations assigned to him. Due to his lack of experience handling different types of Investigations, Sgt. Styles needs to work on his report structure and content.

Objective #4: \_\_\_\_\_

RATING

O

E

M

I

U

3 Points

COMMENTS: Maintains contact with the RCC and the Platoons field units. He insures that the Officers are in compliance with Departmental, and Agency, Rules and Regulations.

Objective #5: \_\_\_\_\_

RATING

O

E

M

I

U

3 Points

COMMENTS: Completes all required reports and assists his subordinates in properly completing theirs.

Objective #6: \_\_\_\_\_

RATING

O

E

M

I

U

3 Points

COMMENTS: Insures that all equipment is properly cared and accounted for. Maintains all Certifications in compliance with Departmental Rules and Regulations.

Overall Performance

Rate employee's overall performance:

Total Points 44 - 14 = 3.14 (Overall Rating)

Outstanding (4.5 - 5.0)

Improvement Needed (1.5 - 2.4)

Exceeds Expectations (3.5 - 4.4)

Unsatisfactory (0 - 1.4)

Meets Expectations (2.5 - 3.4)

Specific areas of improvement needed: Sgt. Styles needs to work on the structure and content of his Investigations, which is due to his lack of experience in this area. Also needs to improve his knowledge of the Ohio Revised Code.

Specific goals for improvement: Become more knowledgeable of the Ohio Revised Code by reviewing individual crimes and their elements.

Training needed to accomplish goals: None.

Additional comments: Sgt. Styles is progressing well as a Sergeant. He needs to work on a couple of areas, but is an asset to the Department, and myself, as his immediate Supervisor.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review in the spaces provided below.

Also, indicate whether you intend to submit a written statement or comments. A statement or comments must be submitted within 10 days after completion of the evaluation.

Written Statement/Comments:  Yes  No

Employee Signature: *Paul Styles 656*

Date: 03 / 29 / 01

Reviewing Supervisor Signature: *[Signature]*

Date: 03 / 29 / 01

Department Director Signature: *Anthony Johnson, Chief*

Date: 3 / 29 / 01



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: PAUL STYLES #656

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2000

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2: Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3: Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4: Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5: Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6: Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: Paul Styles #656 Date: 03/14/2000

Immediate Supervisor Signature: [Signature] Date: 03/14/00

Department Director Signature: [Signature] Date: 3/17/00



# CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

## CONFIDENTIAL

Name: Paul J. Styles

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2001

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: x Paul Styles 656 Date: 03 / 29 / 01

Immediate Supervisor Signature: [Signature] Date: 03 / 29 / 01

Department Director Signature: [Signature] Date: 3 12 01



# FILE

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JAN 12 1999

## C.M.H.A. P.D. PERFORMANCE RATING CHECKLIST

STANLEY C. MURPHY  
COMMANDER



Paul Styles / 25  
EMPLOYEE'S NAME / BADGE

1 Jan 98 thru 31 Dec 98 / Jack J. Justus, Sgt.  
RATING PERIOD / SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest, 10-being the highest, 6-being average with 5-just below and 7-just above.

### QUALITY OF WORK

Accuracy	<u>9</u>	Accepts Responsibility	<u>9</u>
Judgement	<u>8</u>	Cooperative	<u>9</u>
Knowledge of Duties	<u>8</u>	Attitude Toward Department	<u>9</u>
Thoroughness	<u>9</u>	Goals & Objectives	<u>9</u>
Ability to Learn	<u>9</u>	Accepts/Acts on	<u>9</u>
Interest in Work	<u>9</u>	Constructive Criticism	<u>9</u>
Ability to Make Reports	<u>8</u>	<b>PERSONAL RELATIONSHIPS</b>	
Proper Care of Equipment	<u>9</u>	Tactful	<u>9</u>
Compliance/Policy-Directives	<u>9</u>	Courteous	<u>9</u>
Court Cases/Preparation & Presentation	<u>9</u>	Proper Appearance	<u>9</u>
<b>QUANTITY OF WORK</b>		Proper Uniform / Dress	<u>9</u>
Production	<u>9</u>	<b>FOR SUBORDINATE'S RATING OF SUPERVISOR ONLY</b>	
Organization of Time	<u>8</u>	Obtains Desired Work Results From Subordinates	<u>8</u>
Industriousness	<u>9</u>	Explains Well the Work to be Done	<u>8</u>
Notice to Violator & Misd. Citations Issued	<u>9</u>	Systematically Checks the Work of Subordinates	<u>8</u>
Arrest Record	<u>9</u>	Knowledge & Conformity to Departmental Directives	<u>9</u>
<b>DEPENDABILITY</b>		Readily Accepts & Assumes Responsibility Including Disciplinary Action	<u>9</u>
Reports for Work on Time	<u>9</u>		
Requires Little Supervision	<u>8</u>		
Follows Instructions	<u>9</u>		

### SUMMARY COMMENTS

PO Styles #25 was transferred and promoted towards the end of the year. I was proud to have him in the unit and proud to see one of my own promoted. He has the ability to learn and further his career.

Sgt. Paul A. Styles #656  
OFFICER SIGNATURE

Jack J. Justus #638  
SUPERVISOR SIGNATURE

PAUL,  
PLEASE SIGN & FORWARD  
1/16/99

FILE

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name STYLES PAUL Badge: 656  
Last First M.I.

Observation Period: from 12/12 to 12/25/98

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Espécially note extraordinary performance and or noticeable deficiencies. Sergeant Paul Styles #656 has a positive attitude, accepts responsibility and has demonstrated the knowledge needed to be a excellent supervisor.  
Sergeant Paul Styles #656 has the willingness to learn, follow instructions well and is not afraid to ask questions.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully;  
*[Signature]*  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name Styles Paul A Badge: 656  
Last First M.I.

Observation Period: from 12-12-98 to 12-25-98

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. The time that I had Sgt. Styles under my Supervision he has shown a positive

attitude and professionalism toward his new assignment as being a supervisor.  
He has shown very good judgement when he is under pressure, also follows orders direct. Sgt. Styles picks up on job related projects and carries them out .

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

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Respectfully;

  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name VALEO PAUL A. Badge: \_\_\_\_\_  
Last First M.I.

Observation Period: from 12-12-98 to 12-25-98

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.  
DET. VALEO #656 HAS A POSITIVE ATTITUDE AND PROFESSIONAL APPEARANCE. HE HAS GOOD JOB RELATED SKILLS AND VERY GOOD JUDGEMENT. HE HAS THAT WILLINGNESS TO LEARN AND HE FOLLOWS DIRECTIONS WELL. HE IS CATCHING ON WITH THE VAD ASSIGNMENTS, AND USING THE PROPER EQUIPMENT TO THE RIGHT ZONE CAR. DET. VALEO #656 NEEDS TO USE MORE COMMAND PRESENCE.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully;  
Sgt. [Signature] # 640  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name Styles Paul Badge: 656  
Last First M.I.

Observation Period: from 12/15 to 12/23

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Sergeant Styles has shown a positive attitude for learning,  
he is very interested in learning the paperwork and assignments.  
He follows instructions, and knows his laws. His apperance is  
very good, well groomed with proper and clean uniforms.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

Bremner # 644  
FIELD TRAINING OFFICER

FILE

RECEIVED IN THE OFFICE OF

JAN 12 1999

C.M.H.A. P.D. PERFORMANCE RATING CHECKLIST

Paul Styles 25  
EMPLOYEE'S NAME / BADGE

1 Jan 98 thru 31 Dec 98 Jack J. Justus, Sgt.  
RATING PERIOD / SUPERVISOR



A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest, 10-being the highest, 6-being average with 5-just below and 7-just above.

QUALITY OF WORK

Accuracy	9	Accepts Responsibility	9
Judgement	8	Cooperative	9
Knowledge of Duties	8	Attitude Toward Department	9
Thoroughness	9	Goals & Objectives	9
Ability to Learn	9	Accepts/Acts on	9
Interest in Work	9	Constructive Criticism	9
Ability to Make Reports	8	<b>PERSONAL RELATIONSHIPS</b>	
Proper Care of Equipment	9	Tactful	9
Compliance/Policy-Directives	9	Courteous	9
Court Cases/Preparation	9	Proper Appearance	9
& Presentation	9	Proper Uniform / Dress	9
<b>QUANTITY OF WORK</b>		<b>FOR SUBORDINATE'S RATING OF SUPERVISOR ONLY</b>	
Production	9	Obtains Desired Work Results From Subordinates	8
Organization of Time	8	Explains Well the Work to be Done	8
Industriousness	9	Systematically Checks the Work of Subordinates	8
Notice to Violator & Misd. Citations Issued	9	Knowledge & Conformity to Departmental Directives	9
Arrest Record	9	Readily Accepts & Assumes Responsibility Including Disciplinary Action	9
<b>DEPENDABILITY</b>			
Reports for Work on Time	9		
Requires Little Supervision	8		
Follows Instructions	9		

SUMMARY COMMENTS

PO Styles #25 was transferred and promoted towards the end of the year. I was proud to have him in the unit and proud to see one of my own promoted. He has the ability to learn and further his career.

Sgt. Paul A. Styles # 656  
OFFICER SIGNATURE

Jack J. Justus # 638  
SUPERVISOR SIGNATURE

Paul,  
PLEASE SIGN & FORWARD  
1/13/99

# C.M.H.A.P.D. PERFORMANCE RATING CHECKLIST



Paul Styles Police Officer #25  
EMPLOYEE'S NAME / BADGE

10-1-95 to 10-1-96 Tom Burton Sat.  
RATING PERIOD / SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest, 10-being the highest, 6-being average with 5-just below and 7-just above.

## QUALITY OF WORK

Accuracy	<u>7</u>	Accepts Responsibility	<u>8</u>
Judgement	<u>8</u>	Cooperative	<u>8</u>
Knowledge of Duties	<u>8</u>	Attitude Toward Department	<u>8</u>
Thoroughness	<u>8</u>	Goals & Objectives	<u>8</u>
Ability to Learn	<u>8</u>	Accepts/Acts on	<u>8</u>
Interest in Work	<u>8</u>	Constructive Criticism	<u>8</u>
Ability to Make Reports	<u>8</u>	PERSONAL RELATIONSHIPS	
Proper Care of Equipment	<u>8</u>	Tactful	<u>8</u>
Compliance/Policy-Directives	<u>8</u>	Courteous	<u>8</u>
Court Cases/Preparation		Proper Appearance	<u>8</u>
& Presentation	<u>6</u>	Proper Uniform / Dress	<u>8</u>
QUANTITY OF WORK		FOR SUBORDINATE'S RATING OF	
Production	<u>7</u>	SUPERVISOR ONLY	
Organization of Time	<u>7</u>	Obtains Desired Work Results	<u>8</u>
Industriousness	<u>7</u>	From Subordinates	<u>8</u>
Notice to Violator & Misd.		Explains Well the Work to be	<u>8</u>
Citations Issued	<u>7</u>	Done	<u>8</u>
Arrest Record	<u>6</u>	Systematically Checks the	<u>8</u>
DEPENDABILITY		Work of Subordinates	<u>8</u>
Reports for Work on Time	<u>8</u>	Knowledge & Conformity to	<u>9</u>
Requires Little Supervision	<u>8</u>	Departmental Directives	<u>9</u>
Follows Instructions	<u>8</u>	Readily Accepts & Assumes	<u>8</u>
		Responsibility Including	<u>8</u>
		Disciplinary Action	<u>8</u>

## SUMMARY COMMENTS

*ABLE TO TAKE RESPONSIBILITY AND HANDLE  
SAME ALSO NEED VERY LITTLE SUPERVISION AND VERY NEAT  
WITH HIS UNIFORM.*

OFFICER SIGNATURE

*Paul A. Styles*

SUPERVISOR SIGNATURE

*Tom Burton*



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

**TYPE:** Inter-Office Memorandum  
**TO:** Stanley C. Murrey  
Patrol Commander  
**FROM:** Ronald J. Morenz  
Lieutenant- Third Platoon Watch Commander  
**DATE:** January 14, 1999  
**SUBJECT:** Secondary Employment Request dated 2-4-97

Sir:

Please review a copy of the information that I submitted for Secondary Employment on 2-4-97. As of this date I do not have a response from your Office, nor is it listed on the memo you put out ref: Secondary Employment Records. Please process the attached, the employer information is all the same.

Respectfully Submitted,

Ronald J. Morenz, Lieutenant

15 JAN '99

LT. MORENZ

- ① See attached copy of what I sent to DC Abbas on 04 FEB 97.
- ② Include the required information contained in 6.1.3 of the Manual of Rules & Regulations so I can forward the request.

SIR

AT THE TIME THIS WAS SUBMITTED IT WAS IN COMPLIANCE WITH THE DEPARTMENT'S RULES AND REGULATIONS THEN IN FORCE. DO YOU STILL NEED IT UPDATED EVEN THOUGH I WAS IN COMPLIANCE?

J-T M 626



C.M.H.A.P.D. PERFORMANCE RATING CHECK LIST



Paul A. Styles # 656

EMPLOYEE'S NAME / BADGE #

FILE

1-9-99 thru 1-22-99

RATING PERIOD / SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest, 10-being the highest, 6-being average with 5-just below and 7-just above.

QUALITY OF WORK

Accuracy	<u>7</u>	Accepts Responsibility	<u>8</u>
Judgement	<u>8</u>	Cooperative	<u>6</u>
Knowledge of Duties	<u>7</u>	Attitude Toward Department	
Thoroughness	<u>7</u>	Goals & Objectives	<u>6</u>
Ability to Learn	<u>8</u>	Accepts/Acts on	
Interest in Work	<u>9</u>	Constructive Criticism	<u>7</u>
Ability to Make Reports	<u>8</u>	PERSONAL RELATIONSHIPS	
Proper Care of Equipment	<u>8</u>	Tactful	<u>8</u>
Compliance/Policy-Directives	<u>8</u>	Courteous	<u>6</u>
Court Cases/Preparation		Proper Appearance	<u>9</u>
& Presentation	<u>9</u>	Proper Uniform / Dress	<u>9</u>

QUANTITY OF WORK

Production	<u>7</u>	FOR RATING OF	
Organization of Time	<u>7</u>	SUPERVISOR ONLY	
Industriousness	<u>8</u>	Obtains Desired Work Results	
Notice to Violator & Misd.		From Subordinates	<u>8</u>
Citations Issued	<u>NA</u>	Explains Well the Work to	
Arrest Record	<u>NA</u>	be done	<u>6</u>
DEPENDABILITY		Systematically Checks the	
Reports for Work on Time	<u>8</u>	work of Subordinates	<u>7</u>
Requires Little Supervision	<u>7</u>	Knowledge & Conformity to	
Follows Instructions	<u>8</u>	Departmental Directives	<u>7</u>
		Readily Accepts & Assumes	
		Responsibility Including	
		Disciplinary Action	<u>8</u>

SUMMARY COMMENTS

Sgt Paul Styles #656 was assigned to First Platoon for a 2 week period of 1-9-99 thru 1-22-99 for orientation at Field Supervisor. He has a good working knowledge of FAA as making decisions on the street. The majority of his two weeks were directed toward the Administrative duties. The focus of the training was on Union Contracts, Review and processing of Field Reports, Officer Duty Reports Report writing and Time Cards & Preparation for Payroll. Sgt Styles has great potential as a supervisor. However the fact that he has just been promoted and the newness of the job he need to slow down and review his work carefully and also on some administrative duties place a little more thought into his decision making.

OFFICER SIGNATURE

rev 12/98

W. James [Signature] #613

SUPERVISOR SIGNATURE

# WEEKLY OBSERVATION REPORT FOR PROBATIONARY SUPERVISOR



Sir:

Supervisor' Name Styles, Paul A Badge: 656  
Last First M.I.

Observation Period: from 1-9-99 to 1-22-99

## WATCH COMMANDER/UNIT OIC OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Sgt. Paul Styles #656 Has a Good attitude Toward the Job  
and a Good working Knowledge of Decision Making on Arrest  
and Report writing & Review. He Reports to work on time and  
is Neat & Clean in His Appearance,

## REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary supervisor does not respond to continual remedial training.

Sgt Styles Had to be reminded to slow down on several instances  
to keep him from making errors,

Respectfully;

Det. James O. Luff # 603  
WATCH COMMANDER/UNIT OIC



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DIVISION**

**TYPE:** Inter-Office Correspondence  
**TO:** Stanley Murrey, Patrol Commander  
**FROM:** James E. Tufts, Lieutenant, First Platoon  
**DATE** 24 January 99  
**SUBJECT:** Performance Rating /Sgt Paul A. Styles #656

Sir:

I am respectfully requesting an extension for the performance evaluation for Sgt Paul A. Styles until Tuesday 26 January 99.

Respectfully,

A handwritten signature in black ink, appearing to read 'James E. Tufts'.

James E. Tufts, Lt

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Paul Styles 656

**SUPERVISOR:** Thomas Imes, Lieutenant

**DATE COMPLETED:** 0113/04

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
PERFORMANCE APPRAISAL**

**CONFIDENTIAL**

Name: Paul Styles

Position: Sergeant

Department/Area: Police

Last Appraisal Date: 01 / 01 / 02

Type: XX Annual         Mid Probation         Other

Current Date: 01 / 05 / 04

Evaluation Period: From 01 / 01 / 02 To 12 / 31 / 03

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS:** section must be completed for all Performance Factors and Employee Objectives/Expectations. As required, additional pages may be attached to this Performance Appraisal.

**PERFORMANCE LEVELS**

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

# SELF APPRAISAL

## PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O

E

S

I

U

5 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SELF APPRAISAL

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1:

RATING  
0     E     S     I     U     4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #2:

RATING  
0     E     S     I     U     4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #3:

RATING  
0     E     S     I     U     4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #4:

RATING  
0     E     S     I     U     4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #5:

RATING  
0     E     S     I     U     4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #6:

RATING  
0     E     S     I     U     4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Rate employee's overall performance:

Total Points 56  $\div 14 = 4.0$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: \_\_\_\_\_

Specific goals for improvement: \_\_\_\_\_

Training needed to accomplish goals: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**ACKNOWLEDGMENT:**

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Paul Styke #656

Date: 01/05/04

Reviewing Supervisor Signature: [Signature]

Date: 01/06/04

Department Director Signature: [Signature]

Date: 1/20/04



# CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

## CONFIDENTIAL

Name: Paul Styles #656

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2003

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: \_\_\_\_\_

Paul Styles 656

Date: 03 / 20 / 03

Immediate Supervisor Signature: \_\_\_\_\_

20 [Signature] 626

Date: 03 / 20 / 03

Department Director Signature: \_\_\_\_\_

[Signature]

Date: 3/13/03

NAME STYLES Paul  
 LAST FIRST  
 DATE OF BIRTH 7-5-63 DATE OF HIRE 1-15-93  
 MIDDLE  
 SOCIAL SECURITY NUMBER [REDACTED] SICK DAYS DUE \_\_\_\_\_

DEPARTMENT Police  
 BADGE NUMBER 656  
 VACATION TIME DUE 0

2003

## EMPLOYEE ATTENDANCE RECORD

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	ABSENCE SUMMARY																													
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DEC					XX								XX																																																

- A=ANNUAL LEAVE
- B= DOCTOR'S CERT. REQUESTED
- C=COMPENSATORY LEAVE
- D=DID NOT CALL IN 1ST HR.
- E=DOCTOR'S CERT. PRESENTED
- F=FUNERAL LEAVE
- J=JURY LEAVE
- L=ADMINISTRATIVE LEAVE
- M=MILITARY LEAVE
- O=AWOL
- P=PERSONAL
- S=SICK LEAVE
- SS=SUSPENSION
- W=LEAVE WITHOUT PAY
- X=VACATION PAY

YEARLY TOTALS  
 USE REVERSE SIDE  
 FOR ADDITIONAL NOTES  
 Printed in U.S.A.



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul Styles 656

Position: Sergeant

Department/Area: Police Department/Third Platoon

Last Appraisal Date: 03 / 03 / 03

Type:  Annual  Mid Probation  Other

Current Date: 01 / 06 / 04

Evaluation Period: From 01 / 01 / 03 To 12 / 31 / 03

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

**PERFORMANCE FACTORS** (All Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.  
RATING  
O  E  S  I  U  4 Points

**COMMENTS:** Exceeds expectations in his ability to execute his duties. He has the knowledge and skills of knowing what reports are required and completes them with little supervision.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.  
RATING  
O  E  S  I  U  3 Points

**COMMENTS:** He is satisfactorily in attendance and in following Rules and Regulations of the Agency.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.  
RATING  
O  E  S  I  U  4 Points

**COMMENTS:** Exceeds expectations in his accuracy and thoroughness in work performed. He keeps all his reports and attendance records up to date for all the Protection Officers he supervises.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.  
RATING  
O  E  S  I  U  4 Points

**COMMENTS:** He exceeds expectations in his productivity. He supervises over 30 Protection Officers, collecting Duty Reports, Leave Requests and other reports. He also assists with the supervision of Third Platoon Officers.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.  
RATING  
O  E  S  I  U  4 Points

**COMMENTS:** Exceeds expectations as a self starter and in seeking out new assignments. He is a supervisor who stays on top of things that should be done and tries to find ways to better accomplish his duties. Any investigations that must be made or when discipline is necessary he immediately initiates them.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.  
RATING  
O  E  S  I  U  3 Points

**COMMENTS:** He is satisfactorily in communicating orally or in writing. He has the ability to understand and execute instructions.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** He exceeds expectations in his ability to cooperate and work with others. He gets along well and is well liked and respected by his subordinates and co-workers.

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8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

5 Points

**COMMENTS:** He exceeds expectations in his ability to perform his duties with little supervision. He makes sound decisions and in taking responsibility for duties. He has much more responsibilities than other Sergeants, but asks for little assistance and even at times assist them with their duties.

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## Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area...

**RATING**

**0**       **E**       **S**       **I**       **U**       **4** Points

**COMMENTS:** Sgt. Constantly monitors all radio activity and closely coordinates their activity. He keeps close watch on Protection Officers calls and monitors their movements as they do their safety checks.

**Objective #2:** Ensure that police presence is visible within CMHA areas to serve as a deterrent to crime.

**RATING**

**0**       **E**       **S**       **I**       **U**       **3** Points

**COMMENTS:** Is satisfactory in making sure that police presence visible. He makes sure that safety checks are made by Protection Officers at various intervals and they are not making too many safety checks and not being at their post.

**Objective #3:** Conducts preliminary investigations of crimes, accidents and civil disturbances., as well as recommending disciplinary action.

**RATING**

**0**       **E**       **S**       **I**       **U**       **3** Points

**COMMENTS:** Meets expectations as a self starter and in imitating investigations and conducting preliminary investigations. He does not hesitate to recommend disciplinary action as a result of his investigative findings.

**Objective #4:** Supervises subordinate staff engaged in patrol and other activities, maintains radio contact and responds when necessary.

**RATING**

**0**       **E**       **S**       **I**       **U**       **4** Points

**COMMENTS:** Exceeds expectations in monitoring radio activity and in responding when needed. He constantly keeps track of assignments and dispositions and takes the necessary steps to assure proper reports are being made.

**Objective #5:** Supervises the completion of written reports and other required reports, including daily brevities and rosters.

**RATING**

**0**       **E**       **S**       **I**       **U**       **4** Points

**COMMENTS:** He exceeds expectations in his ability to collect and file the necessary Duty Reports for over 30 Protection Officers, as well as maintaining coverage for vacations, sick call offs and other roster changes for training ect.

**Objective #6:** Serves as Unit OIC, observes and maintains CMHA property, maintains firearm qualification.

**RATING**

**0**       **E**       **S**       **I**       **U**       **3** Points

**COMMENTS:** Satisfactorily completes firearm training and as serving as OIC of Protection Officer and maintaining CMHA property.

Overall Performance

Rate employee's overall performance:

Total Points 51  $\div .14 = 3.6$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: \_\_\_\_\_

Specific goals for improvement: \_\_\_\_\_

Training needed to accomplish goals: \_\_\_\_\_

Additional comments: Sgt. Styles does an excellent job of supervising the large number of Protection Officers under his command. He does an exceptional job of maintaining time cards, attendance records and obtaining the proper reports from his subordinates. He willingly accepts new assignments and puts forth a maximum effort.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Russ Styles #656

Date: 13 Jun 04

Reviewing Supervisor Signature: J. Roman, LT

Date: 01/13/04

Department Director Signature: Andrew Johnson, Chief

Date: 7/20/04





## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

### CONFIDENTIAL

Name: Paul Styles 656

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2004

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: Paul Styles Date: 13 Jan 04

Immediate Supervisor Signature: Roman Jones, LT Date: 01/13/04

Department Director Signature: Audrey Jackson, Chief Date: 1/20/04

**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

NAME: Paul Styles

DATE: 05JAN04

CURRENT ASSIGNMENT: Third Platoon

**Education:**

High School/GED XX Associates Degree \_\_\_

Bachelors Degree \_\_\_ Masters Degree \_\_\_

Doctorate \_\_\_

**Specialized Training:**

Attended the Police Executive Administrative Leadership School. Basic SWAT School, Mountain Bike Training, High Risk Raids and Search Warrants.

1. **Professionally speaking, where would you like to be five (5) years from now?**

Either a Unit OIC or Watch Commander

2. **What are your professional goals?**

Return to school and further my education.

3. **How can CMHA assist you in obtaining your professional goals?**

Tuition reimbursement

4. **If possible, what type of training would you like to attend that would be beneficial to your current position?**

a) Legal Updates

b) OPOTA instructors training

c) Advanced Supervisor Training

5. **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**

YES XX

NO \_\_\_

6. **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**

YES \_\_\_

NO XX

**CAREER COUNSELING (continued)**

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES    

NO XX

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

Immediate Supervisor. First step in the chain of command.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES XX

NO    

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES XX

NO    

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never    

Sometimes    

Often XX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES XX

NO    

Employee Name and Badge# Paul Styles #656

(PRINT)

Employee Signature: Paul Styles #656

Date: 05 Jan 04

Supervisor Signature: A Roman [Signature], LT

Date: 01-06-04

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Paul Styles #656

**SUPERVISOR:** Lt. Ronald J. Morenz #626

**DATE COMPLETED:** March 20, 2003

- 1. Employee "self-evaluation"**
- 2. Previous year Objectives/Expectations Worksheet.**
- 3. Copy of Employee Attendance Record for previous year**
- 4. Current Performance Appraisal**
- 5. Current year Objectives/Expectations Worksheet**
- 6. Employee comments and/or written statement regarding Performance Appraisal.**
- 7. Career Counseling Form**



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
PERFORMANCE APPRAISAL**

**CONFIDENTIAL**

Name: PAUL STYLES

Position: SERGEANT

Department/Area: POLICE

Last Appraisal Date: 01 / 06 / 02

Type:  Annual  Mid Probation  Other

Current Date: 3 / 20 / 03

Evaluation Period: From 01 / 01 / 02 To 01 / 31 / 02

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS:** section must be completed for all Performance Factors and Employee Objectives/Expectations. As required, additional pages may be attached to this Performance Appraisal.

**PERFORMANCE LEVELS**

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

**PERFORMANCE FACTOR** (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O  E  S  I  U  3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O  E  S  I  U  4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O  E  S  I  U  4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O  E  S  I  U  3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O  E  S  I  U  4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O  E  S  I  U  4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

2 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1:

RATING

0

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #2:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #3:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #4:

RATING

0

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #5:

RATING

0

E

S

I

U

3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #6:

RATING

0

E

S

I

U

4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Overall Performance

Rate employee's overall performance:

Total Points 51 \* 1.14 = 3.6 (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: \_\_\_\_\_

Specific goals for improvement: \_\_\_\_\_

Training needed to accomplish goals: \_\_\_\_\_

Additional comments: \_\_\_\_\_

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: [Signature]

Date: 03/20/03

Reviewing Supervisor Signature: [Signature]

Date: 3/20/03

Department Director Signature: [Signature]

Date: 3/13/03



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2002

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: Paul A. Styles

Date: 02 / 19 / 02

Immediate Supervisor Signature: [Signature]

Date: 02 / 19 / 02

Department Director Signature: [Signature]

Date: 5 / 3 / 02

NAME STYES PAUL  
 LAST FIRST MIDDLE  
 DATE OF BIRTH 7-5-63 DATE OF HIRE 1-15-93  
 SOCIAL SECURITY NUMBER XXXXXXXXXX SICK DAYS DUE \_\_\_\_\_

DEPARTMENT POLICE  
 BADGE NUMBER 656  
 VACATION TIME DUE 80

2002 **EMPLOYEE ATTENDANCE RECORD**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	ABSENCE SUMMARY																	
																																A	B	C	D	E	F	M	O	P	S	W	S						
JAN	X	X		X	X	N	N	N	N	X										X	X							X	X																				
FEB	<sup>30</sup>	X	N	N	N	N	N	X		J	J	X	X	J						X	X	X	X																										
MAR																																																	
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JUN																					V						<sup>15</sup>	X	X	X	X																		
JUL					S		X	X							X	X							X	X				S	<sup>40</sup>	J	J	X																	
AUG	X	V	V	V	V	V		X		X	X	V	V	V	V	V	X	X	V	V							<sup>30</sup>	X	X																				
SEP		X	X		<sup>30</sup>					X	X	S								X	X	X	X							X	X																		
OCT							X	X							X	X	N							X	X																								
NOV	X	X	X	N						X	X									X	X							X	X																				
DEC			X	X									X	X	X	N			<sup>30</sup>									<sup>25</sup>		X	X																		

A=ANNUAL LEAVE  
 B=DOCTOR'S CERT. REQUESTED  
 C=COMPENSATORY LEAVE  
 D=DID NOT CALL IN 1ST HR.  
 E=DOCTOR'S CERT. PRESENTED  
 F=FUNERAL LEAVE  
 J=JURY LEAVE  
 L=ADMINISTRATIVE LEAVE  
 M=MILITARY LEAVE  
 O=AWOL  
 P=PERSONAL  
 S=SICK LEAVE  
 SS=SUSPENSION  
 W=LEAVE WITHOUT PAY  
 X=VACATION PAY

YEARLY TOTALS  
 USE REVERSE SIDE  
 FOR ADDITIONAL NOTES  
 Printed in U.S.A.



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul Styles

Position: Sergeant

Department/Area: Police

Last Appraisal Date: 01 / 01 / 02

Type: XXX Annual      Mid Probation      Other

Current Date: 03 / 20 / 03

Evaluation Period: From 01 / 01 / 02 To 12 / 31 / 02

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

Original: Human Resources

Copy: Employee, Supervisor

**PERFORMANCE FACTOR** (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sgt. Styles possesses the knowledge and ability to execute his job duties as outlined in his job description. If he has a question or is unsure of the correct procedure or answer, he doesn't hesitate to check with me on the correct action. He was assigned as the OIC of the SWAT/TAC Units from February through June.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

**RATING**

O  E  S  I  U  4 Points

**COMMENTS:** Sgt. Styles only missed 3 days last year due to illness. He follows all Departmental Rules and Regulations which resulted in not receiving any disciplinary action during 2002.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** On a daily basis, the paperwork that Sgt. Styles submits is properly and completely filled out. He does need to continue to work on improving the investigations that he submits. Each successive investigation has been an improvement over his last one, indicating he is learning from his mistakes.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sgt. Styles checks on a number of officers each night at their assigned building, in addition to the assignments that he may receive from me. He accomplishes everything that he is assigned on a nightly basis.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

**RATING**

O  E  S  I  U  4 Points

**COMMENTS:** During 2002 Sgt. Styles attended the Police Executive Administrative Leadership School, and successfully completed it. He submitted for the training prior to the Department issuing a DN on it. If he observes a more practical way for us to handle our assignments, he doesn't hesitate to propose it. He took on the responsibility of being an ASP Instructor.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sgt. Styles has demonstrated that he can effectively communicate with others orally, or in written form. He is able to correctly complete assignments that are given to him in writing, or issued to him orally.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** Sgt. Styles works well with everyone that he comes in contact while working. He is able to talk with Officers under his command and have them feel comfortable telling him things that they are having problems with.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

3 Points

**COMMENTS:** Sgt. Styles works well without me directly supervising him. He understands what is expected of him and insures that he handles those responsibilities.

## Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts ...

**RATING**

**0**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** Sgt. Styles insures that the officers assigned to his areas are properly equipped and prepared for their shift. He insures that they understand what their responsibilities are, and if they are unsure, he reviews them with them. Passes along all pertinent information that officers need to properly complete their assignment.

**Objective #2:** Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with ...

**RATING**

**0**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** Sgt. Styles insures that the officers in his zone are patrolling the areas that they are assigned, in an effort to deter criminal activity. While he is completing this he confers with the officers to insure they know the areas in their zone that are known to be active crime areas.

**Objective #3:** Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted ...

**RATING**

**0**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** Sgt. Styles assists his subordinates in completing their investigations to insure that all pertinent information is contained in the original submission. He completes all investigations that are assigned to him.

**Objective #4:** Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing ...

**RATING**

**0**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** Sgt. Styles helps any officer who needs assistance in either safely completing their call, or if they have a question pertaining to the call they are currently handling. Monitors radio traffic to insure that all officers speaking on the radio are doing so correctly.

**Objective #5:** Supervises the completion of all written crime reports and completes other required reports and forms describing ...

**RATING**

**0**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** While reviewing reports Sgt. Styles insures that the Third Platoon officers complete reports that are in compliance with Departmental procedures. If the report is lacking, Sgt. Styles reviews the report with the officer and reviews why changes need to be made. He completes all daily reports required of him.

**Objective #6:** Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property ...

**RATING**

**0**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** Sgt. Styles serves as the OIC as needed. He insures that all Departmental equipment is functioning properly and is not in need of service. If equipment needs service, he insures that it is properly documented and forwarded for repair. Maintained all certifications as required by Departmental Regulations.

Overall Performance

Rate employee's overall performance:

Total Points 45  $\div 14 = 3.2$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Continued improvement in investigation completion.

Specific goals for improvement: Turn in reports that are concise and contain all of the information needed in the format required by the Department.

Training needed to accomplish goals: None.

Additional comments: Sgt. Styles knows what I expect of him, and completes all assignments in the time frame that I give him. He continually strives to improve upon his performance by asking questions when he is not sure of the correct answer. He always helps an officer that has a question or just needs someone to talk to about personal matters. He is an asset to my Platoon.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Paul Styles #656

Date: 03 / 20 / 03

Reviewing Supervisor Signature: [Signature] #626

Date: 03 / 20 / 03

Department Director Signature: [Signature], Chief

Date: 3 / 13 / 03



**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

NAME: Paul Styles #656

DATE: 3/20/03

CURRENT ASSIGNMENT: Third Platoon

**Education:**

High School/GED XX                      Associates Degree      
Bachelors Degree                          Masters Degree      
Doctorate    

**Specialized Training:**

Digital Technologies and repair, Police Executive Administrative Leadership School, Basic SWAT.

1.        **Professionally speaking, where would you like to be five (5) years from now?**  
Be a Unit OIC.

2.        **What are your professional goals?**  
Become Deputy Chief of Police at CMHA.

3.        **How can CMHA assist you in obtaining your professional goals?**  
Continue the tuition reimbursement program.

4.        **If possible, what type of training would you like to attend that would be beneficial to your current position?**

a) Defensive Tactics Instructor

b) Report writing

c) Computer Training

5.        **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**

YES XX

NO    

6.        **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**

YES    

NO XX

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES \_\_\_

NO XX

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

Immediate Supervisor due to chain of command.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES XX

NO \_\_\_

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES XX

NO \_\_\_

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never \_\_\_

Sometimes \_\_\_

Often XX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES XX

NO \_\_\_

Employee Name and Badge# Paul Styles #656

(PRINT)

Employee Signature: Paul Styles #656

Date: 3/20/03

Supervisor Signature: [Signature]

Date: 3/20/03



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles #656

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2003

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: Paul Styles 656

Date: 03 / 20 / 03

Immediate Supervisor Signature: [Signature] 626

Date: 03 / 20 / 03

Department Director Signature: [Signature]

Date: 3/13/03

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Sergeant Paul Styles #656

**SUPERVISOR:** Anastacio T. Vazquez, Lieutenant #650

**DATE COMPLETED:** 04JAN05

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
PERFORMANCE APPRAISAL**

**CONFIDENTIAL**

Name: Paul A. Styles

Position: Sergeant

Department/Area: Police

Last Appraisal Date: 01 / 13 / 04

Type:  Annual     Mid Probation     Other

Current Date: 12 / 30 / 04

Evaluation Period: From 01 / 01 / 04 To 12 / 31 / 04

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

**PERFORMANCE LEVELS**

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

# SELF APPRAISAL

## PERFORMANCE FACTOR (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

**RATING**

O

E

S

I

U

4 Points

**COMMENTS:** I have the practical/ technical skills and other information necessary for my job description. I have demonstrate the ability and I execute the duties has outlines in my job description.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

**RATING**

O

E

S

I

U

4 Points

**COMMENTS:** I am very dependable when it comes to working, I follow the departments attendance control policy, safety rules, and agency regulations. Out of 365 days, I was absent 2 days due to personal illness.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

**RATING**

O

E

S

I

U

4 Points

**COMMENTS:** The quality of work that I produce and forward is usually accurate and thorough. It is usually accepted and very rarely returned for excessive mistakes.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

**RATING**

O

E

S

I

U

4 Points

**COMMENTS:** The quality of work that I forward is efficient and completed in a timely manner.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

**RATING**

O

E

S

I

U

4 Points

**COMMENTS:** My current assignment allows me to utilize my knowledge and skills. I have applied for outside training to include additional courses in law enforcement at the Phoenix Foundation.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

**RATING**

O

E

S

I

U

4 Points

**COMMENTS:** I have demonstrated that I can effectively communicate both written and verbally. I am also able to understand and execute verbal and written instructions coming to my attention from my superior.

## SELF APPRAISAL

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** I have demonstrated the ability to work and cooperate effectively with my fellow co-workers, supervisors, subordinates, and outside contacts.

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8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** I have demonstrated that I can perform my work with little and no supervision. I have the ability to make decisions and take ownership for my duties.

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Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area.

RATING

0  E  S  I  U  4 Points

COMMENTS: The officers under my command reports to me on a daily basis for their assignments, I advised them of their areas to patrol daily.

**Objective #2:** Ensure that police presence is visible within assigned CMHA area to serve as a deterrent to crime.

RATING

0  E  S  I  U  4 Points

COMMENTS: I ensure that the officers under my command are present at their designated post. They confer with residents on a daily basis and deter crime.

**Objective #3:** Conducts investigation of crimes, accidents and civil disturbances. Supports preliminary investigation.

RATING

0  E  S  I  U  4 Points

COMMENTS: I respond to and conduct investigations of crimes, accidents, and civil disturbances. I also conduct preliminary investigations and recommend discipline.

**Objective #4:** Supervises subordinate staff engaged in patrol and other activities and assists where necessary.

RATING

0  E  S  I  U  4 Points

COMMENTS: I supervise the officers in the patrol division and assist where necessary.

**Objective #5:** Supervises the completion of all written crime reports and completes other required reports and forms....

RATING

0  E  S  I  U  4 Points

COMMENTS: I supervise and see to it that all written crime reports are complete and concise prior to forwarding.

**Objective #6:** Serves as Officer in Charge ( ) of headquarters as needed. Observes, inspects and maintains CMHA property.

RATING

0  E  S  I  U  4 Points

COMMENTS: From time to time I am required to serve as the Officer In Charge of headquarters as needed. I also inspect and maintain all CMHA property entrusted to me.



Overall Performance

SELF APPRAISAL

Rate employee's overall performance:

Total Points 56  $\div 14 = 4.0$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: More training pertaining to my position as a supervisor.

Specific goals for improvement: More in service training

Training needed to accomplish goals: None

Additional comments: My skills and knowledge here at CMHA has allowed me to better understand how to Law Enforcement. My plans are to retire from the CMHA Police Department holding the rank of Commander.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: SGT. Styles #656

Date: 12 / 30 / 04

Reviewing Supervisor Signature: [Signature]

Date: 01 / 04 / 05

Department Director Signature: [Signature]

Date: 1 / 13 / 05



# CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

## CONFIDENTIAL

Name: Paul Styles 656

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2004

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: Paul Styles

Date: 13 Jan 04

Immediate Supervisor Signature: J. Roman Jones, LT

Date: 01/13/04

Department Director Signature: Anthony Johnson, Chief

Date: 1/20/04

NAME STYLES PAUL A.  
 DATE OF BIRTH LAST 7/5/63 FIRST PAUL MIDDLE A. DATE OF HIRE 1/15/93  
 SOCIAL SECURITY NUMBER [REDACTED] SICK DAYS DUE \_\_\_\_\_

DEPARTMENT POLICE  
 BADGE NUMBER 656  
 VACATION TIME DUE \_\_\_\_\_

2004

## EMPLOYEE ATTENDANCE RECORD

	ABSSENCE SUMMARY																																
	A	B	C	D	E	F	M	O	P	S	W																						
JAN		XX									XX	SS								XX												XX	
FEB						XX	XX												XX														
MAR					XX	XX							XX																				
APR		XX																															
MAY		XX																															
JUN					XX	XX																											
JUL		XX																															
AUG																																	
SEP																																	
OCT		XX																															
NOV																																	
DEC																																	

A=ANNUAL LEAVE  
 B= DOCTOR'S CERT. REQUESTED  
 C=COMPENSATORY LEAVE  
 D=DID NOT CALL IN 1ST HR.  
 E=DOCTOR'S CERT. PRESENTED

F=FUNERAL LEAVE  
 J=JURY LEAVE  
 L=ADMINISTRATIVE LEAVE  
 M=MILITARY LEAVE  
 O=AWOL

P=PERSONAL  
 S=SICK LEAVE  
 SS=SUSPENSION  
 W=LEAVE WITHOUT PAY  
 X=VACATION PAY

YEARLY TOTALS  
 USE REVERSE SIDE  
 FOR ADDITIONAL NOTES  
 Printed in U.S.A.



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
PERFORMANCE APPRAISAL**

**CONFIDENTIAL**

Name: Paul Styles

Position: Sergeant #656

Department/Area: CMHA Division of Police

Last Appraisal Date: 01 / 13 / 04

Type:  Annual     Mid Probation     Other

Current Date: 01 / 04 / 05

Evaluation Period: From 01 / 01 / 04 To 12 / 31 / 04

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

**PERFORMANCE LEVELS**

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

**PERFORMANCE FACTORS** (Right Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O  E  S  I  U  3 Points

COMMENTS: Sgt. Styles is thoroughly familiar with the skills and information necessary to execute his job duties.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O  E  S  I  U  3 Points

COMMENTS: Sgt. Styles consistently reports for duty on time and prepared to perform his assigned duties, and doesn't complain when investigations require that he work long or inconvenient hours. He obeys all safety and conduct standards.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O  E  S  I  U  3 Points

COMMENTS: Sgt. Styles needs to improve with report writing and timely completion of tasks.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O  E  S  I  U  4 Points

COMMENTS: Sgt. Styles makes every effort to complete all required investigations on time. He makes every effort to complete his assignments given to him, in a timely fashion and with minimum supervision.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O  E  S  I  U  3 Points

COMMENTS: Styles actively seeks out assignments, and exhibits a refreshing enthusiasm for investigations. Sgt. Styles need to improve in his timely completion of his investigations and his report writing skills.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O  E  S  I  U  3 Points

COMMENTS: Sgt. Styles communicates well with his fellow co-workers, supervisors, subordinates and residences. His report writing skills needs to improve.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

**0**

**E**

**S**

**I**

**U**

**4**      **Points**

**COMMENTS:** Sgt. Styles goes above and beyond routine procedures to make others feel at ease and also provides information to others as become known to him. Presents himself to the public in a professional manner and works well with his fellow co-workers and subordinates.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

**0**

**E**

**S**

**I**

**U**

**3**      **Points**

**COMMENTS:** Sgt. Styles performed well with minimum supervision.

## Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area..

**RATING**

**0**       **E**       **S**       **I**       **U**       **4** Points

**COMMENTS:** Sgt Styles ensures that patrol and protection officers respond to their assigned duties and carry them out.

**Objective #2:** Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime.

**RATING**

**0**       **E**       **S**       **I**       **U**       **4** Points

**COMMENTS:** Sgt. Styles mandates that patrol and protection Officers patrol their assigned areas and take immediate action on incidents and complete necessary reports.

**Objective #3:** Conducts investigations of crimes, accidents and civil disturbances.

**RATING**

**0**       **E**       **S**       **I**       **U**       **3** Points

**COMMENTS:** Sgt. Styles 's conduct investigations on all incidents and complaints that come to his attention during his tour of duty.

**Objective #4:** Supervises subordinate staff engaged in patrol and other activities, maintains radio contact and responds to calls when necessary.

**RATING**

**0**       **E**       **S**       **I**       **U**       **4** Points

**COMMENTS:** Sgt. Styles ensures that all officers assigned under his direct supervision respond to their assignments without undue delays. Sgt. Styles constantly reminding his subordinates that they must take ownership of their assigned areas.

**Objective #5:** Supervises the completion of all written crime reports and completes other required reports and forms...

**RATING**

**0**       **E**       **S**       **I**       **U**       **3** Points

**COMMENTS:** Sgt. Styles reviews platoon personnel reports and returns reports to officers for corrections if needed.

**Objective #6:** Serves as Officer in Charge (OIC) of headquarters as needed, observes and maintains CMHA Property. Maintains firearm qualification...

**RATING**

**0**       **E**       **S**       **I**       **U**       **4** Points

**COMMENTS:** Sgt. Styles from time to time is the Officer in charge of the Second Platoon and performs well in that position. He consistently meets all standard required to maintain certification.

Overall Performance

Rate employee's overall performance:

Total Points 48  $\div 14 = 3.43$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Any laws updates and First Line Supervision courses that become available.

Specific goals for improvement: Continue education on law enforcement sciences.

Training needed to accomplish goals: Sgt. Styles should be given opportunities to attend courses that will enhance his field supervisory and administrative skills.

Additional comments: Sgt. Styles has the ability to be an outstanding supervisor with the CMHA Police Department.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Sgt. Styles #656

Date: 01/04/05

Reviewing Supervisor Signature: [Signature]

Date: 01/04/05

Department Director Signature: [Signature]

Date: 1/13/05





## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles , Sergeant #656

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2005

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: SGT. Styles #656 Date: 01/04/05  
 Immediate Supervisor Signature: Maureen S. Yagum #120 Date: 01/04/05  
 Department Director Signature: Anthony J. ... Date: 1/13/05

**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

NAME: Paul A. Styles

DATE: 04JAN05

CURRENT ASSIGNMENT: CMHA Division of Police / Sergeant #656

**Education:**

High School/GED XX                      Associates Degree \_\_\_  
Bachelors Degree \_\_\_                      Masters Degree \_\_\_  
Doctorate \_\_\_

**Specialized Training:**

Martial Arts, ASP and Monadnock Baton Training, Mountain Bike Training, Basic Swat Training,  
Preparation and Planning for Search Warrants & OPOTA.

1.        **Professionally speaking, where would you like to be five (5) years from now?**  
Five years from now I would like to be a Watch Commander or Unit OIC in a Specialize Unit.

2.        **What are your professional goals?**  
Professional goal is to continue my education in Police Science /Law Enforcement.

3.        **How can CMHA assist you in obtaining your professional goals?**  
CMHA can assist me through tuition reimbursement.

4.        **If possible, what type of training would you like to attend that would be beneficial to your current position?**  
a) Legal updates  
b) Computer Training  
c) Weight Room Training while on Duty.

5.        **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**  
  
YES XX                                      NO \_\_\_

6.        **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**  
  
YES \_\_\_                                      NO XX

**CAREER COUNSELING (continued)**

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES    

NO XX

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8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

My Immediate Supervisor, he is my first line supervisor.

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9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES XX

NO    

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES XX

NO    

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never    

Sometimes    

Often XX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES XX

NO    

---

Employee Name and Badge# Paul A. Styles , Sergeant #656

(PRINT)

Employee Signature: *Paul A. Styles #656*

Date: 04JAN04

Supervisor Signature: *Justin J. Yonkney #1000*

Date: 004JAN04

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Paul Styles #656

**SUPERVISOR:** Lt. Ronald J. Morenz #626

**DATE COMPLETED:** January 30, 2006

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form

# SELF APPRAISAL



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul A. Styles

Position: Sergeant

Department/Area: Police/ Security

Last Appraisal Date: 12 / 30 / 04

Type:  Annual  Mid Probation  Other

Current Date: 01 / 24 / 06

Evaluation Period: From 01 / 01 / 05 To 12 / 31 / 05

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

Original: Human Resources

Copy: Employee, Supervisor

# SELF APPRAISAL

## PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.
- RATING  
O       E       S       I       U       3 Points

COMMENTS: As for as job knowledge, I have patrol just right, however as for as narcotics I have some knowledge and learning each day.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.
- RATING  
O       E       S       I       U       4 Points

COMMENTS: I am very dependable, I come to work everyday usually early before my time. I don't call off sick, nor take too much time off.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.
- RATING  
O       E       S       I       U       3 Points

COMMENTS: I try to be as accurate as possible, I know I do a very good job and very through in my work. My work is usually acceptable, there was a time when my work would be returned for corrections but not as much as before.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.
- RATING  
O       E       S       I       U       3 Points

COMMENTS: My current position requires a lot of reports, its time consuming and I do my best to forward all necessary reports on time.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.
- RATING  
O       E       S       I       U       3 Points

COMMENTS: As a supervisor, I receive new assignments on a daily basis, my skills and knowledge from previous positions allows me to suggest better ways to accomplish my job.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.
- RATING  
O       E       S       I       U       3 Points

COMMENTS: I have demonstrated the ability to communicate effectively verbally, I may need a little touch up on my written its getting better.

## SELF APPRAISAL

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** I have demonstrated the ability to work and effectively communicate with co-workers, supervisors, subordinates, and outside contacts. I am somewhat known through the agency and to my knowledge I get along with everyone o.k.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

3 Points

**COMMENTS:** I believe I possess the ability to work with little or no supervision, at times I will call upon my superiors for guidance and have no problem with these decisions.

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area.

RATING

0  E  S  I  U  3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #2: Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime.

RATING

0  E  S  I  U  4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #3: Conducts investigations of crimes, accidents and civil disturbances.

RATING

0  E  S  I  U  3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #4: Supervises subordinates staff engages in patrol and other activities and assist where necessary.

RATING

0  E  S  I  U  4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #5: Supervises the completion of all written crime reports and completes other required reports and forms.

RATING

0  E  S  I  U  3 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective #6: Serves as Officer in Charge of headquarters as needed. Observes, inspects and maintains CMHA property.

RATING

0  E  S  I  U  4 Points

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Rate employee's overall performance:

Total Points 47  $\div 14 = 3.3$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: More computer training.

Specific goals for improvement: Attend as much training classes that offered.

Training needed to accomplish goals: N/A

Additional comments: This is the start of my thirteenth year, CMHA as made a big impact on my life. I serve the community to the best of my ability and would like to retire from this agency.

**ACKNOWLEDGMENT:**

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Paul A. Hype

Date: 01/24/06

Reviewing Supervisor Signature: [Signature]

Date: 1/13/06

Department Director Signature: [Signature]

Date: 2/6/06



# CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles , Sergeant #656

Department/Area: Police Division

Position: Police Sergeant

Report Year: 2005

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: SGT. Styles #656 Date: 01/04/05  
 Immediate Supervisor Signature: Inspector J. Yagunz #650 Date: 01/04/05  
 Department Director Signature: [Signature] Date: 1/13/05

NAME STYLES DAVID A. DEPARTMENT Police  
 LAST FIRST MIDDLE  
 DATE OF BIRTH 7/5/42 DATE OF HIRE 1/15/93 BADGE NUMBER 656  
 SOCIAL SECURITY NUMBER [REDACTED] SICK DAYS DUE \_\_\_\_\_ VACATION TIME DUE \_\_\_\_\_

192005 **EMPLOYEE ATTENDANCE RECORD**

		19 <u>2005</u>												ASSESSMENT SUMMARY																																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	A	B	C	D	E	F	M	O	P	S	W	X									
JAN						X	X			N	N	N	N	X	X	X	X							X	X	X	X																										
FEB		X					X	X		X					N	X	X	X	X					X	X	X	X																										
MAR						X	X			X					X	X	X	X	X					X	X	X	X																										
APR						X	X			X					X	X	X	X	X					X	X	X	X																										
MAY						X	X			X					X	X	X	X	X					X	X	X	X																										
JUN						X	X			X					X	X	X	X	X					X	X	X	X																										
JUL						X	X			X					X	X	X	X	X					X	X	X	X																										
AUG						X	X			X					X	X	X	X	X					X	X	X	X																										
SEP						X	X			X					X	X	X	X	X					X	X	X	X																										
OCT						X	X			X					X	X	X	X	X					X	X	X	X																										
NOV						X	X			X					X	X	X	X	X					X	X	X	X																										
DEC						X	X			X					X	X	X	X	X					X	X	X	X																										

A=ANNUAL LEAVE  
 B=DOCTOR'S CERT. REQUESTED  
 C=COMPENSATORY LEAVE  
 D=DID NOT CALL IN 1ST HR.  
 E=DOCTOR'S CERT. PRESENTED  
 F=FUNERAL LEAVE  
 J=JURY LEAVE  
 L=ADMINISTRATIVE LEAVE  
 M=MILITARY LEAVE  
 O=AWOL  
 P=PERSONAL  
 S=SICK LEAVE  
 SS=SUSPENSION  
 W=LEAVE WITHOUT PAY  
 X=VACATION DAY

YEARLY TOTALS  
 USE REVERSE SIDE  
 FOR ADDITIONAL NOTES  
 Printed in U.S.A.



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul Styles

Position: Sergeant

Department/Area: Police Department

Last Appraisal Date: 01 / 01 / 05

Type: XXX Annual         Mid Probation         Other

Current Date: 01 / 30 / 06

Evaluation Period: From 01 / 01 / 05 To 12 / 31 / 05

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

**PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)**

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

**RATING**

O       E       S       I       U       3 Points

**COMMENTS:** Sgt. Styles was assigned as the Narcotic Unit OIC in September 2005. Since then he has demonstrated that he understands his job duties and responsibilities. He executes those responsibilities on a daily basis.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

**RATING**

O       E       S       I       U       5 Points

**COMMENTS:** Sgt. Styles did not receive any discipline during 2005, indicating that he follows the Department rules and regulations, as well as the agencies.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

**RATING**

O       E       S       I       U       3 Points

**COMMENTS:** The work that Sgt. Styles has submitted since becoming OIC has steadily improved. His is more thorough and insures that his work is correct before submitting it.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

**RATING**

O       E       S       I       U       3 Points

**COMMENTS:** As stated above, Sgt. Style's work has steadily improved. He submits his assignments in the time frame he is allowed.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

**RATING**

O       E       S       I       U       3 Points

**COMMENTS:** Sgt. Styles received an on-duty injury which limited his ability in this area. He has a good understanding of his units responsibilities and is developing better, more efficient ways of handling their assignments.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

**RATING**

O       E       S       I       U       3 Points

**COMMENTS:** Sgt. Styles can improve his written communications, but he communicates well with others verbally. He has demonstrated the ability to follow orders given to him verbally, or in writing, and to execute those orders as given.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** Sgt. Styles works well with his subordinates, other officers and supervisors, and anyone he comes in contact with on a daily basis. He has a "laid-back" demeanor which makes him relate well to others.

---

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** Sgt. Styles handles the day-to-day activities of the Narcotics Unit with very little supervision from me. If he makes a mistake, he readily admits it and learns from it.

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## Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers/detectives in an assigned unit. Conducts briefings,...

RATING

0

E

S

I

U

3 Points

**COMMENTS:** Sgt. Styles directs the actions of his subordinates. He keeps them informed of any Departmental changes and provides them with any information pertinent to their mission.

**Objective #2:** Ensures that their subordinates are investigating complaints assigned to the unit, addressing in a proactive manner,...

RATING

0

E

S

I

U

4 Points

**COMMENTS:** Sgt. Styles insures that his subordinates are completing the investigations that they are assigned, in a timely manner. When he observes trends occurring on the estates, he directs his units activities to address them.

**Objective #3:** Conducts follow-up investigations of crimes, accidents and civil disturbances. Reviews preliminary investigations...

RATING

0

E

S

I

U

3 Points

**COMMENTS:** Sgt. Styles reviews all of the reports and investigations submitted by his subordinates. He also completes any report that is required of him as a supervisor. If one of his subordinates violates departmental rules and regulations, he recommends the discipline without input from me.

**Objective #4:** Supervises subordinate staff engaged in investigations and assists where necessary. Maintains investigative files ...

RATING

0

E

S

I

U

3 Points

**COMMENTS:** Sgt. Styles maintains all of the records associated with the Narcotics Unit. He keeps me informed in reference to on-going investigations and their status.

**Objective #5:** Supervises the completion of all written reports and completes other required reports and forms describing...

RATING

0

E

S

I

U

3 Points

**COMMENTS:** Sgt. Styles submits all of the reports that are required from him. He also insures that his subordinates submit the reports that they are responsible for.

**Objective #6:** Serves as Officer in Charge (OIC) as needed. Observes, inspects and maintains CMHA property and department...

RATING

0

E

S

I

U

4 Points

**COMMENTS:** Sgt. Styles maintained his certifications as required. He completed all supervisory training that he was scheduled to attend.

# Overall Performance

Rate employee's overall performance:

Total Points 48  $\div 14 = 3.4$  (Overall Rating: Round rating to one (1) decimal place)

- |                                                            |                                                         |
|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Outstanding (4.5 - 5.0)           | <input type="checkbox"/> Improvement Needed (1.5 - 2.4) |
| <input type="checkbox"/> Exceeds Expectations (3.5 - 4.4)  | <input type="checkbox"/> Unsatisfactory (0 - 1.4)       |
| <input checked="" type="checkbox"/> Successful (2.5 - 3.4) |                                                         |

Specific areas of improvement needed: Sgt. Styles needs to improve on his written communications. Otherwise, he is a very effective leader of the Narcotics Unit.

Specific goals for improvement: Improve written communications, both content and format.

Training needed to accomplish goals: Word computer classes. Continued feedback relating to written reports submitted by Sgt. Styles.

Additional comments: Sgt. Styles is an effective leader of the Narcotics Unit. They have taken on a revitalized approach and their statistics are improving. When Sgt. Styles missed a month due to an on-duty injury, his subordinates didn't miss a beat. They continued to work as though he was there, which is a tribute to his leadership.

## ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources** within **ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Sgt. Paul A. Styles #856

Date: 01 / 30 / 06

Reviewing Supervisor Signature: [Signature]

Date: 01 / 30 / 06

Department Director Signature: [Signature]

Date: 2 16 06





## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles #656 Department/Area: Police Division

Position: Police Sergeant -Administration Report Year: 2006

***Instructions:*** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Supervises and coordinates the activities of police officers/detectives in an assigned unit. Conducts briefings, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2: Ensures that their subordinates are investigating complaints assigned to the unit, addressing in a proactive manner, crimes occurring on CMHA properties. Confers with superior officers regarding unit problems, crime conditions documented, personnel performance and complaints under investigation.
- 3: Conducts follow-up investigations of crimes, accidents and civil disturbances. Reviews preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action when necessary.
- 4: Supervises subordinate staff engaged in investigations and assists where necessary. Maintains investigative files and statistical reports on unit activities. Advises superior officers' of all ongoing investigations, preparing reports as required by policy and procedure.
- 5: Supervises the completion of all written reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other unit activities.
- 6: Serves as Officer in Charge (OIC) as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position. Completes supervisory training and obtains additional training relevant to the unit they supervise.

Employee Signature: *Paul Styles #656* Date: 01 / 30 / 06

Immediate Supervisor Signature: *[Signature]* Date: 01 / 30 / 06

Department Director Signature: *Anthony Jackson, Chief* Date: 21 6 106

**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

NAME: Paul A. Styles

DATE: 24JAN06

CURRENT ASSIGNMENT: Sergeant OIC of the Narcotics Unit

**Education:**

High School/GED  Associates Degree \_\_\_  
Bachelors Degree \_\_\_ Masters Degree \_\_\_  
Doctorate \_\_\_

**Specialized Training:**

Police Executive Administrative Leadership School, Basic SWAT School, Mountain Bike Training,  
\_\_\_\_\_  
\_\_\_\_\_

1. **Professionally speaking, where would you like to be five (5) years from now?**  
Five years from now with good health, I hope to continue my employment with the CMHA Police  
Department. And if the a Lieutenant position becomes available, I would like the opportunity to apply.

2. **What are your professional goals?**  
My professional goals stays the same as the past two years, to continue my education and continue  
providing for my family.

3. **How can CMHA assist you in obtaining your professional goals?**  
As far as assistance tuition reimbursement remains the same. If not the Agency can allow me the time off  
to seek my goals on my own.

4. **If possible, what type of training would you like to attend that would be beneficial to your current position?**  
a) Any type of narcotics training would be beneficial to me for my current position.  
b) Search Warrant preparation, Legal Updates,  
c) Police Instructor Course

5. **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**  
  
YES  NO \_\_\_

6. **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**  
  
YES \_\_\_ NO

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES \_\_\_

NO XX

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

Immediate supervisor. Information is kept confidential.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES XX

NO \_\_\_

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES XX

NO \_\_\_

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never \_\_\_

Sometimes \_\_\_

Often XX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES XX

NO \_\_\_

Employee Name and Badge# Paul A. Styles #656

(PRINT)

Employee Signature: Paul A. Styles #656

Date: 30JAN06

Supervisor Signature: [Signature]

Date: 30JAN06

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Paul Styles #656

**SUPERVISOR:** Lt. Ronald J. Morenz #626

**DATE COMPLETED:** March 7, 2007

- 1. Employee "self-evaluation"**
- 2. Previous year Objectives/Expectations Worksheet.**
- 3. Copy of Employee Attendance Record for previous year**
- 4. Current Performance Appraisal**
- 5. Current year Objectives/Expectations Worksheet**
- 6. Employee comments and/or written statement regarding Performance Appraisal.**
- 7. Career Counseling Form**

# SELF APPRAISAL



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul A. Styles

Position: Sergeant

Department/Area: Police Department

Last Appraisal Date: 01 / 01 / 06

Type:  Annual  Mid Probation  Other

Current Date: 01 / 31 / 07

Evaluation Period: From 01 / 01 / 06 To 12 / 31 / 06

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS:** section must be completed for all Performance Factors and Employee Objectives/Expectations. As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

# SELF APPRAISAL

## PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O

E

S

I

U

3 Points

COMMENTS: I possesses the practical and technical skills and information used on the job. I demonstrate the ability and execute the duties outlined on my job description.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O

E

S

I

U

4 Points

COMMENTS: As an employee I follow the attendance standards, safety and conduct rules, and all agency regulations.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O

E

S

I

U

3 Points

COMMENTS: I always try to be accurate and through in the work I do, its usually acceptable by my supervisor and not often return for corrections as when I first started.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O

E

S

I

U

3 Points

COMMENTS: Lately I am learning to format the quality of work that I perform in a specific time frame. I attend meetings with managers, counsel personnels, and the LAC.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O

E

S

I

U

4 Points

COMMENTS: I consider myself a self starter in my current position, I challenge myself to seek out new assignments to expand my skills and knowledge. I often go out and accomplish things in the field then share the ideas with the other officers.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O

E

S

I

U

4 Points

COMMENTS: I have demonstrated the ability to communicate in an effective manner with everyone I come in contact with both written and verbal. I also have demonstrated the ability to understand and execute verbal and written instructions.

# SELF APPRAISAL

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** I have a good working relationship with my fellow co-workers, I can also effectively communicate with my supervisors, subordinates, and outside contacts.

---

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

3 Points

**COMMENTS:** I have demonstrated the ability to perform my duties with little or no supervision, I have on occasions seek guidance from my supervisor.

---

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinate the activities of police/ detectives in an assigned unit.

RATING

O  E  S  I  U 4 Points

COMMENTS: At my present position I supervise the police detectives in the narcotics unit.

**Objective #2:** Ensures that their subordinates are investigating complaints assigned to the unit.

RATING

O  E  S  I  U 4 Points

COMMENTS: I assign complaints to my detectives to follow-up on as we received them.

**Objective #3:** Conducts follow-up investigations of crimes, accidents and civil disturbances.

RATING

O  E  S  I  U 4 Points

COMMENTS: I personally conducts follow-up on investigations of crimes, accidents, and civil disturbances.

**Objective #4:** Supervises subordinate staff engaged in investigations and assist where necessary.

RATING

O  E  S  I  U 4 Points

COMMENTS: I supervise subordinate staffs to follow-up on investigations and assist where necessary.

**Objective #5:** Supervises the completion of all written reports and completes other required reports and forms describing circumstances of crimes

RATING

O  E  S  I  U 3 Points

COMMENTS: I supervise the completion of all written reports and completes other required reports and forms describing the circumstances of crimes.

**Objective #6:** Serves as Officer in Charge as needed.

RATING

O  E  S  I  U 4 Points

COMMENTS: From time to time I serve as Officer in Charge as needed.



Rate employee's overall performance:

Total Points 51 / 14 = 3.6 (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Reviewing of case reports specifically the narrative.

Specific goals for improvement: I need to attend an updated English class

Training needed to accomplish goals: In service training on report writing.

Additional comments: None

**ACKNOWLEDGMENT:**

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Sgt. Steyer #656

Date: 3/7/07

Reviewing Supervisor Signature: [Signature]

Date: 3/7/07

Department Director Signature: AC David [Signature]

Date: 03/08/07



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles #656 Department/Area: Police Division

Position: Police Sergeant -Administration Report Year: 2006

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Supervises and coordinates the activities of police officers/detectives in an assigned unit. Conducts briefings, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2: Ensures that their subordinates are investigating complaints assigned to the unit, addressing in a proactive manner, crimes occurring on CMHA properties. Confers with superior officers regarding unit problems, crime conditions documented, personnel performance and complaints under investigation.
- 3: Conducts follow-up investigations of crimes, accidents and civil disturbances. Reviews preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action when necessary.
- 4: Supervises subordinate staff engaged in investigations and assists where necessary. Maintains investigative files and statistical reports on unit activities. Advises superior officers' of all ongoing investigations, preparing reports as required by policy and procedure.
- 5: Supervises the completion of all written reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other unit activities.
- 6: Serves as Officer in Charge (OIC) as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position. Completes supervisory training and obtains additional training relevant to the unit they supervise.

Employee Signature: Paul Styles #656 Date: 01 / 30 / 06

Immediate Supervisor Signature: [Signature] Date: 01 / 30 / 06

Department Director Signature: [Signature] Date: 21 6 106

NAME STYLES PAML DEPARTMENT POLICE  
 DATE OF BIRTH 7-5-63 FIRST PAUL MIDDLE 1/5/93 BADGE NUMBER 856  
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF HIRE 1/5/93 VACATION TIME DUE \_\_\_\_\_  
 SICK DAYS DUE \_\_\_\_\_

**EMPLOYEE ATTENDANCE RECORD**

MONTH	ABSENCE SUMMARY																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JAN	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																
NOV																																
DEC																																

YEARLY TOTALS \_\_\_\_\_  
 USE REVERSE SIDE FOR ADDITIONAL NOTES  
 Printed in U.S.A.



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul Styles

Position: Sergeant

Department/Area: Police Department

Last Appraisal Date: 01 / 01 / 06

Type: XXX Annual         Mid Probation         Other

Current Date: 03 / 07 / 07

Evaluation Period: From 01 / 01 / 06 To 12 / 31 / 06

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

**PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)**

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sgt. Styles was assigned as the Narcotic Unit OIC. He has demonstrated that he understands his job duties and responsibilities, and executes those responsibilities on a daily basis.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

**RATING**

O  E  S  I  U  5 Points

**COMMENTS:** Sgt. Styles did not receive any discipline during 2006, indicating that he follows the Department rules and regulations, as well as the agencies. He used 7 days of sick time at the beginning of the year which was a "carry-over" from an on-duty injury sustained in 2005.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** The work that Sgt. Styles has steadily improved, but he needs to be more thorough and insure that his work is correct before submitting it.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sgt. Style's insures that all of the assignments that his unit receives are completed in the time period given.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

**RATING**

O  E  S  I  U  4 Points

**COMMENTS:** Sgt. Styles has used resources that other supervisors left untouched. His unit is able to make controlled buys on the family estates, as well as in the high rises. he uses "disguises" in order to get as close to the transactions as possible. His unit is always looking for new ways to complete their assignments successfully.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sgt. Styles can improve his written communications, but he communicates well with others verbally. He has demonstrated the ability to follow orders given to him verbally, or in writing, and to execute those orders as given.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

**O**

**E**

**S**

**I**

**U**

4 **Points**

**COMMENTS:** Sgt. Styles works well with his subordinates, other officers and supervisors, and anyone he comes in contact with on a daily basis. He has a "laid-back" demeanor which makes him relate well to others.

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8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

**O**

**E**

**S**

**I**

**U**

4 **Points**

**COMMENTS:** Sgt. Styles handles the day-to-day activities of the Narcotics Unit with very little supervision from me. If he makes a mistake, he readily admits it and learns from it.

---

## Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers/detectives in an assigned unit. Conducts briefings,...

**RATING**

**O**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** Sgt. Styles directs the actions of his subordinates. He keeps them informed of any Departmental changes and provides them with any information pertinent to their mission.

**Objective #2:** Ensures that their subordinates are investigating complaints assigned to the unit, addressing in a proactive manner,...

**RATING**

**O**       **E**       **S**       **I**       **U**       4 Points

**COMMENTS:** Sgt. Styles insures that his subordinates are completing the investigations that they are assigned , in a timely manner. When he observes trends occurring on the estates, he directs his units activities to address them.

**Objective #3:** Conducts follow-up investigations of crimes, accidents and civil disturbances. Reviews preliminary investigations...

**RATING**

**O**       **E**       **S**       **I**       **U**       3 Points

**COMMENTS:** Sgt. Styles reviews all of the reports and investigations submitted by his subordinates. He also completes any report that is required of him as a supervisor. If one of his subordinates violates departmental rules and regulations, he recommends the discipline without input from me.

**Objective #4:** Supervises subordinate staff engaged in investigations and assists where necessary. Maintains investigative files ...

**RATING**

**O**       **E**       **S**       **I**       **U**       4 Points

**COMMENTS:** Sgt. Styles maintains all of the records associated with the Narcotics Unit. He keeps me informed in reference to on-going investigations and their status.

**Objective #5:** Supervises the completion of all written reports and completes other required reports and forms describing...

**RATING**

**O**       **E**       **S**       **I**       **U**       2 Points

**COMMENTS:** Sgt. Styles submits all of the reports that are required from him. He also insures that his subordinates submit the reports that they are responsible for. He needs to improve in the area of reviewing reports. Many of the reports he reviews and approves are poorly written and require a revision.

**Objective #6:** Serves as Officer in Charge (OIC) as needed. Observes, inspects and maintains CMHA property and department...

**RATING**

**O**       **E**       **S**       **I**       **U**       4 Points

**COMMENTS:** Sgt. Styles maintained his certifications as required. He completed all supervisory training that he was scheduled to attend.

Overall Performance

Rate employee's overall performance:

Total Points 49  $\div$  14 = 3.5 (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Sgt. Styles needs to improve on his written communications, including report review. Otherwise, he has proven to be a very effective leader of the Narcotics Unit.

Specific goals for improvement: Improve written communications, both content and format.

Training needed to accomplish goals: Word computer classes. Continued feedback relating to written reports submitted by, and reports submitted by, Sgt. Styles.

Additional comments: Sgt. Styles is an effective leader of the Narcotics Unit. They have taken on a revitalized approach and their statistics have improved under his leadership. He has infused a new energy into the unit that it was lacking. He is an asset to the Agency and the Department.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: Sgt. Styles # 656

Date: 03 / 07 / 07

Reviewing Supervisor Signature: [Signature]

Date: 03 / 07 / 07

Department Director Signature: AC David [Signature]

Date: 03,09,07





## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles #656 Department/Area: Police Division

Position: Police Sergeant -Administration Report Year: 2007

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Supervises and coordinates the activities of police officers/detectives in an assigned unit. Conducts briefings, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2: Ensures that their subordinates are investigating complaints assigned to the unit, addressing in a proactive manner, crimes occurring on CMHA properties. Confers with superior officers regarding unit problems, crime conditions documented, personnel performance and complaints under investigation.
- 3: Conducts follow-up investigations of crimes, accidents and civil disturbances. Reviews preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action when necessary.
- 4: Supervises subordinate staff engaged in investigations and assists where necessary. Maintains investigative files and statistical reports on unit activities. Advises superior officers' of all ongoing investigations, preparing reports as required by policy and procedure.
- 5: Supervises the completion of all written reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other unit activities.
- 6: Serves as Officer in Charge (OIC) as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position. Completes supervisory training and obtains additional training relevant to the unit they supervise.

Employee Signature: SET. Styles #656

Date: 03 / 07 / 07

Immediate Supervisor Signature: [Signature]

Date: 03 / 07 / 07

Department Director Signature: \_\_\_\_\_

Date:  / /

**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

NAME: Paul Styles #656

DATE: March 7, 2007

CURRENT ASSIGNMENT: Narcotics Unit OIC

**Education:**

High School/GED XX                      Associates Degree      
Bachelors Degree                          Masters Degree      
Doctorate    

**Specialized Training:**

SWAT School, PEALS, First Responder HazMat/WMD/PPE Awareness, Controlled/ Direct Buys in Drug Investigations, and Defensive Tactics Instructor.

1.     **Professionally speaking, where would you like to be five (5) years from now?**

A Lieutenant

2.     **What are your professional goals?**

Return to school and further my education. I would also like to be an instructor in the Basic Police Academy.

3.     **How can CMHA assist you in obtaining your professional goals?**

Tuition Reimbursement

4.     **If possible, what type of training would you like to attend that would be beneficial to your current position?**

a) Legal Updates

b) Additional Instructor Courses

c) Advanced Narcotics Identification Classes

5.     **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**

YES XX

NO    

6.     **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**

YES    

NO XX

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES \_\_\_ NO XX

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

Immediate supervisor. Confidentiality.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES XX NO \_\_\_

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES XX NO \_\_\_

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never \_\_\_ Sometimes \_\_\_ Often XX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES XX NO \_\_\_

Employee Name and Badge# Paul Styles #656  
(PRINT)

Employee Signature: Paul Styles #656 Date: 07MAR07

Supervisor Signature: [Signature] #626 Date: 07MAR07

**CMHA POLICE DEPARTMENT  
PERFORMANCE APPRAISAL CHECKLIST**

**EMPLOYEE NAME:** Sgt. Paul Styles #656

**SUPERVISOR:** Commander William Likes #604

**DATE COMPLETED:** 02-20-08

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



# SELF APPRAISAL

## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul A. Styles

Position: Sergeant

Department/Area: Police/ Security

Last Appraisal Date: 02 / 15 / 07

Type:  Annual     Mid Probation     Other

Current Date: 01 / 30 / 08

Evaluation Period: From 01 / 01 / 07 To 12 / 31 / 07

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS:** section must be completed for all Performance Factors and Employee Objectives/Expectations. As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**E = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

# SELF APPRAISAL

## PERFORMANCE FACTORS (Essent Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O  E  S  I  U  3 Points

COMMENTS: Since assigned as supervisor of the Crime Suppression Unit, I have gained the necessary knowledge and information to successfully complete the job.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O  E  S  I  U  5 Points

COMMENTS: Since employed by the CMHA police department I have always followed the attendance standards, safety and conduct rules, and all agency regulations. During the year 2007, I was late for duty on two occasions, other than that I had perfect attendance by not calling off sick.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O  E  S  I  U  3 Points

COMMENTS: I always strive to ensure the work I perform is acceptable and thorough. The work is not hard, however their are some days the bulk of work is in abundance, their fore the required necessary work is completed first.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O  E  S  I  U  4 Points

COMMENTS: Being the only supervisor of the unit the work load sometimes are in abundance. In other words I prioritize my work, I always make sure the officers paper work are correct and complete. I also make sure the work that I need to complete and forward is also done in a specific time period. This also include meetings assignments.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O  E  S  I  U  4 Points

COMMENTS: From time to time I leave the paper work alone and go out into the field with new ideas that I have developed. This allows the officers to see some of the skills that I possess, including wearing disguises and blending in with the elements.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O  E  S  I  U  4 Points

COMMENTS: I have always had the ability to communicate very well with written and verbal skills. I also understand and execute my verbal and written skills very effectively.

# SELF APPRAISAL

**Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** I don't believe I have any problems cooperating with anyone in the department, agency, or the general public.

---

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

0

E

S

I

U

4 Points

**COMMENTS:** Under the leadership of my former supervisor I did not need much supervision. I am now demonstrating to my new supervisor that I can accomplish the same task, making good decisions, and taking ownership of my job duties.

---

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police detectives in an assigned unit.

RATING

0

E

S

I

U

4 Points

COMMENTS: On a daily basis I give assignments to my detectives to carry out.

**Objective #2:** Ensures that their subordinates are investigating complaints assigned to the unit.

RATING

0

E

S

I

U

4 Points

COMMENTS: Once my detectives are given an assignments I follow-up to make sure its been done fairly and in a timely manner.

**Objective #3:** Conducts follow-up investigations of crimes, accidents, and civil disturbances.

RATING

0

E

S

I

U

4 Points

COMMENTS: The answer to this question would be the same as the answer I gave for question #3.

**Objective #4:** Supervises subordinate staff engaged in investigations and assists where necessary.

RATING

0

E

S

I

U

4 Points

COMMENTS: When time allows I assist my detectives with assignments that their given. I also respond to their calls when I am not initially out with them.

**Objective #5:** Supervises the completion of all written reports and completes other required reports.

RATING

0

E

S

I

U

4 Points

COMMENTS: Unless I am not at work, I approve the completion of all written reports and other paper work that my detectives generates.

**Objective #6:** Serves as Officer in Charge (OIC) as needed. Observes, inspects and maintains CMHA property and department equipment.

RATING

0

E

S

I

U

4 Points

COMMENTS: From time to time I would serve as the Officer in Charge. I make sure I observe, inspects and maintain CMHA property and all department equipments.



Rate employee's overall performance:

Total Points 56  $\div 14 = 4.0$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: I could use a little improvement with the Computer system specifically in the area of internet and excel.

Specific goals for improvement: The goal for this improvement would be better knowledge in surfing the system.

Training needed to accomplish goals: In service training offered by CMHA.

Additional comments: I enjoy my job and the people I work with and for. The only way I would voluntary leave this position would be a promotion.

**ACKNOWLEDGMENT:**

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: SGT. Paul A. Styer #656

Date: 01 / 30 / 08

Reviewing Supervisor Signature: [Signature]

Date: 02 / 21 / 08

Department Director Signature: [Signature]

Date: 2 / 25 / 08



## CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul Styles #656 Department/Area: Police Division

Position: Police Sergeant - Administration Report Year: 2007

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Supervises and coordinates the activities of police officers/detectives in an assigned unit. Conducts briefings, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2: Ensures that their subordinates are investigating complaints assigned to the unit, addressing in a proactive manner, crimes occurring on CMHA properties. Confers with superior officers regarding unit problems, crime conditions documented, personnel performance and complaints under investigation.
- 3: Conducts follow-up investigations of crimes, accidents and civil disturbances. Reviews preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action when necessary.
- 4: Supervises subordinate staff engaged in investigations and assists where necessary. Maintains investigative files and statistical reports on unit activities. Advises superior officers' of all ongoing investigations, preparing reports as required by policy and procedure.
- 5: Supervises the completion of all written reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other unit activities.
- 6: Serves as Officer in Charge (OIC) as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position. Completes supervisory training and obtains additional training relevant to the unit they supervise.

Employee Signature: Sgt. Styles #656

Date: 03 / 07 / 07

Immediate Supervisor Signature: [Signature] #626

Date: 03 / 07 / 07

Department Director Signature: \_\_\_\_\_

Date:  / /





## CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

### CONFIDENTIAL

Name: Paul Styles #656

Position: Sergeant

Department/Area: Crime Suppression Unit

Last Appraisal Date: 02 / 15 / 07

Type: XX Annual    \_\_\_ Mid Probation    \_\_\_ Other

Current Date: 02 / 20 / 08

Evaluation Period: From 01 / 01 / 07 To 01 / 31 / 07

**Instructions:** Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

### PERFORMANCE LEVELS

**O = Outstanding (5 Points):** Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

**EE = Exceeds Expectations (4 Points):** Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

**S = Successful (3 Points):** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

**I = Improvement Needed (2 Points):** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**U = Unsatisfactory (1 Point):** Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

**PERFORMANCE FACTORS (Right Performance Factors are to be evaluated)**

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sergeant Styles has demonstrated that he has the knowledge and skills to execute his job duties. He has a basic understanding of the Policy and Procedures, Rules and Regulations and City and State Laws.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

**RATING**

O  E  S  I  U  4 Points

**COMMENTS:** Sergeant Styles had no sick days in 2007, but was tardy twice. He follows all safety and conduct rules.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sergeant Styles work is usually completed in a thorough manner.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

**RATING**

O  E  S  I  U  4 Points

**COMMENTS:** Sergeant Styles completes all his assignments in a timely manner. He needs to focus on completing assignments with writing documentation.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sergeant Styles is a self starter, but needs to break up his officers to handle follow-ups. He looks for better ways to handle his assignments.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

**RATING**

O  E  S  I  U  3 Points

**COMMENTS:** Sergeant Styles is an effective communicator. He has demonstrated the ability to execute both written and verbal instructions.

7. **Interpersonal Relationship.** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

**RATING**

**O**

**E**

**S**

**I**

**U**

3 **Points**

**COMMENTS:** Sergeant Styles works well with his superiors, other supervisors, and subordinates. He works well with other departments or outside contacts.

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8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

**RATING**

**O**

**E**

**S**

**I**

**U**

3 **Points**

**COMMENTS:** Sergeant Styles completes all his assignments with little supervision. He insures that his subordinates complete all assignments that are given to them.

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## Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

**Objective #1:** Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area...

RATING

0

E

S

I

U

4 Points

COMMENTS: Sergeant Styles supervises and coordinates all activities with the Crime Suppression Unit. He also assist on Second Platoons with any assignments that require a supervisor.

**Objective #2:** Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime....

RATING

0

E

S

I

U

3 Points

COMMENTS: Sergeant Styles ensures his unit or personnel under his command are dealing with high crime areas. He conducts details to reduce criminal activity on CMHA property.

**Objective #3:** Conducts investigation of crimes, accidents and civil disturbances. Supports preliminary investigation conducted by subordinates...

RATING

0

E

S

I

U

4 Points

COMMENTS: Sergeant Styles investigates all incidents the comes to his attention during his tour of duty. He completes all investigation in a timely manner in accordance with the Rules and Regulation, Policies and Procedures of the CMHA Police Department.

**Objective #4:** Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact

RATING

0

E

S

I

U

3 Points

COMMENTS: Sergeant Styles ensures all officers under his command responded to assignments and advise RCC of their status. He responds to all broadcast assignments that require a supervisor.

**Objective #5:** Supervises the completion of all written crime reports and complete other required reports a forms describing circumstances of crimes...

RATING

0

E

S

I

U

3 Points

COMMENTS: Sergeant Styles reviews reports and makes sure that all reports are completed.

**Objective #6:** Serves as Officer in Charge of Headquarters as needed. Observes, inspects and maintains CMHA Property and Department Equipment...

RATING

0

E

S

I

U

4 Points

COMMENTS: Sergeant Styles completes all administrative duties and serves as OIC of headquarters when needed. He is current with all certifications.

Overall Performance

Rate employee's overall performance:

Total Points 47  $\div 14 = 3.4$  (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: No specific are of improvement needed.

Specific goals for improvement: None

Training needed to accomplish goals: Advanced supervisor and administrative classes.

Additional comments: \_\_\_\_\_

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes  No

Employee Signature: SGT. Paul A. Styles # 656

Date: 02 / 21 / 08

Reviewing Supervisor Signature: [Signature]

Date: 02 / 21 / 08

Department Director Signature: [Signature]

Date: 2 / 25 / 08





# CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

**CONFIDENTIAL**

Name: Paul A. Styles

Department/Area: Police Division

Position: Police Sergeant Crime Suppression Unit

Report Year: 2008

**Instructions:** Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Supervises and coordinates the activities of police officers and non-sworn officers in an assigned area. Conducts roll calls, inspects appearance and equipment of subordinates. Relays and explains general and special police orders, instructions, teletypes, special notices and directives.
- 2- Ensures that police presence is visible within assigned CMHA area to serve as a deterrent to crime. Confers with superior officers regarding patrol problems, crime conditions, personnel performance and complaints.
- 3- Conducts investigations of crimes, accidents and civil disturbances. Supports preliminary investigations conducted by subordinates. Conducts special investigations including accidents and injuries to police officers, the use of firearms and complaints about police personnel. Recommends disciplinary action where necessary.
- 4- Supervises subordinate staff engaged in patrol and other activities and assists where necessary. Maintains ongoing radio contact according to established procedures, responding to radio assignments when required.
- 5- Supervises the completion of all written crime reports and completes other required reports and forms describing circumstances of crimes, accidents, investigations, complaints and other police activities including, but not limited to, brevities, daily rosters, leave requests and any other required reports.
- 6- Serves as Officer in Charge (OIC) of headquarters as needed. Observes, inspects and maintains CMHA property and department equipment. Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: SGT. Paul A. Styles #151 Date: 01 / 30 / 08

Immediate Supervisor Signature: [Signature] Date: 02 / 31 / 08

Department Director Signature: [Signature] Date: 2 / 25 / 08

**CMHA POLICE DEPARTMENT  
CAREER COUNSELING**

NAME: Paul A. Styles

DATE: 28JAN08

CURRENT ASSIGNMENT: Sergeant Crime Suppression Unit

**Education:**

High School/GED  Associates Degree

Bachelors Degree  Masters Degree

Doctorate

**Specialized Training:**

Basic Police Academy, Basic SWAT, Defensive Tactics, Manadknox Expandable Baton Instructor,  
Controlled Buy/ Direct Buy Certified, Police Executive Administrative Leadership School, and High Risk  
Search Warrant Execution Certified.

1. **Professionally speaking, where would you like to be five (5) years from now?**

Five years from now I would like to be a Platoon Watch Commander, if not I would like to be in my current  
position.

2. **What are your professional goals?**

My professional goal is to return to school and continue my education in Criminal Justice.

3. **How can CMHA assist you in obtaining your professional goals?**

Tuition reimbursement

4. **If possible, what type of training would you like to attend that would be beneficial to your current position?**

a) Legal Updates

b) Search and Seizure

c) Narcotics Field Operation and Advance PEALS

5. **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**

YES

NO

6. **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**

YES

NO

**CAREER COUNSELING (continued)**

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES\_\_\_ NOX\_\_\_

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8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

My immediate supervisor. First step in the chain of command.

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9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES X\_\_\_ NO\_\_\_

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES X\_\_\_ NO\_\_\_

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never\_\_\_ Sometimes\_\_\_ Often X\_\_\_

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES X\_\_\_ NO\_\_\_

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Employee Name and Badge# Paul A. Styles #656

(PRINT)

Employee Signature: SGT. Paul A. Styles #656

Date: 28JAN08

Supervisor Signature: AAC004

Date: 2-21-08



# CMHA PD PERFORMANCE EVALUATION

Styles	P	656	Burdshaw	T	640
<i>Member's Last Name</i>	<i>First Initial</i>	<i>Badge #</i>	<i>Rated by Last Name</i>	<i>First Initial</i>	<i>Badge #</i>

Sergeant	Second Platoon	24MAR10
<i>Position</i>	<i>Assignment</i>	<i>Date</i>

RATING INSTRUCTIONS: Rate the member's performance in reference to the scale below by checking a rating value. Check the N/A Box if the evaluation does not apply to a member's assignment.

Unacceptable performance = 1 & 2                      Acceptable performance - 3, 4 & 5                      Superior performance = 6 & 7

### SECTION I- ATTITUDE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
Attitude Toward Work					XX				Accepts Additional Duties					XX				
Attitude Toward Public					XX				Exhibits Proper Grooming					XX				
Reports To Work On Time							XX		Clean Appearance					XX				
Reports Off As Required					XX				Courteous With Citizens					XX				
Call off/ Sick time usage							XX		Courteous With Other Members					XX				
Follows Orders			XX						Courteous With Other Employees					XX				
Obeys Rules and Regulations			XX						interaction With Other Ethnic Groups					XX				
Supports/ Complies With Department Goals					XX				Promotes CMHA / Community Partnership					XX				
Accepts Constructive Criticism						XX			Care of Vehicles and Equipment					XX				
Self Motivation						XX			Teamwork: Works Well With Others					XX				

### SECTION II: QUALITY OF WORK

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
<b>Reports</b>									<b>Communication</b>								
Organization					XX				Communicates effectively					XX			
Completeness					XX				Uses Proper Diction					XX			
Legible					XX				Controls Radio Traffic					XX			
Proper Grammar					XX				Monitors Security Systems					XX			

### SECTION III: PERFORMANCE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Reports Arrival and Completion Time				XX					MVA Record				XX				
Responds to / Dispatches assignments in timely manner				XX					Driving Ability				XX				
Investigative /Interviewing Ability				XX					Attends Court When Subpoenaed				XX				
Promptness of Required Reports				XX					Creativity in Handling Assignments				XX				
Ability to Multi-Task				XX					Meets Deadlines				XX				
Problem Solving Ability				XX					Community Relations Skills				XX				
Arrests (Consistent with Platoon Average)								NA	MMCs (Consistent with Platoon Average)								NA
UTTs (Consistent with Platoon Average)								NA	PINs (Consistent with Platoon Average)								NA
Knowledge of Policy and Procedures				XX					Familiar with Property Safety Systems				XX				
Knowledge of Laws and Ordinances				XX					Use of Computer				XX				
Identifies and Reports Hazards				XX					Maintains Positive Relationships				XX				

SECTION IV- INVESTIGATIONS

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Promptness of Required Reports				XX					Knowledge of Policy and Procedures				XX				
Maintains High-quality Case Files				XX					Cultivates Informants								NA
Search Warrant Completeness								NA	Investigates Cases in Timely Manner				XX				
Ability to Solve Assigned Cases				XX					Prosecutor Relationships				XX				
Creativity in Assignment Handling				XX					Knowledge of Laws and Ordinances				XX				
Keep Supervisors Informed of Matters				XX					Investigative Clearance Rate				XX				
Problem Solving Ability				XX					Community Relations Skills				XX				
Attends Court when Subpoenaed				XX					Grand Jury Packages								NA
Interview Skills				XX					Use of Computer				XX				
Ability to Multi-Task				XX					Escalates Critical Issues Appropriately				XX				

SECTION V- SUPERVISORS

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Monitors Performance of Members				XX					Promotes Departmental Goals					XX			
Timely Completion of Assignments				XX					Monitors Safety of Members					XX			
Discovers Employee Errors				XX					Monitors Use of Overtime				XX				
Offers Constructive Criticism				XX					Effectively Assigns Members				XX				
Recommends Appropriate Discipline				XX					Effectively Allocates Resources				XX				
Accepts and Assumes Responsibility				XX					Knowledge of Policy and Procedures				XX				
Delegates Authority Appropriately				XX					Ability to Multi-Task				XX				
Provides Leadership					XX				Knowledge of Law and Ordinances				XX				
Monitors Performance of Members				XX					Completes Assignments Timely				XX				

AREAS OF IMPROVEMENT NEEDED: Sgt. Styles has proven he is an effective leader and has the trust of the officers he supervises. I see no areas of improvement at this time needed.

GOALS FOR NEXT RATING PERIOD: None at this time.

TRAINING NEEDS TO ACCOMPLISH GOALS: None at this time.

COMMENTS: Sgt. Styles received verbal counseling for failing to obey an order in not notifying his personnel of SARA Meetings. Sgt. Styles was never late for duty nor did he call off sick. He is one of the most dependable supervisors this agency has. He is respected and always willing to help those that need it. He is very much an asset to our agency.

MEMBER	Sgt. David A. Styles # 656	DATE:	24MAY10
SUPERVISOR	Lt. [Signature]	DATE:	24MAY10
COMMANDER	[Signature]	DATE:	3-24-10
DEPUTY CHIEF	[Signature]	DATE:	3-25-10
CHIEF	Chief [Signature]	DATE:	4-7-10

# Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

<b>Styles</b> <i>Member's Last Name</i>	<b>P</b> <i>First Initial</i>	<b>658</b> <i>Badge #</i>	<b>Homerick</b> <i>Rated by Last Name</i>	<b>D</b> <i>First Initial</i>	<b>636</b> <i>Badge #</i>
--------------------------------------------	----------------------------------	------------------------------	----------------------------------------------	----------------------------------	------------------------------

<b>Sergeant</b> <i>Position</i>	<b>Complaint Investigation Unit</b> <i>Assignment</i>	<b>2/22/2011</b> <i>Date</i>
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**RATING INSTRUCTIONS:** Rate the member's performance in reference to the scale below by checking a rating value. Check the N/A Box if the evaluation does not apply to a member's assignment.

<b>REVIEW PERIOD</b>	<b>START</b>	<b>END</b>
	<b>1/1/2010</b>	<b>12/31/2010</b>

Unacceptable performance = 1 & 2

Acceptable performance = 3, 4 & 5

Superior performance = 6 & 7

## SECTION I: ATTITUDE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
Attitude Toward Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts Additional Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibits Proper Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports To Work On Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports Off As Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call off / Sick time usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Other Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obeys Rules and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interaction With Other Ethnic Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports/ Complies With Department Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotes CMHA / Community Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Vehicles and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teamwork: Works Well With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION II: QUALITY OF WORK

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
<b>Reports</b>									<b>Communication</b>									
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses Proper Diction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls Radio Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Security Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION III: PERFORMANCE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
Reports Arrival and Completion Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MVA Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to / Dispatches assignments in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigative/Interviewing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends Court When Subpoenaed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of Required Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creativity in Handling Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Multi-Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Relations Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrests (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MMCs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UTTs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PINs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Knowledge of Policy and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Familiar with Property Safety Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Laws and Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and Reports Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintains Positive Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III: PERFORMANCE, continued

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Maintains High-quality Case Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cultivates Informants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Search Warrant Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Investigates Cases in Timely Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Creativity in Assignment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Prosecutor Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Escalates Critical Issues Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grand Jury Packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Keep Supervisors Informed of Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigative Clearance Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION IV: SUPERVISORS

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Monitors Performance of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotes Departmental Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Completion of Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Safety of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovers Employee Errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Use of Overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effectively Assigns Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommends Appropriate Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effectively Allocates Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts and Assumes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delegates Authority Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Performance of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREAS OF IMPROVEMENT NEEDED

Sgt. Styles needs to keep his supervisors apprised of his activity and the status of his investigations.

GOALS FOR NEXT RATING PERIOD

Attend PELC to hone in on his skills as a leader.

TRAINING NEEDS TO ACOMPLISH GOALS

Attend PELC

COMMENTS

Sgt. Styles is becoming more organized in performing his job and it reflects in his performance. Sgt Styles does take on additional responsibility with no reservations and has vastly improved on the turn around of time sensitive assignments

MEMBER	<i>Sgt. Paul A. Styles</i>	DATE:	<i>23 FEB 11</i>
SUPERVISOR	<i>[Signature]</i>	DATE:	<i>23 FEB 11</i>
COMMANDER	<i>[Signature]</i>	DATE:	<i>23 Feb 11</i>
DEPUTY CHIEF	<i>[Signature] #602</i>	DATE:	<i>2-25-11</i>
CHIEF	<i>[Signature] Chief</i>	DATE:	<i>3/1/2011</i>

# Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

<b>Styles</b>	<b>P</b>	<b>658</b>	<b>Homerick</b>	<b>D</b>	<b>636</b>
<i>Member's Last Name</i>	<i>First Initial</i>	<i>Badge #</i>	<i>Rated by Last Name</i>	<i>First Initial</i>	<i>Badge #</i>

<b>Sergeant</b>	<b>Complaint Investigation Unit</b>	<b>2/22/2012</b>
<i>Position</i>	<i>Assignment</i>	<i>Date</i>

**RATING INSTRUCTIONS:** Rate the member's performance in reference to the scale below by checking a rating value. Check the N/A Box if the evaluation does not apply to a member's assignment.

REVIEW PERIOD	START	END
	1/1/2011	12/31/2011

Unacceptable performance = 1 & 2

Acceptable performance = 3, 4 & 5

Superior performance = 6 & 7

## SECTION I: ATTITUDE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
Attitude Toward Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts Additional Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibits Proper Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports To Work On Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports Off As Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call off/ Sick time usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Other Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obeys Rules and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interaction With Other Ethnic Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports/ Complies With Department Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotes CMHA / Community Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Vehicles and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teamwork: Works Well With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION II: QUALITY OF WORK

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
<b>Reports</b>									<b>Communication</b>									
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses Proper Diction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls Radio Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Security Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION III: PERFORMANCE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
Reports Arrival and Completion Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MVA Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to / Dispatches assignments in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigative/Interviewing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends Court When Subpoenaed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of Required Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creativity in Handling Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Multi-Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Relations Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrests (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MMCs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UTTs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PINs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Knowledge of Policy and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Familiar with Property Safety Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Laws and Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and Reports Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintains Positive Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION III: PERFORMANCE, continued

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Maintains High-quality Case Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cultivates Informants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Search Warrant Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Investigates Cases in Timely Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Creativity in Assignment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Prosecutor Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Escalates Critical Issues Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grand Jury Packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Keep Supervisors Informed of Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigative Clearance Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION IV: SUPERVISORS

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Monitors Performance of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotes Departmental Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Completion of Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Safety of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovers Employee Errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Use of Overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effectively Assigns Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommends Appropriate Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effectively Allocates Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts and Assumes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delegates Authority Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Performance of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREAS OF IMPROVEMENT NEEDED

Sgt. Styles needs to continue to monitor all investigations to assure that we stay within the time line so that if discipline needs to be imposed on any member that were with their contractual agreement.

GOALS FOR NEXT RATING PERIOD

TRAINING NEEDS TO ACOMPLISH GOALS

COMMENTS

Sgt. Styles has improved in the quaility of work Sgt Styles does take on additional responsibility with no reservations and has vastly improved on the turn around of time sensitive assignments.

MEMBER	<i>Sgt Paul A. Style #151</i>	DATE:	<i>22 FEB 12</i>
SUPERVISOR	<i>[Signature]</i>	DATE:	<i>22 FEB 12</i>
COMMANDER	<i>[Signature]</i>	DATE:	<i>2/22/12</i>
DEPUTY CHIEF		DATE:	
CHIEF	<i>[Signature]</i>	DATE:	<i>2/26/2012</i>

# Cuyahog Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

<b>Styles</b>	<b>P</b>	<b>656</b>	<b>Burdyslaw</b>	<b>T</b>	<b>640</b>
<i>Member's Last Name</i>	<i>First Initial</i>	<i>Badge #</i>	<i>Rated by Last Name</i>	<i>First Initial</i>	<i>Badge #</i>

<b>Sergeant</b>	<b>CIU</b>	<b>2/25/2013</b>
<i>Position</i>	<i>Assignment</i>	<i>Date</i>

**RATING INSTRUCTIONS:** Rate the member's performance in reference to the scale below by checking a rating value. Check the N/A Box if the evaluation does not apply to a member's assignment.

REVIEW PERIOD	START	END
	01/01/12	12/31/2012

Unacceptable performance = 1 & 2

Acceptable performance = 3, 4 & 5

Superior performance = 6 & 7

## SECTION I: ATTITUDE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
Attitude Toward Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts Additional Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhibits Proper Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports To Work On Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports Off As Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call off / Sick time usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Courteous With Other Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obeys Rules and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interaction With Other Ethnic Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports/ Complies With Department Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotes CMHA / Community Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Vehicles and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teamwork: Works Well With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION II: QUALITY OF WORK

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
<b>Reports</b>									<b>Communication</b>									
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses Proper Diction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls Radio Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Security Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## SECTION III: PERFORMANCE

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A	
Reports Arrival and Completion Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MVA Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to / Dispatches assignments in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Driving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigative/Interviewing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends Court When Subpoenaed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of Required Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creativity in Handling Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Multi-Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Relations Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrests (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MMCs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UTTs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PINs (Consistent with Platoon Average)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Knowledge of Policy and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Familiar with Property Safety Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Laws and Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and Reports Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintains Positive Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III: PERFORMANCE, continued

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Maintains High-quality Case Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultivates Informants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Search Warrant Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Investigates Cases in Timely Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity in Assignment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prosecutor Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalates Critical Issues Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grand Jury Packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Keep Supervisors Informed of Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigative Clearance Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV: SUPERVISORS

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Monitors Performance of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promotes Departmental Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Completion of Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Safety of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovers Employee Errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Use of Overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effectively Assigns Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommends Appropriate Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effectively Allocates Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts and Assumes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delegates Authority Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitors Performance of Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREAS OF IMPROVEMENT NEEDED

The only area of improvement is to ensure his investigations do not get behind and monitor the due dates.

GOALS FOR NEXT RATING PERIOD

Keep track of due dates. Look for any training to further his knowledge.

TRAINING NEEDS TO ACOMPLISH GOALS

Any form of Complaint Investigation Training. Also attending PELC or another form of leadership school.

COMMENTS

Sgt. Styles is a very positive and motivated supervisor. He always goes above and beyond his duties cultivating positive relationships with both employees and residents. He leads by example which reflects in his attendance, ability to follow orders and knowledge of departmental policies. He is dedicated and is an asset to the department.

MEMBER*	<i>Sgt. John A. Styles</i>	DATE:	<i>25 FEB 13</i>
SUPERVISOR	<i>[Signature]</i>	DATE:	<i>2-25-13</i>
COMMANDER	<i>[Signature]</i>	DATE:	<i>2-25-13</i>
DEPUTY CHIEF	<i>[Signature]</i>	DATE:	<i>2-25-13</i>
CHIEF	<i>[Signature]</i>	DATE:	<i>2/25/2013</i>

\* Signature is only an acknowledgment of receipt.

# Cuyanoga Metropolitan Housing Authority

## Employee Performance Appraisal

<b>Employee Name:</b>	Paul Styles	<b>Last Four Digits of Social:</b>	7073
<b>Employee Title:</b>	Police Sergeant	<b>Department:</b>	Police
<b>Supervisor Name:</b>	Thomas M. Burdyslaw	<b>Review Date:</b>	2/22/14
<b>Evaluation Period:</b>	From 01/01/13 To 12/31/13	<b>Type:</b>	<input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory <input type="checkbox"/> Union

**Instructions:**

The Employee Performance Appraisal is a set time the employee and supervisor plan together to build on strengths and develop those areas needing improvement. Objectives for this process include:  
 Restate expectations about job responsibilities and performance standards  
 Evaluate job performance  
 Discuss future development opportunities and relate them to CMHA's needs.  
 Assess performance with 12 performance factors.

The general definition of each Performance Level is provided below. The Performance Levels are associated with the employee's current job responsibilities and have been established with 12 overall Agency Performance Factors that relate to the employee's daily job responsibilities. When appraising an employee determine the Performance Level for each Performance Factor. **Comment are required.** If necessary, additional pages may be attached to this Performance Appraisal.

**Performance Levels:**

- |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Exceeds Expectations</b> | Performance consistently exceeded expectations in all essential areas of responsibility and the quality of work overall is excellent. Performance demonstrates a skill level that exceeds the basic requirements of the position. Employees are viewed as role models by the rest of the Agency. They are innovative in their approach to work and are able to positively influence functions outside of their span of control. |
| <b>Meets Expectations</b>   | Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames. Meets the expected levels of performance established by the supervisor.                                                                                                      |
| <b>Improvement Needed</b>   | Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.                                                                                                 |



# Employee Performance Appraisal – Supervisory



Name and Badge# Paul Styles 656

Date 2/22/14

## PERFORMANCE FACTORS

### Leadership

Supports the development of CMHA's vision, mission and departmental goals; provides clear direction and priorities; steps up to address difficult issues; demonstrates high standards of integrity engages staff and supports staff development. Monitors the performance of members and delegates authority properly.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments: Sgt. Styles has a high level of integrity. He leads by example, and will not tell someone to do something he would not do himself. He supports the goals of the department and its members. In his role in the Complaint Investigation Unit he tracks the agency discipline and sends out notification as to members status.

### Judgment/Decision Making

Shows good judgment and decisiveness; acts independently (and appropriately) when faced with Escalates critical issues; keeps supervisors informed of matters. Recommends appropriate discipl monitors the use of overtime; effectively assigns and allocates members. Able to efficiently mult projects and assignments. Demonstrates proper judgment and control while operating agency ve equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments: Sgt. Styles work independently conducting complaint investigations. He is able to make sound decisions and escalates critical issues. He recommends appropriate discipline should an investigation lead to that. He needs to focus on organization and time management when handling multiple investigations.

### Problem Solving

Develops creative and logical approaches when solving problems and addressing issues. Provide: alternatives. Identifies and reports hazards. Is creative in approach to handle an assignment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments: Sgt. Styles is creative in his approach to assignments. He is logical and able to address those issues that come up.

## Accountability

Proactively meets all established deadlines, reporting requirements, and established goals and objectives. Takes ownership and accepts responsibility for any mistakes or errors done within the area they are responsible for. Discovers employee errors. Attends court when subpoenaed.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles takes ownership and accepts responsibility for mistakes that he makes. He needs to focus on deadlines to ensure investigations are completed in timely manner.

## Interpersonal Relationships and Communication

The willingness and demonstrated ability to cooperate, work, and maintain effective courteous communication with co-workers, supervisors, subordinates and members of the public. Encourages the open expression of ideas and opinions. Provides clear, concise information and direction to others in verbal, written, electronic, and other communication formats.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles gets along with all members of the department and the residents. He needs to focus on being clear and concise when presenting his investigations or representing the department at hearing.

## Job Knowledge and Skills

The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description. Demonstrates knowledge of laws, ordinances and written directives. Communicates effectively using proper diction and controls radio communications. Dispatches, responds to assignments in a timely manner announcing arrival and completion times. Maintains effective monitoring of emergency and security systems. Demonstrates ability to conduct effective investigations and interviews. Maintains quality investigative files; demonstrates ability to effectively solve cases.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is well versed in his role as a supervisor. He knows the laws and demonstrates his ability to effectively lead others. He works multiple investigations and conducts multiple interviews in the course of those investigations.

## Dependability

The extent to which an employee follows standards, meets the time and attendance expectations counted upon to complete work assignments. Follows orders, complies with attendance policies, obeys written directives.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is a dedicated employee who does not call off ill. He is always punctual to work. He does need to focus on time management of his investigations. To ensure they are completed on time.

## Work Ethic

A set of positive values that the employee demonstrates in their work habits, including a positive attitude, punctuality, completing a task on time, and producing high quality work. Adapts to new situations in a positive manner. The extent to which an employee is a "self-starter;" seeks out new assignments, expands his/her skills and knowledge, and suggests better ways of accomplishing the job. Accepts constructive criticism.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles has an impeccable work ethic as to being positive and a self-starter. He is able to accept constructive criticism and learn from it. He needs to focus on completing his task on time.

## Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed timeframes. Address conflicts and problem situations with patience and tact. Maintains positive relations with stakeholders and members of the community.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles treats all those he comes in contact with, with respect. He is able to address conflicts with patience. He has positive relationships with all of those he works with.

## Quality of Work and Productivity

Work output matches the expectations established. Employee completes all assignments and submits reports in an organized, legible manner using proper grammar. Employee consistently meets deadlines. Resilient when responding to situations that are not going well; takes initiative to make improvements. Productive on assigned tasks and goals. Exhibits proper grooming and maintains a clean personal appearance. Demonstrates proper care of assigned equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles handles multiple investigations and need to work on his time management of those investigations. His investigations once complete are well organized and legible.

## Responsiveness to Co-Workers

Facilitates team in discussions in collaborative situations. Demonstrates consideration for other supervisors/ co-workers by arriving on-time for appointments. Oversees work time assignments, making alternative arrangements to cover work duties and planned absences and performing extra duties when asked. Maintains positive and courteous relationships with co-workers.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is always there when you need him. He will assist anyone who needs help without hesitation. He will take on any assignment given and never complains about it.

## Teamwork

Creates strong morale/spirit in his/her team. Shares wins and successes; fosters open dialogue; lets people finish and responsible for their work; creates a feeling of belonging. Demonstrates the ability to work well with others. Monitors the performance of members and ensures safety in the work environment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is the example that everyone should be given as to how a team member should be. He is always positive and creates an atmosphere that causes others to want to be part of the team. He will sacrifice his own time lines to help others with theirs.





# Cuyahoga Metropolitan Housing Authority

## Employee Performance Appraisal

### Overall Performance Assessment

**Key Strengths:**

Dependable  
Approachable  
Dedicated

**Specific areas where improvement is needed:**

Sgt. Styles needs to focus on his time management, deadlines are a key part of the investigations he conducts. He needs to stay organized at all times.  
He needs to ensure he is prepared and on point in the presentation of charges during disciplinary hearing, even conducting a mock prior to the hearing.

**Goals for the upcoming year (at least 3):**

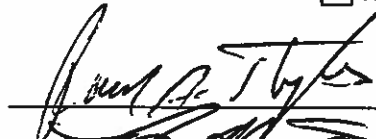
Work on your time management with investigations.  
Keep your office organized with organization, comes better time management  
Attend advanced training, PELC

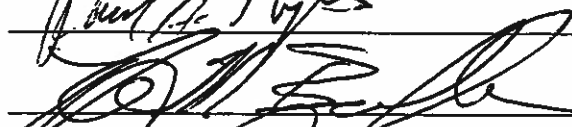
**Additional supervisor comments:**

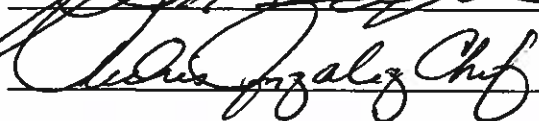
Sgt. Styles is a pleasure to work with. He is dedicated to the department, agency and residents of CMHA.

**Overall Rating for the Employee:**

Exceeds Expectations  
 Meets Expectations  
 Needs Improvement

**Employee Signature:**  **Date:** 27 FEB 14

**Supervisor Signature:**  **Date:** 2/27/14

**Department Director:**  **Date:** 2/27/2014



# Cuyahoga Metropolitan Housing Authority

## Employee Performance Appraisal – Self Evaluation

**Instructions:** Preparation for the performance review with your supervisor should begin with the employee completing a self-appraisal. The self-evaluation is designed to facilitate constructive discussion between the employee and manager in order to clarify performance objectives and provide feedback about the employee's performance with respect to skills and behaviors.

### Key Strengths:

Punctuality, ability to interact/communicate with all members. Ability to provide accurate information, good management skills, and processing of timely investigations. Writing skills, team player

### Specific areas where improvement is needed:

Hearing presentation preparedness. Decrease grammatical errors,

### Goals for the upcoming year (at least 3):

Seek additional training pertaining to CIU.

Completion of investigation within contractual timeframe.

To assist my immediate supervisor with additional assignments

### Additional employee comments:

As a twenty one (21) veteran police officer, I am totally committed to the vision and mission statement of the CMHA Police Department. I comply with all rules, regulations, policy and procedures as established by the Agency. It is my personal goal to arrive to work on time daily and provide/ apply my knowledge and skills that I have obtained through my career. I have no negative feelings towards supervision or my subordinates. I treat everyone I come in contact with the utmost respect that I expect to have.

### Overall Self Rating:

- Exceeds Expectations  
 Meets Expectations  
 Needs Improvement

Employee Name:

Paul A. Styles

Date:

Thursday, February 27, 2014

Department:

Police/ Security

Job Title:

Sergeant

Supervisor Name:

Thomas Burdyslaw



# Cuyahoga Metropolitan Housing Authority

## Employee Performance Appraisal

Employee Name: Paul Styles Last Four Digits of Social: 7073  
Employee Title: Police Sergeant Department: Police  
Supervisor Name: Thomas M. Burdyshaw Review Date: 21-Jan-2015  
Evaluation  
Period: From 1-Jan-2014 To 31-Dec-14 Type:  Supervisory  Non-Supervisory  Union

### Instructions:

The Employee Performance Appraisal is a set time the employee and supervisor plan together to build on strengths and develop those areas needing improvement. Objectives for this process include:

1. Restate expectations about job responsibilities and performance standards
2. Evaluate job performance
3. Discuss future development opportunities and relate them to CMHA's needs.
4. Assess performance with 12 performance factors.

The general definition of each Performance Level is provided below. The Performance Levels are associated with the employee's current job responsibilities and have been established with 12 overall Agency Performance Factors that relate to the employee's daily job responsibilities. When appraising an employee determine the Performance Level for each Performance Factor. **Comment are required.** If necessary, additional pages may be attached to this Performance Appraisal.

### Performance Levels:

- Exceeds Expectations** Performance consistently exceeded expectations in all essential areas of responsibility and the quality of work overall is excellent. Performance demonstrates a skill level that exceeds the basic requirements of the position. Employees are viewed as role models by the rest of the Agency. They are innovative in their approach to work and are able to positively influence functions outside of their span of control.
- Meets Expectations** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames. Meets the expected levels of performance established by the supervisor.
- Improvement Needed** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

**Cuyahoga Metropolitan Housing Authority**  
**Employee Performance Appraisal – Union**



Name and Badge# Paul Styles 656

Date 21-Jan-2015

**PERFORMANCE FACTORS**

**Leadership**

Supports the development of CMHA's vision, mission and departmental goals; provides clear direction and priorities; steps up to address difficult issues; demonstrates high standards of integrity engages staff and supports staff development. Monitors the performance of members and delegates authority properly.

- ✓
- Exceeds Expectations
  - Meets Expectations
  - Needs Improvement

Comments:

Sgt. Styles displays of high level of integrity and ethics. He is always willing to step up and do for others. Other supervisors often go to him for guidance and advice. In his current role as the OIC of the Complaint Investigation Unit he tracks members status as to their disciplinary status throughout the year and if early intervention is needed.

**Judgment/Decision Making**

Shows good judgment and decisiveness; acts independently (and appropriately) when faced with a problem. Escalates critical issues; keeps supervisors informed of matters. Recommends appropriate discipline; monitors the use of overtime; effectively assigns and allocates members. Able to efficiently multi-task projects and assignments. Demonstrates proper judgment and control while operating agency vehicle or equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is able to work independently and make sound judgments when an issue presents itself. He will escalate any incoming issues to the attention of his supervisor. He has come along in his organizational skills enabling him to multi-task more effectively.

**Problem Solving**

Develops creative and logical approaches when solving problems and addressing issues. Provides options and alternatives. Identifies and reports hazards. Is creative in approach needed to handle an assignment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles looks outside the box when following up on complaints. This always him to identify any risks or hazards he sees while working an investigation.

### Accountability

Proactively meets all established deadlines, reporting requirements, and established goals and objectives. Takes ownership and accepts responsibility for any mistakes or errors done within the area they are responsible for. Discovers employee errors. Attends court when subpoenaed.



- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles always accepts ownership of his mistakes. He will bring them to his supervisors attention and look for ways to correct them.

### Interpersonal Relationships and Communication

The willingness and demonstrated ability to cooperate, work, and maintain effective courteous communication with co-workers, supervisors, subordinates and members of the public. Encourages the open expression of ideas and opinions. Provides clear, concise information and direction to others in verbal, written, electronic, and other communication formats.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles works well with all of those he comes in contact with whether it be a member of the Police Department or our residents. He needs to work on his presentation skills when conducting disciplinary hearings.

### Job Knowledge and Skills

The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description. Demonstrates knowledge of laws, ordinances and written directives. Communicates effectively using proper diction and controls radio communications. Dispatches, responds to assignments in a timely manner announcing arrival and completion times. Maintains effective monitoring of emergency and security systems. Demonstrates ability to conduct effective investigations and interviews. Maintains quality investigative files; demonstrates ability to effectively solve cases.



- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is one of our senior sergeants, and has vast knowledge of his role in that position. He communicates with all members clearly and with authority along with compassion. He conducts multiple investigations at a time. He is effect in interviewing the residents without causing fear in them.

## Dependability

The extent to which an employee follows standards, meets the time and attendance expectations; can be counted upon to complete work assignments. Follows orders, complies with attendance policies and obeys written directives.



- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is one of the most dependable members of our department. He did not call off sick nor was he tardy. He has stayed on track in completing his investigations.

## Work Ethic

A set of positive values that the employee demonstrates in their work habits, including a positive attitude, punctuality, completing a task on time, and producing high quality work. Adapts to new situations in a positive manner. The extent to which an employee is a "self-starter;" seeks out new assignments, expands his/her skills and knowledge, and suggests better ways of accomplishing the job. Accepts constructive criticism.



- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is above most in how he approaches work. He shows a strong work ethic and is a self starter. He is always open to constructive criticism.

## Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed timeframes. Address conflicts and problem situations with patience and tact. Maintains positive relations with stakeholders and members of the community.



- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles treats everyone with respect and courtesy. He is the type of person who would give you the shirt off of his own back if you needed it. He gives back to his community volunteering with youth.

**Quality of Work and Productivity**

Work output matches the expectations established. Employee completes all assignments and submits reports in an organized, legible manner using proper grammar. Employee consistently meets deadlines. Resilient when responding to situations that are not going well; takes initiative to make improvements. Productive on assigned tasks and goals. Exhibits proper grooming and maintains a clean personal appearance. Demonstrates proper care of assigned equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles handles numerous investigations at a time. He has been able to monitor there due dates more effectively through the year. When complete they are organized and legible.

**Responsiveness to Co-Workers**

Facilitates team in discussions in collaborative situations. Demonstrates consideration for other supervisors/ co-workers by arriving on-time for appointments. Oversees work time assignments, making alternative arrangements to cover work duties and planned absences and performing extra duties when asked. Maintains positive and courteous relationships with co-workers.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is always there when you need him. He will never say no and is willing to help others.

**Teamwork**

Creates strong morale/spirit in his/her team. Shares wins and successes; fosters open dialogue; lets people finish and responsible for their work; creates a feeling of belonging. Demonstrates the ability to work well with others. Monitors the performance of members and ensures safety in the work environment.

- ✓  Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is the example that everyone should be given as to how a team member should be. He will sacrifice his own time lines to help others with theirs. He does this without any type of recognition.



# Cuyahoga Metropolitan Housing Authority

## Employee Performance Appraisal

### Overall Performance Assessment

#### Key Strengths:

High level of integrity and ethics.  
Friendly and approachable.  
Dependable

#### Specific areas where improvement is needed:

Continue to focus on time management to ensure timeliness is met.  
Work on developing your presentation skills when conducting hearings.

#### Goals for the upcoming year (at least 3):

Continue being aware of time management.  
Stay organized and focused on task with a checklist for each investigation.  
Look for training on conducting presentation effectiveness to hone your skills while presenting in hearing.

#### Additional supervisor comments:

Sgt. Styles is the type of supervisor that everyone should have on their team. He is dedicated to his profession and most importantly the people he serves.

Overall Rating for the Employee:

- Exceeds Expectations ✓  
 Meets Expectations  
 Needs Improvement

Employee Signature:

Sgt. Paul A. Styles #656

Date:

21-Jan-2015

Supervisor Signature:

[Signature]

Date:

1/21/15

Department Director:

[Signature]

Date:

3/29/2015





## Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal - Self Evaluation

**Instructions:** Preparation for the performance review with your supervisor should begin with the employee completing a self-appraisal. The self-evaluation is designed to facilitate constructive discussion between the employee and manager in order to clarify performance objectives and provide feedback about the employee's performance with respect to skills and behaviors.

**Key Strengths:**

Attentiveness, Punctual, and being able to complete assigned task in a specific time frame. Assisting in other areas where my knowledge is vital

**Specific areas where improvement is needed:**

My written communication skills has improved, however it still lack body. Preparing myself better for pre-disciplinary conferences.

**Goals for the upcoming year (at least 3):**

1. Better time frame submitting investigation.
2. Prepare and submit a policy
3. Keep my work space area in a more tidy manner

**Additional employee comments:**

With my recent graduation from PELC, my understand of matters of importance has been elevated.

**Overall Self Rating:**

- Exceeds Expectations  
 Meets Expectations  
 Needs Improvement

**Employee Name:**  
(Please print)

DG. Smith-Hyde

**Date:** 21JAN15

**Department:**

Police

**Job Title:** Sergeant

**Supervisor Name:**

Thomas M. Bivens



# Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal

Employee Name: Paul Styles Last Four Digits of Social: 7073  
 Employee Title: Sergeant Department: Police  
 Supervisor Name: Thomas M. Burdyslaw Review Date: 17 MAR 2016  
 Evaluation Period: From 1-Jan-2015 To 31-Dec-15 Type:  Supervisory  Non-Supervisory  Union

### Instructions:

The Employee Performance Appraisal is a set time the employee and supervisor plan together to build on strengths and develop those areas needing improvement. Objectives for this process include:

1. Restate expectations about job responsibilities and performance standards
2. Evaluate job performance
3. Discuss future development opportunities and relate them to CMHA's needs.
4. Assess performance with 12 performance factors.

The general definition of each Performance Level is provided below. The Performance Levels are associated with the employee's current job responsibilities and have been established with 12 overall Agency Performance Factors that relate to the employee's daily job responsibilities. When appraising an employee determine the Performance Level for each Performance Factor. **Comment are required.** If necessary, additional pages may be attached to this Performance Appraisal.

### Performance Levels:

- Exceeds Expectations** Performance consistently exceeded expectations in all essential areas of responsibility and the quality of work overall is excellent. Performance demonstrates a skill level that exceeds the basic requirements of the position. Employees are viewed as role models by the rest of the Agency. They are innovative in their approach to work and are able to positively influence functions outside of their span of control.
- Meets Expectations** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames. Meets the expected levels of performance established by the supervisor.
- Improvement Needed** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.



# Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal – Supervisory



Name and Badge# Paul Styles 656

Date 17-Mar-2016

## PERFORMANCE FACTORS

### Leadership

Supports the development of CMHA's vision, mission and departmental goals; provides clear direction and priorities; steps up to address difficult issues; demonstrates high standards of integrity engages staff and supports staff development. Monitors the performance of members and delegates authority properly.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles displays a high level of ethics. He leads by example always willing to help others and show guidance when needed. His level of integrity is above most and can be trusted with the most sensitive of information.

### Judgment/Decision Making

Shows good judgment and decisiveness; acts independently (and appropriately) when faced with a problem. Escalates critical issues; keeps supervisors informed of matters. Recommends appropriate discipline; monitors the use of overtime; effectively assigns and allocates members. Able to efficiently multi-task projects and assignments. Demonstrates proper judgment and control while operating agency vehicle or equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles current assignment in the Complaint investigation Unit enables him to make decisions independently. Most cases he works he has to make sound decision on his own during the investigation. He escalates any information he receives to his supervisor. He has the ability to handle multiple assignments at one time.

### Problem Solving

Develops creative and logical approaches when solving problems and addressing issues. Provides options and alternatives. Identifies and reports hazards. Is creative in approach needed to handle an assignment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles has to look at multiple factors when investigating complaints which he demonstrates the ability to do so. He is always thinking of different ways to handle an issue as they come at him.

## Accountability

Proactively meets all established deadlines, reporting requirements, and established goals and objectives. Takes ownership and accepts responsibility for any mistakes or errors done within the area they are responsible for. Discovers employee errors. Attends court when subpoenaed.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles always takes ownership for the mistakes he makes, and learns from those mistakes.

## Interpersonal Relationships and Communication

The willingness and demonstrated ability to cooperate, work, and maintain effective courteous communication with co-workers, supervisors, subordinates and members of the public. Encourages the open expression of ideas and opinions. Provides clear, concise information and direction to others in verbal, written, electronic, and other communication formats.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles works well with all he comes in contact with including fellow members of the department, CMHA employees and the resident. He continues to work on his presentation skills when presenting information during hearings.

## Job Knowledge and Skills

The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description. Demonstrates knowledge of laws, ordinances and written directives. Communicates effectively using proper diction and controls radio communications. Dispatches, responds to assignments in a timely manner announcing arrival and completion times. Maintains effective monitoring of emergency and security systems. Demonstrates ability to conduct effective investigations and interviews. Maintains quality investigative files; demonstrates ability to effectively solve cases.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is a senior sergeant who has a vast knowledge of not only his position but the needs of those around him. He is effective in his communication with all he comes in contact with. He maintains his investigative files and is very effective in his interviewing abilities.

## Dependability

The extent to which an employee follows standards, meets the time and attendance expectations; can be counted upon to complete work assignments. Follows orders, complies with attendance policies and obeys written directives.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is the most dependable person. You can always count on him being at work and on time. He never call off sick and follows all rules and regulations.

## Work Ethic

A set of positive values that the employee demonstrates in their work habits, including a positive attitude, punctuality, completing a task on time, and producing high quality work. Adapts to new situations in a positive manner. The extent to which an employee is a "self-starter;" seeks out new assignments, expands his/her skills and knowledge, and suggests better ways of accomplishing the job. Accepts constructive criticism.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles takes great pride in his work ethic and it shows in the quality of the investigations he conducts. He is a self starter and is always open to constructive criticism.

## Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed timeframes. Address conflicts and problem situations with patience and tact. Maintains positive relations with stakeholders and members of the community.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles treat everyone he comes into contact with how he would like to be treated. In his current assignment investigating complaints he shows compassion and understanding when people are angry or frustrated with the officer they came in contact with. He listens and empathizes with them.

**Quality of Work and Productivity**

Work output matches the expectations established. Employee completes all assignments and submits reports in an organized, legible manner using proper grammar. Employee consistently meets deadlines. Resilient when responding to situations that are not going well; takes initiative to make improvements. Productive on assigned tasks and goals. Exhibits proper grooming and maintains a clean personal appearance. Demonstrates proper care of assigned equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles handles multiple investigations at a time. He continues to improve on his time management and organizational skills.

**Responsiveness to Co-Workers**

Facilitates team in discussions in collaborative situations. Demonstrates consideration for other supervisors/ co-workers by arriving on-time for appointments. Oversees work time assignments, making alternative arrangements to cover work duties and planned absences and performing extra duties when asked. Maintains positive and courteous relationships with co-workers.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is always there when you need him. He will help other even if it causes him to set his own assignments aside.

**Teamwork**

Creates strong morale/spirit in his/her team. Shares wins and successes; fosters open dialogue; lets people finish and responsible for their work; creates a feeling of belonging. Demonstrates the ability to work well with others. Monitors the performance of members and ensures safety in the work environment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles is the agency example of teamwork. Always willing to help others.



# Cuyahoga Metropolitan Housing Authority

## Employee Performance Appraisal

### Overall Performance Assessment

**Key Strengths:**

Highly motivated  
High level of integrity and ethics  
dependable  
approachable

**Specific areas where improvement is needed:**

Continue to track timeliness of investigations.  
Stay organized  
Continue to work on your presentation skills

**Goals for the upcoming year (at least 3):**

Stay Organization  
Stay on time with investigations  
Look for training on effective presentations.

**Additional supervisor comments:**

Sgt. -Styles is a pleasure to supervisor. He is a dedicated member of our department whop you can always count on. I have faith that he will reach his goal of becoming a Lieutenant with our agency in the future.

**Overall Rating for the Employee:**

Exceeds Expectations  
 Meets Expectations  
 Needs Improvement

Employee Signature: SGT. Paul A. Styles #156

Supervisor Signature: [Signature]

Department Director: [Signature]

Date: 17-Mar-2016

Date: 17-Mar-2016

Date: 4/26/2016



# Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal - Self Evaluation

**Instructions:** Preparation for the performance review with your supervisor should begin with the employee completing a self-appraisal. The self-evaluation is designed to facilitate constructive discussion between the employee and manager in order to clarify performance objectives and provide feedback about the employee's performance with respect to skills and behaviors.

**Key Strengths:**  
Accountability, Dependability, Punctuality, Communication

**Specific areas where improvement is needed:**  
Oran Presentation

**Goals for the upcoming year (at least 3):**  
1. To be promoted  
2. Prepare and submit policies  
3. Submit investigations timely

**Additional employee comments:**  
In the fall of 2014, I attended PELC, prior to that I was getting by still being professional and learning as I go. Since I graduated from PELC, I see the vision more clearly. Alot is off my shoulders, and I acn be a better leader.

**Overall Self Rating:**

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

**Employee Name:** Paul A. Styles **Date:** 12/23/2015  
(Please print)  
**Department:** Police/ Security **Job Title:** \_\_\_\_\_  
**Supervisor Name:** Sergeant





Appendix B

# Performance Evaluation Signature Page

Employee being evaluated: Paul STYLES

Immediate Supervisor : \_\_\_\_\_ Date of Review: \_\_\_\_\_

Comments:

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Lieutenant : \_\_\_\_\_ Date of Review: \_\_\_\_\_

Comments:

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Commander: *A. M. Burchard* Date of Review: 8/13/17

Comments:

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Deputy Chief: *Angelo DeLuca* Date of Review: 3/13/17

Comments:

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Chief: *Richard J. Jozilez* Date of Review: 3/13/2017

Comments:

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## Manager Evaluation Instructions

Styles, Paul

<b>Employee Id</b> 1784	<b>Name</b> Styles, Paul
<b>Job Title</b> Police Sergeant - Nopba	<b>Job Id</b> 17033
<b>Job Grade</b> 1	<b>Supervisor</b> Burdyslaw, Thomas

### Competencies

Competencies.

#### 1.C. Honesty/Integrity (Value: Commitment)

**Description** Behaves in an honest, fair and ethical manner; Shows consistency in words and actions; Holds oneself to the highest level of ethical standard within the industry, Shares information accurately, completely and appropriately.

**Self Rating**

**Self Comment**

**Rating** 3 - Exceed Expectations ✓

**Comment** Sgt. Styles is honest and ethical. He handles all citizens complaints into the department ad holds himself to a high ethical standard.

#### 2.A. Dependability, Adaptability/Flexibility (Value: Accountability)

**Description** **Dependability:** Takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; Follows through on commitments; Implements decisions that have been agreed upon; Maintains confidentiality with sensitive information; Acknowledges and learns from mistakes without blaming others; Recognizes the impact of one's behavior on others. **Adaptability/Flexibility:** Adapts to changing business needs, conditions and situations in a positive manner; Displays openness to training and application of new skill; Displays and ongoing commitment to learning and self-improvement.

**Manager Evaluation Instructions: Styles, Paul****Self Rating****Self Comment****Rating**

2 - Meets Expectations ✓

**Comment**

Sgt. Styles is dependable but does need to focus on the quality of his work when handling hearings. He needs to ensure he is prepared.

**2.A. Written/Verbal Communication, Comprehension/Listening (Value: Accountability)****Description**

Written Communication/Comprehension: Demonstrates the ability to express ideas, thoughts, and concepts clearly and effectively in writing using correct and appropriate grammar, organization and structure; Demonstrates the ability to understand and execute written instructions. Verbal Communication/Listening: Demonstrates the ability to convey thoughts and express ideas effectively using speech in individual or group settings; Attends to and fully comprehends what others are saying; Demonstrates the ability to understand and execute verbal instructions.

**Self Rating****Self Comment****Rating**

2 - Meets Expectations ✓

**Comment**

Sgt. Styles is accountable for his work. He is able to provide a clear written report, but need to focus on his verbal presentations.

**3.R. Interpersonal Skills, Relationship Building (Value: Respect)****Description**

Interpersonal Skills: Ability to interact positively and to relate with others; Treats others with courtesy, sensitivity, and respect; Considers and responds to the needs and feelings of different people in different situations; Demonstrates politeness and empathy in interactions with others. Relationship Building: Builds constructive working relationships characterized by a high level of acceptance, cooperation, and mutual respect; Exhibits a high level of willingness and ability to cooperate and effectively communicate with residents, colleagues, supervisors,

**Manager Evaluation Instructions: Styles, Paul**

and outside vendors; Works to achieve common goals.

**Self Rating**

**Self Comment**

**Rating**

3 - Exceed Expectations ✓

**Comment**

Sgt. Styles works well with all members of the department and the agency.

**3.R. Service Orientation (Value: Respect)**

**Description**

Acts professionally and calmly at all times when interacting with others; Consistently demonstrates concern and courtesy towards others; Treats all people fairly and respectfully at all times; Responds to customer needs within agree time frames; Addresses conflicts and problem situations with patience and tact.

**Self Rating**

**Self Comment**

**Rating**

3 - Exceed Expectations ✓

**Comment**

Sgt. Styles is professional and able to communicate with other respectfully. He treats those he comes in contact with how he would like to be treated.

**4.E. Job Knowledge (Value: Excellence)**

**Description**

Ensures job knowledge and skills are current and valuable; Demonstrates ability to apply practical and/or technical knowledge to specific tasks/assignments; Demonstrates job knowledge through ability to successfully execute duties outline the the job description.

**Self Rating**

**Manager Evaluation Instructions: Styles, Paul****Self Comment****Rating**

2 - Meets Expectations ✓

**Comment**

Sgt. Styles is able to effectively conduct his investigation and perform his duties.

**4.E. Productivity, Quality of Work (Value: Excellence)****Description**

Productivity: Strives to consistently produce high quality results in an efficient and timely manner; Maintains focus and perseveres in the face of obstacles; Uses time efficiently and responds quickly and constructively when confronted with challenges; Prioritizes tasks based on importance/urgency. Quality of Work: Extent to which work outputs match quality standards/set expectations; Completes all tasks/assignments successfully and with a high level of proficiency; Corrects any and all errors and learns from them to reduce future errors; Strives to consistently deliver high level of quality/product/service to all clients/residents/colleagues/supervisors.

**Self Rating****Self Comment****Rating**

2 - Meets Expectations ✓

**Comment**

Sgt. Styles is easy to talk to and accepts constructive criticism. He needs to focus on task at hand and not be interrupted by outside issues.

**4.S. Consistency/Compliance, Detail Orientation (Value: Safety)****Description**

Consistency/Compliance: Follows departmental and Agency-wide workplace safety standards and CMHA regulations; Understand and adheres to all workplace policies as states in the AO11; Adheres to all workplace and trade safety laws, regulations, standards and practices. Detail Orientation: Follows departmental and Agency-wide workplace safety standards and CMHA regulations; Understand and adheres to all workplace policies as stated in the AO11; Adheres to all workplace and trade safety laws, regulations, standards and practices.

**Manager Evaluation Instructions: Styles, Paul**

**Self Rating**

**Self Comment**

**Rating** 3 - Exceed Expectations ✓

**Comment** Sgt. Styles follows all agency workplace safety standards.

5.C. Coaching/Mentoring (Value: Commitment)

**Description** Provides timely guidance and feedback to help others strengthen specific knowledge/skill areas needed on the job; Reinforces efforts and progress; Provides instruction, positive models, and opportunities for learning in order to help others develop skills; Clarifies expected behaviors, knowledge and levels of proficiency by seeking/giving information and checking for understanding.

**Self Rating**

**Self Comment**

**Rating** 3 - Exceed Expectations ✓

**Comment** Sgt. Styles is always willing to assist and guide others when they need help.

6.A. Leadership (Value: Accountability)

**Description** Creates a vision or goal for one's department and communicates it in a way that motivates others to implement it; Accepts responsibilities and acts on them; Develops trust and credibility; Expects honest and ethical behavior of self and others; Creates opportunities for success.

**Self Rating**

**Self Comment**

**Rating** 3 - Exceed Expectations ✓

**Manager Evaluation Instructions: Styles, Paul**

**Comment** Sgt. Styles demonstrates leadership in what he does daily. He communicates well with others and expects others to be ethical and hold themselves to the highest standards.

**7.R. Inclusiveness (Value: Respect)**

**Description** Shows respect for people and their differences; Promotes fairness and equality; Engages the talents, experiences, and capabilities of others; Fosters a sense of belonging; Works to understand the perspectives of others.

**Self Rating**

**Self Comment**

**Rating** 3 - Exceed Expectations ✓

**Comment** Sgt. Styles is always respectful and fair to those he comes in contact with.

**8.E. Managing Resources (Value: Excellence)**

**Description** Allocates time and resources efficiently and effectively; Prioritizes work and delegates as appropriate; Implements processes and works to significantly reduce risk on CMHA.

**Self Rating**

**Self Comment**

**Rating** 2 - Meets Expectations ✓

**Comment** Sgt. Styles needs to ensure he focus on effective organization of his assignments to not get overwhelmed or behind.

## Manager Evaluation Instructions: Styles, Paul

### 9.S. Judgement/Decision Making (Value: Safety)

**Description** Keeps the Agency's mission at the forefront of decision making and action; Demonstrates the ability to make decisions authoritatively and wisely, after adequately considering various available courses of action; Understands CMHA's overall mission and aligns priorities to Agency goals; Considers the impact of an action or decision on residents and the Authority; Refrains from jumping to conclusions and takes time to collect facts before decision making.

**Self Rating**

**Self Comment**

**Rating** 2 - Meets Expectations ✓

**Comment** Sgt. Styles follows the departments core values.

### **Competencies**

**Self Rating**

**Self Comment**

**Rating** 3 - Exceed Expectations ✓

**Comment** Sgt. Styles is trusted with investigating complaints against our department members. He is fair and treats everyone with respect. He needs to focus on preparation for hears in which he has to verbal present facts.



**Manager Evaluation Instructions: Styles, Paul**

**Overall Rating & Comments**

Self Rating

Self Comment

Rating            3 - Exceed Expectations ✓

Comment            Sgt. Styles is trusted with investigating complaints against our department members. He is fair and treats everyone with respect. He needs to focus on preparation for hears in which he has to verbal present facts.

**Employee Signoff**

I hereby certify that I have read and reviewed this evaluation. Further, I understand that this document represents my performance appraisal for the past year. I also acknowledge that I have had time to consider this evaluation and make any appropriate responses. By signing this I acknowledge only receipt of the evaluation and do not imply agreement or certification of its contents. I understand I am responsible for handling any disputes about its contents with the Human Resources Department.

Comment

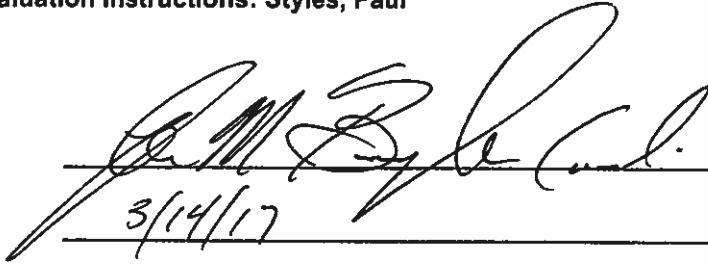
Signature            Paul A. Styles #656  
Date                    14 Mar 17

**Manager Signoff**

Comment

**Manager Evaluation Instructions: Styles, Paul**

Signature

  
\_\_\_\_\_

Date

3/14/17  
\_\_\_\_\_

**2016 Annual Performance Appraisal Form**  
**CMHA CARES: Commitment, Accountability, Respect, Excellence, Safety**  
**Part 2: Team Member Competencies for PD Managers**

Name and Badge# Paul Styles Rater and Badge# 656 Date 3/9/17

**5.C. Teamwork**

Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; actively participates as a member of the team.

- ✓  Exceeds Expectations  
 Meets Expectations  
 Needs Improvement

Comments:

Sgt. Styles works well with all he comes in contact with. He is an active participant in conversations.

**6.A. Attendance/  
Punctuality**

Consistently meets all CMHA policies and standards for attendance and punctuality; has a thorough understanding of CMHA timekeeping policies and procedures; Reports to scheduled training classes and/or meetings on time and prepared.

- ✓  Exceeds Expectations  
 Meets Expectations  
 Needs Improvement

Comments:

Sgt. Styles complies with timekeeping and attendace policy.

**7.R. Positive Attitude**

Has a positive disposition towards others and their jobs/work; Spreads optimistic outlook to others; Continues to be upbeat even when a situation is not ideal

- ✓  Exceeds Expectations  
 Meets Expectations  
 Needs Improvement

Comments:

Sgt. Styles is positive and willing to assist with anything asked of him.

**8.E. Customer Focus**

Listens to customers/residents (internal or external) and addresses needs and concerns; Keeps customers informed by providing status reports and progress updates; Delivers on service commitments; Meets established or agreed upon deadlines; Maintains supportive relationships with customers; Uses initiative to improve outcomes, processes or measurements.

- ✓  Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles works well with all he comes in contact with.

**9.S. Safety Culture/  
Awareness**

Identifies and seeks to correct conditions that affect employee and resident safety; Upholds CMHA safety standards; Attends and actively participates in mandatory safety-related training courses; Promotes a culture of safety in his/her workplace and on the job.

- ✓  Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Sgt. Styles upholds all safety standards.

**Self Evaluation Instructions**  
**Styles, Paul**

<b>Employee Id</b> 1784	<b>Name</b> Styles, Paul
<b>Job Title</b> Police Sergeant - Nopba	<b>Job Id</b> 17033
<b>Job Grade</b> 1	<b>Supervisor</b> Burdyslaw, Thomas

**Competencies**

Competencies.

1.C. Honesty/Integrity (Value: Commitment)

**Description** Behaves in an honest, fair and ethical manner; Shows consistency in words and actions; Holds oneself to the highest level of ethical standard within the industry; Shares information accurately, completely and appropriately.

**Rating** 3 - Exceed Expectations

**Comment** I believe I have demonstrated competence in the performance of my job duties. The standard operating procedures that governs complaint investigation along with techniques learned from advanced training enables me to perform my duties at peak level. My finished work are seldom returned to me for corrections.

2.A. Dependability, Adaptability/Flexibility (Value: Accountability)

**Description** Dependability: Takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; Follows through on commitments; Implements decisions that have been agreed upon; Maintains confidentiality with sensitive information; Acknowledges and learns from mistakes without blaming others; Recognizes the impact of one's behavior on others. Adaptability/Flexibility: Adapts to changing business needs, conditions and situations in a positive manner; Displays openness to training and application of new skill; Displays and ongoing commitment to learning and self-improvement.

**Rating** 3 - Exceed Expectations

## Self Evaluation Instructions: Styles, Paul

**Comment** My dependability to CMHA is above reproach. My attendance speaks for itself. I strive to make it to work on time and to start my duties in a timely manner. I sometimes sacrifice arriving to work earlier than my scheduled starting time and staying later to complete my assignments in a timely manner.

### 2.A. Written/Verbal Communication, Comprehension/Listening (Value: Accountability)

**Description** Written Communication/Comprehension: Demonstrates the ability to express ideas, thoughts, and concepts clearly and effectively in writing using correct and appropriate grammar, organization and structure; Demonstrates the ability to understand and execute written instructions. Verbal Communication/Listening: Demonstrates the ability to convey thoughts and express ideas effectively using speech in individual or group settings; Attends to and fully comprehends what others are saying; Demonstrates the ability to understand and execute verbal instructions.

**Rating**

**Comment**

### 3.R. Interpersonal Skills, Relationship Building (Value: Respect)

**Description** Interpersonal Skills: Ability to interact positively and to relate with others; Treats others with courtesy, sensitivity, and respect; Considers and responds to the needs and feelings of different people in different situations; Demonstrates politeness and empathy in interactions with others. Relationship Building: Builds constructive working relationships characterized by a high level of acceptance, cooperation, and mutual respect; Exhibits a high level of willingness and ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside vendors; Works to achieve common goals.

**Rating**

**Comment**

## Self Evaluation Instructions: Styles, Paul

### 3.R. Service Orientation (Value: Respect)

**Description** Acts professionally and calmly at all times when interacting with others; Consistently demonstrates concern and courtesy towards others; Treats all people fairly and respectfully at all times; Responds to customer needs within agree time frames; Addresses conflicts and problem situations with patience and tact.

**Rating**

**Comment**

### 4.E. Job Knowledge (Value: Excellence)

**Description** Ensures job knowledge and skills are current and valuable; Demonstrates ability to apply practical and/or technical knowledge to specific tasks/assignments; Demonstrates job knowledge through ability to successfully execute duties outline the the job description.

**Rating**

**Comment**

### 4.E. Productivity, Quality of Work (Value: Excellence)

**Description** Productivity: Strives to consistently produce high quality results in an efficient and timely manner; Maintains focus and perseveres in the face of obstacles; Uses time efficiently and responds quickly and constructively when confronted with challenges; Prioritizes tasks based on importance/urgency. Quality of Work: Extent to which work outputs match quality standards/set expectations; Completes all tasks/assignments successfully and with a high level of proficiency; Corrects any and all errors and learns from them to reduce future errors; Strives to consistently deliver high level of quality/product/service to all clients/residents/colleagues/supervisors.

**Rating**

**Comment**

## Self Evaluation Instructions: Styles, Paul

### 4.S. Consistency/Compliance, Detail Orientation (Value: Safety)

**Description** Consistency/Compliance: Follows departmental and Agency-wide workplace safety standards and CMHA regulations; Understand and adheres to all workplace policies as states in the AO11; Adheres to all workplace and trade safety laws, regulations, standards and practices. Detail Orientation: Follows departmental and Agency-wide workplace safety standards and CMHA regulations; Understand and adheres to all workplace policies as stated in the AO11; Adheres to all workplace and trade safety laws, regulations, standards and practices.

**Rating**

**Comment**

### 5.C. Coaching/Mentoring (Value: Commitment)

**Description** Provides timely guidance and feedback to help others strengthen specific knowledge/skill areas needed on the job; Reinforces efforts and progress; Provides instruction, positive models, and opportunities for learning in order to help others develop skills; Clarifies expected behaviors, knowledge and levels of proficiency by seeking/giving information and checking for understanding.

**Rating**

**Comment**

### 6.A. Leadership (Value: Accountability)

**Description** Creates a vision or goal for one's department and communicates it in a way that motivates others to implement it; Accepts responsibilities and acts on them; Develops trust and credibility; Expects honest and ethical behavior of self and others; Creates opportunities for success.

**Rating**

**Comment**



## Self Evaluation Instructions: Styles, Paul

### 7.R. Inclusiveness (Value: Respect)

**Description** Shows respect for people and their differences; Promotes fairness and equality; Engages the talents, experiences, and capabilities of others; Fosters a sense of belonging; Works to understand the perspectives of others.

**Rating**

**Comment**

### 8.E. Managing Resources (Value: Excellence)

**Description** Allocates time and resources efficiently and effectively; Prioritizes work and delegates as appropriate; Implements processes and works to significantly reduce risk on CMHA.

**Rating**

**Comment**

### 9.S. Judgement/Decision Making (Value: Safety)

**Description** Keeps the Agency's mission at the forefront of decision making and action; Demonstrates the ability to make decisions authoritatively and wisely, after adequately considering various available courses of action; Understands CMHA's overall mission and aligns priorities to Agency goals; Considers the impact of an action or decision on residents and the Authority; Refrains from jumping to conclusions and takes time to collect facts before decision making.

**Rating**

**Comment**

## Self Evaluation Instructions: Styles, Paul

### Competencies

**Rating**                    **3 - Exceed Expectations**

**Comment**

### Overall Rating & Comments

**Rating**                    **3 - Exceed Expectations**

**Comment**                I am well competent to perform the job duties as required for my position. I believe I have demonstrated the qualities as well as going above and beyond what is required to achieve the goals and mission.

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT  
**ANNUAL PERFORMANCE APPRAISAL**

<b>MEMBER NAME:</b> Sergeant Paul Styles	<b>EVALUATOR:</b> Lieutenant Dale Homerick	<b>DATE:</b> 25JUN19
------------------------------------------	--------------------------------------------	----------------------

**APPRAISAL PERIOD**

<b>FROM:</b> 01-01-2018	<b>TO:</b> 12-31-2018
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<p><b>HONESTY / INTEGRITY</b></p> <p>Core Values:</p> <p><b>Accountability &amp; Tenacity</b></p>	<p>Behaves in an honest, fair and ethical manner; shows consistency in words and actions; holds oneself to the highest level of ethical standards; shares information accurately, completely and appropriately.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b>            Sgt Styles hold himself to a high level of ethical standards. Sgt Drew has always displayed honest, and shares information accurately and appropriately.</p>

<p><b>COMMUNICATIONS</b></p> <p>Core Values:</p> <p><b>Respect &amp; Understanding</b></p>	<p>Ability to express ideas and concepts clearly; effective in writing using correct grammar and structure; ability to understand and execute instructions; ability to convey thoughts and express ideas effectively; attends to and fully comprehends what others are saying; ability to understand and execute verbal instructions.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b>            Sgt Styles is able to express his ideas verbally, he understands and follows instructions and comprehends what others are saying. However Sgt Styles needs to improve on being a more effective writer and using correct grammar and structures when it comes to reports.</p>

<p><b>INTERPERSONAL SKILLS</b></p> <p>Core Values:</p> <p><b>Respect &amp; Understanding</b></p>	<p>Interacts positively with others; treats others with courtesy, sensitivity, and respect; considers the feelings of people in different situations; demonstrates politeness and empathy; builds constructive relationships; ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside stakeholders; works to achieve common goals.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b>            Sgt Styles positively interacts with others. Sgt Styles is always courteous and respects others opinions and views. He has built positive relationships with his peers and managers.</p>

<p align="center"><b>SERVICE</b></p> <p>Core Values: Excellence / Respect / Service</p>	<p>Acts professionally and calmly at all times when interacting with others; demonstrates concern and courtesy towards others; treats all people fairly and respectfully at all times; responds to customer needs within agreed upon time frames; addresses conflicts and problem situations with patience and tact; listens to customers / residents and addresses needs and concerns; keeps customers informed by providing status reports and progress updates; meets established or agreed upon deadlines; uses initiative to improve outcomes.</p>
<p><input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles treats everyone fair and equally. Sgt Styles does not show favoritism or give special treatments.</p>

<p align="center"><b>JOB KNOWLEDGE</b></p> <p>Core Values: Excellence &amp; Training</p>	<p>Ensures job knowledge and skills are current and valuable; demonstrates ability to apply practical and technical knowledge to specific tasks / assignments; demonstrates job knowledge through the ability to successfully execute duties outlined in the job description.</p>
<p><input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles is familiar with the Rules and Regulations and Policy and Procedures of the agency. Sgt Styles does take it upon himself to stay current with new and changed laws and ordinances.</p>

<p align="center"><b>PRODUCTIVITY</b></p> <p>Core Values: Commitment / Tenacity / Service</p>	<p>Strives to produce high quality results; focuses and perseveres in the face of obstacles; uses time efficiently when confronted with challenges; prioritizes tasks based on importance / urgency; work outputs match quality standards / set expectations; completes tasks / assignments with a high level of proficiency; corrects errors and learns from them to reduce future errors; consistently delivers high level of service to all clients / residents / colleagues and supervisors; takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; follows through on commitments; acknowledges and learns from mistakes without blaming others; adapts to changing business needs; conditions and situations in a positive manner; displays openness to training and application of new skills and self-improvement.</p>
<p><input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles does complete his daily assignments in a timely manner and complete the day to day operations and task without any problems. Sgt Styles needs to work on time management when given assignments that have expected completion dates and assure the assignment is complete and turned in.</p>

<p align="center"><b>TEAMWORK</b></p> <p align="center">Core Values:</p> <p align="center"><b>Commitment &amp; Tenacity</b></p>	<p>Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; actively participates as a member of the team.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles is always willing to help his peers and fellow officers. Sgt Styles on several occasion has shown where he has stepped up and assisted others when there work load was over burden.</p>

<p align="center"><b>ATTENDANCE</b></p> <p align="center">Core Values:</p> <p align="center"><b>Accountability &amp; Understanding</b></p>	<p>Meets all CMHA policies and standards for attendance and punctuality; has a thorough understanding of CMHA timekeeping policies and procedures; reports to scheduled training classes and / or meetings on time and prepared.</p>
<p><input checked="" type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles has used less than 40 hrs of Sick Time. Sgt Styles has always been on time and is always prepared to start work.</p>

**FOR SUPERVISORS:**

<p align="center"><b>COACHING &amp; MENTORING</b></p> <p align="center">Core Values:</p> <p align="center"><b>Accountability &amp; Training</b></p>	<p>Provides timely guidance and feedback to help others strengthen specific knowledge / skill; reinforces efforts and progress; provides instruction, positive role modeling, and opportunities for learning; clarifies expected behaviors and levels of proficiency by seeking and giving information and checking for understanding.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles is very proactive when it comes to monitoring and mentoring our members. Sgt Styles is always there to make sure that our members have the tools to do their job and to give them guidance when needed.</p>

<p align="center"><b>LEADERSHIP</b></p> <p align="center">Core Values:</p> <p align="center"><b>Accountability &amp; Tenacity</b></p>	<p>Creates a vision or goal and communicates in a way that motivates others to implement it; accepts responsibilities and acts on them; develops trust and credibility; expects honest and ethical behavior of self and others; creates opportunities for success.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles follows the vision of the agency and motivates our members to do the same. Sgt Styles acts in a professional manner and guides our members to do the same.</p>

<b>INCLUSIVENESS</b>  Core Values:  <b>Commitment / Understanding / Respect</b>	Shows respect for people and their differences; promotes fairness and equality; engages the talents, experiences, and capabilities of others; fosters a sense of belonging; works to understand the perspectives of others.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	<b>Comments:</b> Sgt Styles leads by example and treats everyone fair and equally. Sgt Styles does not play favoritisms and is always there to listen to others have to say.

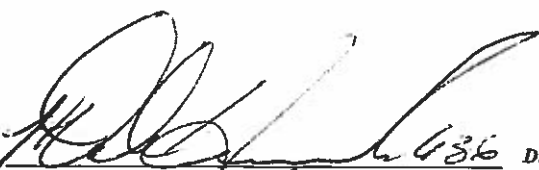
<b>MANAGING RESOURCES</b>  Core Values:  <b>Excellence &amp; Safety</b>	Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	<b>Comments:</b> Although Sgt Styles meets expectations he needs to focus on the assignment and assure that they get completed in a timely manner.

<b>JUDGMENT &amp; DECISION MAKING</b>  Core Values:  <b>Commitment / Understanding / Safety</b>	Keeps the mission at the forefront of decision making and action; ability to make decisions authoritatively and wisely; understands CMHA's mission and prioritizes goals; considers the impact of actions or decisions on residents and the Authority; refrains from jumping to conclusions, and takes time to collect facts before making decisions.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	<b>Comments:</b> Sgt Styles when it comes to making decisions keeps the agency best interest in mind. Sgt Styles listens to facts before making any decision.

<b>OVERALL APPRAISAL</b>	<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement
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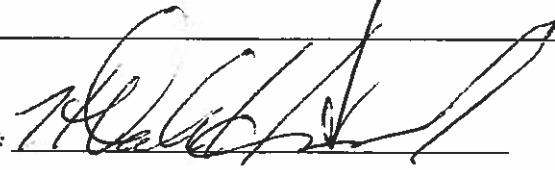
Member's signature and date:

Sgt. Paul A. Styles 6/5/16

IMMEDIATE SUPERVISOR:  436 Date of Review: 6/26/19

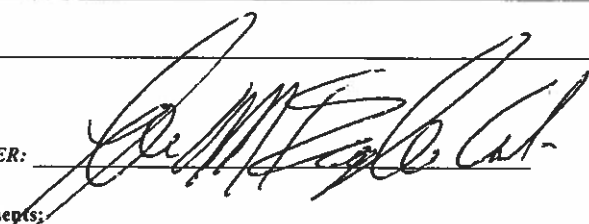
Comments:

\_\_\_\_\_

LIEUTENANT:  Date of Review: 6/27/19

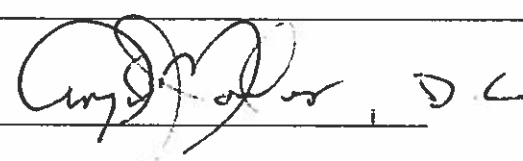
Comments:

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COMMANDER:  Date of Review: 6/27/19

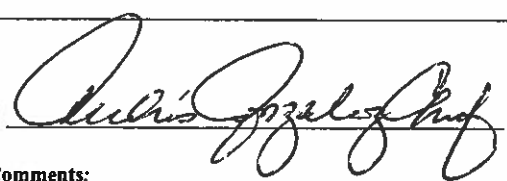
Comments:

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DEPUTY CHIEF:  DC Date of Review: 6/27/17

Comments:

\_\_\_\_\_

CHIEF:  Date of Review: 7/11/2019

Comments:

\_\_\_\_\_



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT  
ANNUAL PERFORMANCE APPRAISAL**



<b>MEMBER NAME:</b> Sergeant Paul Styles	<b>EVALUATOR:</b> Lieutenant Dale Homerick	<b>DATE:</b> 26SEP20
------------------------------------------	--------------------------------------------	----------------------

**APPRAISAL PERIOD**

<b>FROM:</b> 01-01-2019	<b>TO:</b> 12-31-2019
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<p><b>HONESTY / INTEGRITY</b></p> <p>Core Values:</p> <p><b>Accountability &amp; Tenacity</b></p>	<p>Behaves in an honest, fair and ethical manner; shows consistency in words and actions; holds oneself to the highest level of ethical standards; shares information accurately, completely and appropriately.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles acts in a fair and ethical manner. Sgt Styles always puts the best interest of the agency first. Sgt Styles displays on and off duty the desire and commitment of law enforcement and the members he supervises.</p>

<p><b>COMMUNICATIONS</b></p> <p>Core Values:</p> <p><b>Respect &amp; Understanding</b></p>	<p>Ability to express ideas and concepts clearly; effective in writing using correct grammar and structure; ability to understand and execute instructions; ability to convey thoughts and express ideas effectively; attends to and fully comprehends what others are saying; ability to understand and execute verbal instructions.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles is able to express his ideas verbally, he understands and follows instructions and comprehends what others are saying. However, Sgt Styles needs to improve on his report writing and using proper grammar when it comes to investigations.</p>

<p><b>INTERPERSONAL SKILLS</b></p> <p>Core Values:</p> <p><b>Respect &amp; Understanding</b></p>	<p>Interacts positively with others; treats others with courtesy, sensitivity, and respect; considers the feelings of people in different situations; demonstrates politeness and empathy; builds constructive relationships; ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside stakeholders; works to achieve common goals.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles positively interacts with others. Sgt Styles is always courteous and respects others opinions and views. He has built positive relationships with his peers and managers.</p>



<p style="text-align: center;"><b>SERVICE</b></p> <p style="text-align: center;">Core Values: Excellence / Respect / Service</p>	<p>Acts professionally and calmly at all times when interacting with others; demonstrates concern and courtesy towards others; treats all people fairly and respectfully at all times; responds to customer needs within agreed upon time frames; addresses conflicts and problem situations with patience and tact; listens to customers / residents and addresses needs and concerns; keeps customers informed by providing status reports and progress updates; meets established or agreed upon deadlines; uses initiative to improve outcomes.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles treats everyone equally, and does not show favoritisms. Sgt Styles addresses the needs of his peers, the residents and stakeholders. Sgt Styles keeps everyone updated and informed, he needs to improve on meeting agreed upon deadlines.</p>

<p style="text-align: center;"><b>JOB KNOWLEDGE</b></p> <p style="text-align: center;">Core Values: Excellence &amp; Training</p>	<p>Ensures job knowledge and skills are current and valuable; demonstrates ability to apply practical and technical knowledge to specific tasks / assignments; demonstrates job knowledge through the ability to successfully execute duties outlined in the job description.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles understands his job responsibility as a supervisor. Sgt Styles needs to take it upon himself to stay current and up to date on the laws and ordinances that he enforces. Sgt Styles needs to apply and take advance course in leadership.</p>

<p style="text-align: center;"><b>PRODUCTIVITY</b></p> <p style="text-align: center;">Core Values: Commitment / Tenacity / Service</p>	<p>Strives to produce high quality results; focuses and perseveres in the face of obstacles; uses time efficiently when confronted with challenges; prioritizes tasks based on importance / urgency; work outputs match quality standards / set expectations; completes tasks / assignments with a high level of proficiency; corrects errors and learns from them to reduce future errors; consistently delivers high level of service to all clients / residents / colleagues and supervisors; takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; follows through on commitments; acknowledges and learns from mistakes without blaming others; adapts to changing business needs; conditions and situations in a positive manner; displays openness to training and application of new skills and self-improvement.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles does complete his daily assignments in a timely manner and completes the day to day operations and task without any problems. Sgt Styles needs to work on time management when given assignments that have expected completion dates and assure the assignment is complete and turned in on a timely manner.</p>

<b>INCLUSIVENESS</b>  Core Values:  <b>Commitment / Understanding / Respect</b>	Shows respect for people and their differences; promotes fairness and equality; engages the talents, experiences, and capabilities of others; fosters a sense of belonging; works to understand the perspectives of others.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	<b>Comments:</b> Sgt Styles is always willing to assist any member of the agency, his knowledge of the job builds credibility as he helps and mentors others to be successful.

<b>MANAGING RESOURCES</b>  Core Values:  <b>Excellence &amp; Safety</b>	Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	<b>Comments:</b> Sgt Styles does meet expectations, but he needs to focus on his assignment and assure that they get completed in a timely manner.

<b>JUDGMENT &amp; DECISION MAKING</b>  Core Values:  <b>Commitment / Understanding / Safety</b>	Keeps the mission at the forefront of decision making and action; ability to make decisions authoritatively and wisely; understands CMHA's mission and prioritizes goals; considers the impact of actions or decisions on residents and the Authority; refrains from jumping to conclusions, and takes time to collect facts before making decisions.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	<b>Comments:</b> Sgt Styles when it comes to making decisions keeps the agency best interest in mind. Sgt Styles listens to facts before making any decision.

<b>OVERALL APPRAISAL</b>	<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement
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Member's signature and date: \_\_\_\_\_

*Paul Styles #656 270920*

<p align="center"><b>TEAMWORK</b></p> <p>Core Values:</p> <p align="center"><b>Commitment &amp; Tenacity</b></p>	<p>Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; actively participates as a member of the team.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles is always willing to help his peers and fellow officers. Sgt Styles continually steps up and assist others and makes sure the daily operations are completed.</p>

<p align="center"><b>ATTENDANCE</b></p> <p>Core Values:</p> <p align="center"><b>Accountability &amp; Understanding</b></p>	<p>Meets all CMHA policies and standards for attendance and punctuality; has a thorough understanding of CMHA timekeeping policies and procedures; reports to scheduled training classes and / or meetings on time and prepared.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles is always on time and is always prepared to start work. Sgt Styles understands the Attendance Control Policy, and does not use excessive amounts of sick time.</p>

**FOR SUPERVISORS:**

<p align="center"><b>COACHING &amp; MENTORING</b></p> <p>Core Values:</p> <p align="center"><b>Accountability &amp; Training</b></p>	<p>Provides timely guidance and feedback to help others strengthen specific knowledge / skill; reinforces efforts and progress; provides instruction, positive role modeling, and opportunities for learning; clarifies expected behaviors and levels of proficiency by seeking and giving information and checking for understanding.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles monitors and mentors our members. Sgt Styles is always willing to make sure that our members have the equipment to do their job and to give them guidance when needed.</p>

<p align="center"><b>LEADERSHIP</b></p> <p>Core Values:</p> <p align="center"><b>Accountability &amp; Tenacity</b></p>	<p>Creates a vision or goal and communicates in a way that motivates others to implement it; accepts responsibilities and acts on them; develops trust and credibility; expects honest and ethical behavior of self and others; creates opportunities for success.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p><b>Comments:</b> Sgt Styles takes pride in his position, encourages and mentors the younger members in being successful. Sgt Styles leads by example by showing others through his action.</p>

IMMEDIATE SUPERVISOR: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Comments:

LIEUTENANT: \_\_\_\_\_

Date of Review: 10/27/2020

Comments:

COMMANDER: \_\_\_\_\_

Date of Review: 11/10/2020

Comments:

DEPUTY CHIEF: \_\_\_\_\_

Date of Review: 11/13/20

Comments:

CHIEF: \_\_\_\_\_

Date of Review: 11/13/2020

Comments:

MISC



5715 Woodland Avenue T - 216-426-7760  
Cleveland, Ohio 44104-2740 F - 216-361-3728



## LETTER OF COMMENDATION

June 1, 2015

**Paul Styles, Sergeant**

Dear Sergeant Styles:

I received a phone call from Mr. Well who indicated that he is a resident at Addison Square. Mr. Well wanted to express his appreciation for an excellent job that you provided during a recent power outage. You engaged in critical patrols and made sure that residents were okay. Additionally, you volunteered to charge individual cellular phones by plugging them into your personal vehicle's power source.

On behalf of the entire Command Staff of the CMHA Police Department, I want to thank you for a job well done. Your actions and performance are indicative of the high caliber of members that serve on our department.

Thank you for representing our department in a positive manner.

Sincerely,

Andrés González, Chief  
CMHA Police Department

Cc: Jeffery K. Patterson, CEO  
Angel Morales, Deputy Chief  
Thomas Burdyshaw, Commander  
Member file

Jeffery K. Patterson, Chief Executive Officer/Safety Director

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**INTEROFFICE COMMENDATION**

**TO:** All Members of the Police Department

**FROM:** Stanley C. Murrey  
Chief of Police

**DATE:** February 1, 2007

**RE:** Letter of Commendation: Operation Shutdown - Cedar Estate

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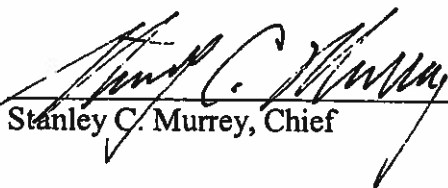
This letter of commendation is written to recognize you for effectively meeting the challenge of addressing an increase in sudden and frequent occurrences of robberies at Cedar Estate by participating in a special initiated operation known as "Shutdown". This operation was implemented for two (2) weeks during the dates of January 5, 2007 - January 20, 2007. Based on recent statistics and as a result of your aggressive law enforcement efforts, operation "Shutdown" was a huge success and robberies have ceased and overall crime decreased on the property.

In addition to the special police enforcement efforts of K-9, Narcotics, and SWAT Units, specific patrol and protection officers assigned to both Police and Security divisions implemented special attentions and safety checks of the estate and high-rise to ensure the positive outcome of the operation.

Again, congratulations for a job "well done". Your ongoing dedication to the residents and professionalism in policing is greatly appreciated.

A copy of this letter of commendation shall be placed in the personnel file of all officers participating.

Sincerely,

  
\_\_\_\_\_  
Stanley C. Murrey, Chief



## CEDAR DETAIL ACTIVITY by OFFICER



OFFICER
Alcantara #09
Ali #31
Assaf #62
Azzano #61
Barto #603
Beese #06
Blakemore #12
Burdyslaw #640
Cattren #18
Chapman #14
Clayton #38
Copeland #41
Crawford #29
DeJesus #20
Drayton-Reynolds #109
Drew #04
Griffiths #89
Grimes #56
Guinn #624
Hamilton #36
Harris #17
Hinkle #42
Hizak #24
Holdeman #10
Homerick #636
Hopkins #88
Jones #26
Justus #46
Justus #638
Kleinhenz #08
Kolb #70
Lastuka #52
Leon #58
Mollohan #634
Neal #35
Ortiz #95
Ovalle #30
Ramsey #07
Reynolds
Rives #86
Rucker #632
Salomone #23
Schilling #33
Smiddy #11
Solomon #602
Spigner #67
Styles #656
Svec #662
Tallman #01
Toles #648
Troyer 664
Vales #44
Whitney #48
Williams #65
Wiltshire #19
Woodland #101



*Presented To*

# Sergeant Paul Styles

*Of The Chicago Metropolitan Housing Authority Police Department*

*For Ongoing Dedication To The Residents  
Of The Chicago Metropolitan Housing Authority and  
The Progressive Action Council*

*This 19<sup>th</sup> day of August in the year 2006*

*Lillian Davis*

123456789



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION



**TO:** All Personnel  
**FROM:** Anthony H. Jackson,  
Chief of Police  
**DATE:** July 9, 2004

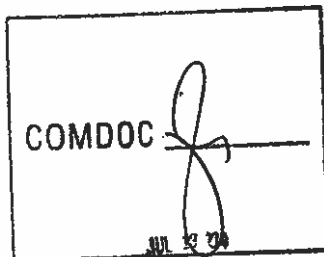
Page 1 of 1	Ohio Police and Fire Games	DN #04-053
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The CMHA Police Department would like to extend its congratulations to the following officers who participated in the 2004 Ohio Police and Fire Games:

- Lt. Thomas Imes: Golf (54 Holes) / Second Place - Silver Medal
- Lt. Ronald Morenz: Bowling (Team) / Fourth Place
- Sgt. Tyrone Cooper: Karate (Kumite) / Second Place - Silver Medal  
Karate (Kata) / Second Place - Silver Medal
- Sgt. Paul Styles: Karate (Kumite) / First Place - Gold Medal
- PO Maurice Kennedy: Track & Field (110 Yard Dash) / Fourth Place
- Det. Thomas Williams: Bowling (Mixed Doubles) / Second Place - Silver Medal  
Bowling (Team) / Fourth Place

By order of,

*Anthony H. Jackson*  
Anthony H. Jackson, Chief of Police





**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DIVISION**

**TYPE:** Departmental Notice #98-052

**TO:** All Personnel

**FROM:** Anthony H. Jackson, Chief of Police

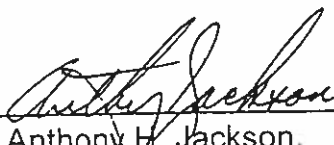
**DATE:** December 11, 1998

**SUBJECT:** Excellent in Action Tokens

The following personnel have been selected to receive tokens for their exemplary acts or actions during the 4th Quarter of 1998:

- ✓ SPO Felicia Ivory #248 and SPO Herman Hobbs #210 for diligence in performing their duties, and obtaining information at their assigned building which after being passed on to the proper divisional personnel led to the arrest of two (2) individuals for Aggravated Trafficking in Drugs.
- ✓ Lt. Sharon Barto, Sgt. Thomas Imes, Sgt. Anastacio Vazquez, Det. Michael Shank, Ptl. Paul Shaughnessy, Ptl. Paul Styles, and Ptl. Melvin Guinn for their successful completion of the Promotional Selection Process and their continued support of the mission of the department.
- ✓ Lt. Donna Correy for the exceptional job she did while serving as Acting Chief and for her continued dedication while wearing the numerous hats required to perform the multiple tasks assigned to her.

Keep up the Good Work.....

  
\_\_\_\_\_  
Anthony H. Jackson,  
Chief of Police

FILE



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

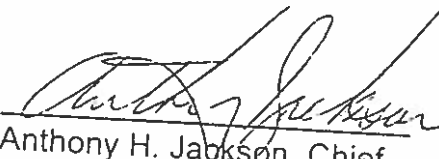
TYPE: DEPARTMENTAL NOTICE NO. 98-038 REVISED  
TO: ALL PERSONNEL  
FROM: Anthony H. Jackson, Chief of Police  
DATE: July 16, 1998  
SUBJECT: 1998 AWARDS BANQUET RECIPIENTS

Departmental Notice 98-038, issued July 15, 1998 is hereby corrected to reflect the members of the Tactical Response Unit of 1997 that will be honored at the Banquet.

All other information contained in Notice No. 98-038 remains as printed.

Below, please find the corrected members of the 1997 Tactical Response Unit:

- Sgt. Jack Justus, OIC
- Ptl. David Thompson #87
- Ptl. William Likes #85
- Ptl. Michelle Morenz #104
- Ptl. Eric Nar #47
- Ptl. Thomas Azzano #61
- Ptl. Paul Styles #25
- Ptl. Eric Rives #86

  
Anthony H. Jackson, Chief



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

TYPE: DEPARTMENTAL NOTICE NO. 98-038  
TO: ALL PERSONNEL  
FROM: Anthony H. Jackson, Chief of Police  
DATE: July 15, 1998  
SUBJECT: 1998 AWARDS BANQUET RECIPIENTS

The following have been selected to be the recipients of the Departmental Awards at this years Awards Banquet:

Outstanding Service Award

State Representative Troy Lee James

Special Recognition Award

1. SPO Willie Hammond - Badge No. 277
2. SPO Larry Jones - Badge No. 271
3. The Administrative Support Unit

Denita Johnson, Office Manager  
Jacqueline Harris, Administrative Assistant  
Terrissi Suber-Bey, Administrative Assistant  
Denise Knight, Administrative Assistant  
Nandy Budhar, Administrative Assistant  
Laydia Wright, Receptionist

Meritorious Service Award

Ptl. Frank Swidersky - Badge No. 94

Exceptional Service Award

1. Tactical Response Unit

Sgt. Jack Justus, OIC  
Ptl. John Kleinhenz - Badge No. 08  
Ptl. William Likes - Badge No. 85  
Ptl. Michelle Morenz - Badge No. 104  
Ptl. Eric Nar - Badge No. 47  
Ptl. Leah Sopko - Badge No. 97  
Ptl. Paul Styles - Badge No. 25

2. Internal Affairs Unit

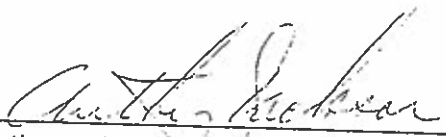
Sgt. Thomas Imes, OIC  
Det. John Hayhurst

3. Sgt. Stephen Brennan

In addition to the above aforementioned awards, all individuals that were recipients of the Excellence in Action Tokens for 1997 will be acknowledged at the Banquet and the names will appear in the Banquet Program.

It is a very difficult task to single out certain individuals or units to receive these honors, as there were so many nominations to select from.

We hope that all department members will attend the Banquet on July 25, 1998 to offer support to the Awards Recipients.

  
\_\_\_\_\_  
Anthony H. Jackson, Chief of Police

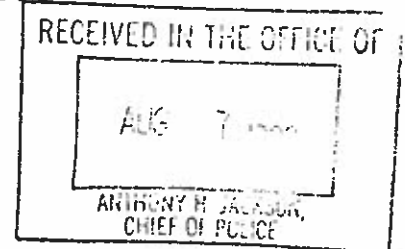


U.S. Department of Justice

Federal Bureau of Investigation

In Reply, Please Refer to  
File No. 245I-CV-58076

3005 Federal Office Bldg  
Cleveland, OH 44199  
August 12, 1998



Anthony Jackson  
Chief of Police  
Cuyahoga Metropolitan Housing Authority  
2685 East 79th Street  
Cleveland, Ohio 44104

Dear Tony,

I wish to thank you and your department for providing valuable assistance in the takedown of "Operation Roadkill" on July 16, 1998. I would also ask that you extend my gratitude to members of your SWAT Team, Sgt. Justus and Officers Sopko, Kleinhenz, Likes, Nar, Styes, Morenz, Rives, Brennan, Stringfellow, Homerick, Ramsey, Hopkins who made entry at 3603 Buechner, Cleveland, Ohio; Detectives Olksew, Williams, Wilson, Rucker and Kuska, who searched 3447 East 121st Street, Cleveland, Ohio, and Detectives Hayhurst and Morgan who were a part of the search team at 15714 Parkgrove, Cleveland, Ohio. Also thank Detective Michael Shank, whose work was crucial over the entire investigation.

Sincerely,

Van A. Harp  
Special Agent in Charge



**POLICE DEPARTMENT**  
5715 Woodland Avenue, Cleveland, OH 44104  
P: (216) 426-7760 | F: (216) 361-3728  
cmha.net

**VIA HAND DELIVERY**

September 29, 2020

Paul Styles, Sergeant  
2205 East 83<sup>rd</sup> Street  
Cleveland, Ohio 44104

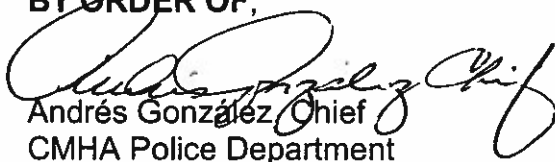
Dear Sergeant Styles:

**You are ordered to report to Lieutenant Maurice Brown (216-623-5464) at the Cleveland Division of Police, Homicide Unit, located on the 6<sup>th</sup> Floor, at 1300 Ontario Street, Cleveland, Ohio 44113 on THURSDAY, OCTOBER 1, 2020 at 0900 HOURS to be interviewed.**

The interview will focus on your observations and involvement during a use of force incident that occurred on Tuesday, September 22, 2020 at the Stokes Social Service Mall, 6001 Woodland Avenue, Cleveland, Ohio 44104.

You are compelled to answer questions as a witness to the incident. Failure to do so may result in disciplinary action against you. An OPBA representative may be present during the interview pursuant to Article 6 – Employee Rights, Section 3, of the current Collective Bargaining Agreement between CMHA and the Ohio Patrolmen’s Benevolent Association (OPBA).

**BY ORDER OF,**

  
Andrés González, Chief  
CMHA Police Department

Cc: Victor McDowell, Deputy Chief  
Gregory Drew, Lieutenant  
Member File



COMMITMENT/ACCOUNTABILITYRESPECT

SAFETY

CMHA provides reasonable accommodations to persons with disabilities. If you need an accommodation, including auxiliary aids and/or services, please contact CMHA’s Section 504/ADA Coordinator at: 216-348-5060 (voice) or 1-800-750-0750 (Ohio Relay Service). Este documento esta disponible a petición para interpretación o traducción al Español de gratis





**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



TENACITY \* RESPECT \* UNDERSTANDING \* SERVICE \* TRAINING

**TO:** All Members  
**FROM:** Andrés González, Chief  
**DATE:** December 13, 2018

Page 1 of 1	<b>ASSIGNMENTS</b>	DN # 18-066
-------------	--------------------	-------------

The following assignments will become effective Saturday, December 15, 2018:

- Lieutenant Dale Homerick to Commander's Office – Field Operations
- Lieutenant James Harris to Commander's Office – Administrative Operations
- Sergeant Kyle White to Detective Bureau & Property/Logistics Unit
- Sergeant Theodore Troyer to Planning Unit
- Sergeant Paul Styles to Basic Patrol, 1<sup>st</sup> Platoon
- Sergeant Jerry Lastuka to Basic Patrol, 2<sup>nd</sup> Platoon
- Officer Steven Kuska to Property/Logistics Unit

Members shall report to the respective Commander to receive further information regarding their assignments.

By order of,

  
 Andrés González, Chief

# Hertz

DOLLAR THRIFTY GROUP  
PO BOX 121295  
DALLAS, TX 75312-1295

November 26, 2018

DOLLAR/THRIFTY CASE NUMBER: 000008990128

PAUL STYLES  


This letter is to advise you that your bank wire transfer to Dollar Thrifty for the damages to the rental vehicle on May 17, 2018 has posted the agreed settlement of \$10,066.93 to your claim for this loss.


Your claim will now be closed with no further financial responsibility owed for this loss.

If you have any questions regarding this matter, please contact me at the number below. We appreciate your business in choosing Hertz/Dollar/Thrifty and hope you will continue to do so for your future rental needs.

Sincerely,

Yoshiva Wilson  
Damage Recovery Specialist  
405-775-6385  
ywilson@hertz.com

Copy TO  
MEMBER'S FILE -

  
12/3/2018



# EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: Paul Styles

Social Security Number (Last 4 digits): ██████

Department: Police

New Name: N/A  
(Please attach appropriate documentation)

New Address: ████████████████████  
Street

████████████████████  
City/State/Zip Code

Telephone Number: \_\_\_\_\_

Effective Date: 19JUL18

Paul Styles  
Employee Signature

19 JUL 18  
Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

CMHA  
Attention: Human Resources Department  
8120 Kinsman Road  
Cleveland, Ohio 44104  
Fax: (216) 348-8236

210 POLICE & SECURITY  
 210 POLICE & SECURITY  
 Pay Ending: 01/13/06

EXPLAIN PRIOR PAY ADJ. HERE

HRS CODE

	IN	OUT	IN	OUT	IN	OUT	
30	OFF						
31	OFF						
1	HOLIDAY						H
2	SICK	DRS	SUP	REG'S			S
3							S
4							S
5							S
6	SICK						S
7	OFF						
8	OFF						
9	SICK	- OAS	SUP	REG'S			S
10							S
11							S
12							S
13	SICK						S

COURT \_\_\_\_\_ REG. HOL. HRS. 0  
 P/S HOL. WKD. \_\_\_\_\_ HRS. WORKED 72  
 RANGE \_\_\_\_\_ WOP HOURS \_\_\_\_\_  
 REG. HRS. USED \_\_\_\_\_  
 COMP. HRS. USED \_\_\_\_\_  
 SICK LEAVE \_\_\_\_\_  
 ANNUAL LEAVE \_\_\_\_\_  
 TOTAL 80

"0000034604" 1.04 0000 24 637308370"

PAUL STYLES SSN: [REDACTED] Case: 2005-00000137 Claim Number:  
Period From 12/08/2005 To 01/10/2006 -- 4 Weeks 6 Days  
TTA Payment Rate: 678.00 Gross Amount: 3293.14

Deductions :

CUYAHOGA METROPOLITAN HOU TTS&A 1426.71 S & A REIMBURSEMENT

Total Deductions: 1426.71

Net Payment: 1866.43

Memo: TTA Rate = 678.00 Per Week

Total = 3293.14

EIN : 296647073

EMPLOYER : Cuyahoga Metro Housing Authority  
CMHA-SECURITY FORCE #403

PAUL STYLES  
[REDACTED]

PAUL STYLES  
[REDACTED]

CASE : 200500000137

VOUCHER : 32506

CHECK : 34604

DOI : 12/07/2005

ISSUED : 01/13/2006



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



TENACITY \* RESPECT \* UNDERSTANDING \* SERVICE \* TRAINING

**TO:** All Members  
**FROM:** Andrés González, Chief  
**DATE:** January 2, 2018

Page 1 of 1	<b>ASSIGNMENTS</b>	DN # 18-003
-------------	--------------------	-------------

The following supervisory assignments shall become effective Tuesday, January 2, 2018:

Sergeant Jackelyn Burgos	from	Planning	to	Special Investigations
Sergeant Paul Styles	from	CIU	to	Planning

By order of,

  
 Andrés González, Chief



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT**



TENACITY \* RESPECT \* UNDERSTANDING \* SERVICE \* TRAINING

**Glock Model 17 Firearm Responsibility Form**

I ~~PAUL~~ PAUL STYLES (Print Full Name) acknowledge issuance to me of a Glock Model 17 firearm which is the property of the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD). I acknowledge and understand that the firearm remains the property of CMHAPD and must be surrendered upon suspension, termination, or extended illness as provided by CMHAPD's rules and regulations.

I acknowledge and understand that I will be held accountable and responsible if my CMHAPD issued firearm becomes unserviceable due to loss, damage, or circumstances determined to have been caused by my intentional act, misuse, or neglect. Should my intentional act, misuse, or neglect render the firearm unserviceable, I will reimburse CMHA the cost of repair and/or replacement.

I acknowledge and understand that I will safely transport and store the CMHAPD issued firearm in accordance with all applicable laws and ordinances.

I acknowledge and understand that I am not authorized to carry my CMHAPD issued Glock Model 17 firearm while engaged in any secondary employment.

I acknowledge and understand that misuse or neglect of a CMHAPD issued weapon shall be the subject of an investigation and may be the basis for disciplinary action, up to and including termination from employment, consistent with CMHAPD regulations and the Personnel Policies and Procedures Manual of the Cuyahoga Metropolitan Housing Authority.

Issued Glock Model 17 Serial #: BATU 950

Member Signature: Paul Styles Date Issued: 02 May 16

Issued by: [Signature] Date Issued: 02 May 2016

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
INTEROFFICE MEMORANDUM

TO: Lena Hayes, Payroll Manager

FROM: Police Department

Lt. Ronald J. Morenz #626

(Print Shift Supervisor's Name)

DATE: January 25, 2006

SUBJECT: Payroll Discrepancy

RE: Paul Styles

(Print Employee's Name)

Soc. Sec. #

[REDACTED]  
(Employee's Soc. Sec. #)

The above employee, during the pay period ending: January 13, 2006  
did not receive the following: 24 hours of pay due to him being off on a Workers Comp claim.

He returned to work on Wednesday 11JAN06, but timecards were already submitted. I request that he be paid for the 24 hours he worked.

  
Supervisor's Signature

A copy of the time card and pay stub must be attached.

cc: Payroll  
Files

\*\*\* SEND SUCCESSFUL \*\*\*

Job number : 846  
Status : OK  
Pages sent : 003  
End time : Jan-26 16:52  
Start time : Jan-26 16:51  
Number of pages : 003  
To : 94323896  
Date & Time : Jan-26 16:51  
Job number : 846

Date & Time: 2006-Jan-26 16:52  
Tel line : 2163613759  
Machine ID : CMHA POLICE

Confirmation Report - Memory Send



Addressee	Start
HR	07-19

Prints	Result	Note
01/001	OK	

Note  
 TMR:Timer TX, POL:Pol,  
 OPS:Page Separation,  
 FWD:Forward, PR:PC-FA,  
 FCODE:F-code, RTX:Re-T  
 IPADR:IP Address Fax.

Size Setting, FME:Frame Erase TX,  
 inal Tx, CALL:Manual TX, CSAC:CSAC,  
 id Binding Direction, Sp:Special Original,  
 i:confidential, BUL:bulletin, SIP:SIP Fax,  
 ax

Result  
 OK: Communication OK,  
 TEL:RX from TEL, NG:  
 Refuse: Receipt Refuse  
 POUR:Receiving page Ov  
 DSN:DSN Response Error  
 DEL:Compulsory Memory

ication, PW-OFF: Power Switch OFF,  
 it: Continue, No Ans: No Answer,  
 i-Full:Memory Full, LOVR:Receiving length Over.  
 or, DC:Decode Error, MDN:MDN Response Error,  
 ory:Memory Document Print,  
 SEND:Compulsory Memory Document send.



## EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: \_\_\_\_\_

Social Security I 4 digits): \_\_\_\_\_

Department: P \_\_\_\_\_

New Name: \_\_\_\_\_ /A \_\_\_\_\_  
 : attach appropriate documentation)

New Address: \_\_\_\_\_  
 Street

\_\_\_\_\_  
 City/State/Zip Code

Telephone Number: \_\_\_\_\_

Effective Date: 19 Jul 2018

Employee Signature

19 Jul 18  
 Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

**CMHA**  
 Attention: Human Resources Department  
 8120 Kinsman Road  
 Cleveland, Ohio 44104  
 Fax: (216) 348-8236



**CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT**

**TO:** Thomas Burdyslaw #640, Lieutenant

**FROM:** Paul A. Styles #656, Sergeant

PAGE <b>1 of 1</b>	SUBJECT <b>Time Off in Lieu of Shift</b>	DATE <b>15MAY12</b>
-----------------------	---------------------------------------------	------------------------

I respectfully request time off in Lieu of shift ~~with pay~~ on Wednesday June 13, 2012, to attend the Ohio Police and Fire games to be held in Canton, Ohio. I will be participating in the Martial Arts portion, this is an annual one day event that I have participated in the past and have won medals.

Respectfully,

SGT. Paul A. Styles #656  
Paul A. Styles, Sergeant

*I recommend  
he attend in Lieu  
of shift  
TRMP  
5-15-12*

*5/15/12  
Recommend and  
APPROVAL  
[Signature]*

*Request Approval.  
[Signature]  
5/15/12*

*APPROVED -  
[Signature]  
16 MAY 2012  
cc: MURPHY FILE*



CUMHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT



**BODY ARMOR  
EQUIPMENT RESPONSIBILITY FORM**

Date: 16FEB12

I, Paul Styles (print name), have received

one Safariland Second Chance - BA-3A00S-SM01 ballistic vest.

I understand that it shall be worn at all times while on-duty or when working approved secondary employment. This body armor is intended to assist me in the performance of my duties and my failure to wear it as prescribed will result in disciplinary action.

Should this body armor become lost or stolen, I understand that I will be liable for the cost of its replacement.

Front Panel Serial Number: 12057110

Rear Panel Serial Number: 12057111

Date of Inspection: 16FEB12

Employee Signature: *Paul A. Styles*

Date: 16 FEB 12

Inspected by: *[Signature]*

Date: 16 FEB 12



**CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT**

**TO: Thomas Burdyslaw #640, Lieutenant**

**FROM: Robert Dunham #238, First Platoon Protection Officer**

PAGE 1 of 1	SUBJECT Reinstatement of armed status	DATE 4-17-2011
----------------	------------------------------------------	-------------------

Due to that I, Robert Dunham #238 have served my suspension of three days and I am in Anger Management counseling at this time. I am asking that I can go to the Range and Qualify

Respectfully,  
Robert Dunham #238

I recommend that Dunham be able to attend his Range and return to armed status.

TB40  
4-19-11

RECEIVED IN THE OFFICE OF

APR 19 2011

DEPUTY CHIEF  
DAVID T. SOLOMON

APPROVED -  
PREPARE NECESSARY  
DTF & DOCUMENTS -

Chief  
20 April 2011  
cc: NUMBER FILE

Com



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Payroll Department**

**FROM: Paul A. Styles #656 Sergeant**

PAGE 1 of 1	SUBJECT <b>Compensatory Time Payout Request</b>	DATE 05AUG09
----------------	----------------------------------------------------	-----------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN09 and going through the pay period ending 07AUG09, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2009.

Respectfully,

*PGT. Paul A. Styles #656*  
 Paul A. Styles, Sergeant

-----  
**FOR PAYROLL USE ONLY:**

Hours paid (Code 323-Comptime Payoff P/S) : \_\_\_\_\_

Pay Ending date : \_\_\_\_\_  
 -----



**CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** Dale Homerick #636, Lieutenant

**FROM:** Paul A. Styles #656, Sergeant

PAGE <b>1 of 1</b>	SUBJECT <b>Response to a Question on my Duty Report for week Ending 26FEB10</b>	DATE <b>09MAR10</b>
-----------------------	----------------------------------------------------------------------------------------	------------------------

On 07MAR10, I was assigned to the Complaint Investigation Unit. DC Solomon returned my duty report dated 26FEB10 with a question from Chief Gonzalez. The following is my response.

On 25FEB10, I indicated on my duty report that I attended a court case in room 16-A for an off-duty incident. This was an incident that occurred in the summer of 2009, where I was leaving my Martial Arts school located at 8311 Superior Avenue. While walking to my personal vehicle, I observed three males walking west bound on Superior Avenue. One of them brandished a weapon showing it to the other two. I notified the Cleveland Police Department who arrived and arrested the male off of E. 79<sup>th</sup> and Superior Avenue. The only interaction I had was to identify the male with the gun. ✓ According to CPD Sgt. Bickerstaff who was on scene, they would handle everything.

When I received the subpoena, I was not aware that the defendant was this same person. When the prosecutor notified me of this information, I advised him it was an off duty incident and nothing to do with CMHA. The entire time conferring with the prosecutor was approximately five minutes.

The day of the incident, I was extremely exhausted from working out; my first thought was to apprehend the suspect but decided not to for fear of retaliation against the school. Also it was an oversight on my part not making notification of the incident when it occurred.

Respectfully,

*Paul A. Styles #656*  
Paul A. Styles, Sergeant

*Good Police work!! Glad you were NOT INJURED -  
Goulief*

*cc: MEMBER FILE*



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



TO: Sgt Styles #656

FROM: PO Kobb 70

DATE: 30 OCT 06

**SUBJECT:** Failure to Achieve Range Proficiency Requirements

Sgt Styles

On 30 OCT 06, you failed to demonstrate proficiency with your issued duty weapon during mandatory range qualification. I would therefore direct your attention to the Divisional Manual of Rules and Regulations, Chapter 10.1.10 "Use of Force", which states in part:

"Sworn Officers who fail to meet proficiency requirements will be granted a fourteen (14) day grace period in which to become proficient. Within this fourteen (14) day period the officer must, on his own time, report to the range for remedial training and certification. Officers who fail to achieve certification during this grace period shall be placed on leave without pay. If the Officer has failed to achieve certification after one (1) week of leave without pay, he shall be separated from the Police Department for failure to maintain certification."

You are therefore notified that no later than 31 OCT 06 you must successfully demonstrate proficiency with your duty weapon as required by the CMHA Police Department. Failure to do so will result in a request for your immediate suspension being forwarded to the office of the Chief of Police. If you have any questions about this matter, please do not hesitate to contact either Det. Beichler or Lt. Morenz .

I received this notification on 30 OCT 06

x. Sgt. Styles #656  
DATE

I personally hand delivered this notification on 30 OCT 06  
 at 1700 Hrs

Range Officer: PO Kobb 70  
DATE

28  
**COMDOC**  
 NOV 02 2006



**CMHA**  
ENHANCING LIVING STANDARDS  
 CUYAHOGA METROPOLITAN HOUSING AUTHORITY

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**Application for Outside Employment Authorization**

<b>I REQUEST PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT</b>			
First Name	Paul	Last Name	Styles
Street Address	[REDACTED]		Apartment/Unit #
City	[REDACTED]	Zip	[REDACTED]
Phone	[REDACTED]		
CMHA Position	Police Sergeant - Nopba		

<b>PROPOSED OUTSIDE EMPLOYER</b>			
Company Name	American Communications Network		
Address	[REDACTED]		
City	Zip	Telephone	
Contact Person	Title		
Title of the Position	The estimated length of employment is:		
Duties You Will Perform	[REDACTED]		
Hours You Will Work	[REDACTED]		

**NOTE: CMHA ISSUED UNIFORMS, TOOLS, AND EQUIPMENT ARE NOT PERMITTED TO BE USED WHILE ENGAGED IN OUTSIDE EMPLOYMENT**

<b>IMPORTANT NOTICE</b>	
I have read and understand the CMHA policy on Outside Employment as stated in Section A-XII of the Personnel Policies and Procedures Manual and agree to abide by its terms. I acknowledge that my outside employment cannot:	
<ul style="list-style-type: none"> <li>• conflict with the employee's CMHA position</li> <li>• conflict with the best interests of CMHA</li> <li>• adversely affect the working hours of the employee's CMHA position, nor can it prohibit the employee from ever working overtime</li> <li>• tire, or reduce the efficiency or performance of the employee in his/her CMHA position</li> <li>• conflict with the Conflict of Interest Policy as stated in Article B-XIII of this Administrative Order</li> </ul>	
I further understand that:	
<ul style="list-style-type: none"> <li>• CMHA has no responsibility or liability for my actions resulting from my outside employment nor will CMHA assume liability for any lawsuit filed against me as a result of my conduct during my outside employment.</li> <li>• I must inform Human Resources of any changes to my outside employment status.</li> <li>• CMHA has the right to revoke its permission allowing me to work outside employment at any time.</li> <li>• My outside employment must be consistent with CMHA's Conflict of Interest policy.</li> <li>• A violation of any of the above provisions by me may result in revocation of CMHA's permission, employee discipline, or both.</li> <li>• A letter must accompany this request for outside employment from the proposed employer indicating that workers' compensation coverage is being provided to me. If I have contracted my services, the accompanying letter shall specify who is providing the coverage, the outside employer or me.</li> <li>• This authorization, if approved, expires on December 31<sup>st</sup> of each calendar year. (Approval must be renewed each calendar year or if I change employment.)</li> <li>• I may be contacted to supply additional information.</li> </ul>	
Employee Signature	Date 1/9/2020 9:20:24 AM
Print Name	See attached documentation

<b>CHAIN OF REVIEW</b>			
<b>Andres Gonzalez</b>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date 1/9/2020 3:05:21 PM
Department Director Name and Signature			
<b>Mark Hunt</b>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date 1/9/2020 3:34:29 PM
Director of Compliance Name and Signature			
<b>Elizabeth McCafferty</b>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date 1/10/2020 1:03:59 PM
Director of Human Resources Name and Signature			
<b>FINAL DECISION</b>	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date: 1/10/2020 1:03:59 PM





CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT



# COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: **Paul A. Styles**

*(Full Name and Badge Number of requesting member)*

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	20OCT19

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

Beginning : **January 01, 2019**

Pay Period  
Ending: **25OCT19**

Current Balance **54 hours**

Respectfully,

*SGT. Paul A. Styles*  
Signature of requesting member

Administrative Commander Review: *Rueh #204* Date: *10/21/19*

**FOR PAYROLL DEPARTMENT USE ONLY:**

Hours paid (code 323 - Comptime Payoff P/S): \_\_\_\_\_

Pay Ending Date: \_\_\_\_\_

*wide D*

TX Result Report

P 1  
 10/21/2019 13:32  
 Serial No. A79KD11003554  
 TC: 272230

Addressee	Start Time	Time	Prints	Result	Note
Payroll	10-21 13:32	00:00:17	001/001	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPE:Page Separation TX, MIX:Mix of Original TX, CALL:Manual TX, CSAC:CSAC, FWD:Forward, PFC:Fax, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:IF-Code, RTX:Re-TX, RLY:Relay, MEX:Confidential, SUL:bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FA:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOUR:Receiving length Over, FOUR:Receiving page Over, FIL:File Error, DCI:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.



CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
 POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: Paul A. Styles

(Full Name and Badge Number of requesting member)

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	20OCT19

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

Beginning : January 01, 2019

Pay Period  
 Ending: 25OCT19

Current Balance 54 hours

Respectfully,

SGT. Paul A. Styles  
 Signature of requesting member

Administrative Commander Review: Rueh #604 Date: 10/21/19

<p><b>FOR PAYROLL DEPARTMENT USE ONLY:</b>                  Hours paid (code 323 - Comptime Payoff P/S): _____                  Pay Ending Date: _____</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT**



## COMPENSATORY TIME PAYOUT REQUEST

**TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT**

**FROM: Paul A. Styles**

*(Full Name and Badge Number of requesting member)*

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	05NOV19

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

Beginning : **January 01, 2019**

Pay Period  
Ending: **08NOV19**

Current Balance **54.0 Hours**

Respectfully,

*SGT. Paul A. Styles*  
Signature of requesting member

Administrative Commander Review: *Carl R. L #604* Date: *11/5/19*

<p><b>FOR PAYROLL DEPARTMENT USE ONLY:</b></p> <p>Hours paid (code 323 - Comptime Payoff P/S): _____</p> <p>Pay Ending Date: _____</p>
----------------------------------------------------------------------------------------------------------------------------------------

TX Result Report

P 1  
 11/05/2019 11:02  
 Serial No. A79K011003554  
 TC: 276347

Addressee	Start Time	Time	Prints	Result	Note
Payroll	11-05 11:02	00:00:17	001/001	OK	

Note TMR:Timer Tx, POL:Polling, ORG:Original Size Setting, FME:Frame Erase Tx,  
 DPE:Page Separation Tx, MX:Mixe Original Tx, CALL:Manual Tx, CSAC:CSAC,  
 FWD:Forward, PC:PC-Fax, BND:Double-Sided Binding Direction, SP:Special Original,  
 FCODE:IF-Code, RTX:RS-Tx, RLV:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,  
 IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,  
 TEL: TX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,  
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOUR:Receiving length over,  
 POWR:Receiving page over, Fil:File Error, DC:Decode Error, MDN:MDN Response Error,  
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,  
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
 POLICE DEPARTMENT**

## COMPENSATORY TIME PAYOUT REQUEST



**TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT**

**FROM: Paul A. Styles**

*(Full Name and Badge Number of requesting member)*

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	05NOV19

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

Beginning : January 01, 2019

Pay Period  
 Ending: 08NOV19

Current Balance 54.0 Hours


Respectfully,

*SGT. Paul A. Styles*  
 Signature of requesting member

Administrative Commander Review: Carl R. L. #604 Date: 11/5/19

<p><b>FOR PAYROLL DEPARTMENT USE ONLY:</b></p> <p>Hours paid (code 323 - Comptime Payoff P/S): _____</p> <p>Pay Ending Date: _____</p>
----------------------------------------------------------------------------------------------------------------------------------------

Paul A. Styles



Cuyahoga Metropolitan Housing Authority  
Division of Police  
5715 Woodland Ave.  
Cleveland, Ohio 44104

Dear Chief Gonzales:

In the past fourteen years, my law enforcement experience has prepared me for the position as a Commander. My professional experience demonstrates my dedication to protecting life and property to the residents of CMHA, their guests, and the community. Continuing my professional career at the Cuyahoga Metropolitan Housing Authority Division of Police is my goal.


Enclosed is my resume for review. I look forward to meeting with you to discuss how I can continue to contribute my skills and knowledge with the residents, the organization, and the community.

Sincerely,



Paul A. Styles  
Narcotics Sergeant  
CMHA Police Department

Paul A. Styles



**OBJECTIVE:** Obtain a position in the Law Enforcement Field where I can take full advantage of my supervisory training and instructor skills to teach and provide leadership in and out of the field.

### **EMPLOYMENT HISTORY**

#### **Patrol Sergeant**

**Cuyahoga Metropolitan Housing Authority Police Division, Cleveland, Ohio 1993- Present**  
Providing protection of life and property, Issuance of citations, arresting violators, report writing. Oral testimony in court, supervising patrol and protection officers with daily needs on a day-to-day basis. Also served as a member of the Community Policing Bike Unit and Tactical Response Unit.

#### **Assistant Physical Director**

**Central Y.M.C.A, Cleveland, Ohio 1980-1992**

Directed and supervised the department of physical activities. Responsibilities included swimming instructions, lifeguard, basketball programs, weight lifting, nautilus equipment usage and development of children programs.

### **FURTHER EXPERIENCE**

#### **Assistant Instructor**

**Member of the Northern Wind Kung Fu Club**

Hold the rank of Orange Sash that is equivalent to a Black Belt.

### **EDUCATION**

#### **Diploma**

John Hay High School, Cleveland, Ohio 1979-1982

#### **Basic Electronics**

C.E.I., Cleveland, Ohio 1982-1983

#### **Digital Electronics Technology**

P.S.I. Institute, Cleveland, Ohio 1984-1985

#### **Private Security/O.P.O.T.A. Certificate**

Safeguard Institute, Cleveland, Ohio September-December 1992

#### **O.P.O.T.A. Certificate**

Shaker Heights Police Academy, Shaker Heights, Ohio 1994

## **OBJECTIVE**

To obtain a position in the Law Enforcement Field where I can take full advantage of my supervisory training and instructor skills to teach and provide leadership in and out of the field.

## **EMPLOYMENT HISTORY**

### **Narcotics Sergeant**

Cuyahoga Metropolitan Housing Authority Division of Police Cleveland, Ohio 1993-Present. Provide protection for life and property, issuance of citations, arresting violators, report writing and oral testimony in court. Also supervise narcotics unit detectives with assignments on a day-to-day basis. I also served as a member of the Community Policing Bike Unit and Tactical Response Unit.

### **Assistance Physical Director**

Central Y.M.C.A, Cleveland, Ohio 1980-1992

Directed and supervised the department's physical activity programs. Responsibilities included swimming instructions, life guarding, basketball programs, weight lifting, nautilus equipment usage, and development of children programs.

## **FURTHER EXPERIENCE**

### **Diploma**

John Hay High School Cleveland, Ohio 1979-1982.

### **Basic Electronics**

C.E.I., Cleveland, Ohio 1982-1983 Course Worked Basic Electronics.

### **Digital Electronics Technology**

P.S.I. Institute, Cleveland, Ohio 1984-1985 Certificate- Digital Electronics Technology.

### **Private Security/ O.P.O.T.A**

Safeguard Institute, Cleveland, Ohio September - December 1992 O.P.O.T.A Certificate

### **Police Academy**

Shaker Heights Police Academy, Shaker Hts, Ohio 1994 O.P.O. T.A Certificate.

C.M.H.A. Police Department in House Program received Certification in the areas of Asp Baton Instructor and Pepper Mace Instructor.

### **Out Side Department Training:**

Mountain Bike Training Cuyahoga Community College, F.B.I. Basic SWAT School  
Camp Perry Port Clinton Ohio, Forty Hours First Line Supervision Cuyahoga  
Community College, SWAT School for High Risk Search Warrants and Raids, Police  
Executive Administrative Leadership School, Monadnock Expandable Baton Instructor,  
Defensives Tactics Instructor, 1<sup>st</sup> Responder HazMat/ WMD/PPE Awareness, Controlled/  
Direct Buys in Drug Investigations.

## **Additional Experience**

**Member of the Northern Wind Kung- Fu Club**

Position Head Instructor I hold the rank of 2<sup>nd</sup> Degree Orange Sash.





**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Ronald J. Morenz #626, lieutenant- Special Operations

**FROM:** Paul A. Styles #656, Sergeant- Narcotics Unit OIC

<b>PAGE</b> <b>1 of 1</b>	<b>SUBJECT</b> <b>Vision for the Police Department</b>	<b>DATE</b> <b>19JUL07</b>
------------------------------	-----------------------------------------------------------	-------------------------------

Sir,

I accordance to DN #07-065, my vision of the Police Department should be a model Department with strong leadership and having professional Police Officers serve with pride and dignity. They should also have the necessary equipment to perform their duties to minimize injuries. I also visualize this Department as a training facility for future law enforcement cadets.

Respectfully,

*Sgt. Paul A. Styles #656*  
Paul A. Styles, sergeant







# Request for Secondary Employment

## I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name <b>Paul</b>	Last Name <b>Styles</b>
Street Address [REDACTED]	Apartment/Unit # [REDACTED]
City [REDACTED]	Zip [REDACTED]
Phone [REDACTED]	
SWORN POLICE OFFICER <input checked="" type="checkbox"/>	RESERVE OFFICER <input type="checkbox"/>
	PROTECTION OFFICER <input type="checkbox"/>

## NAME OF PROPOSED SECONDARY EMPLOYER

Company <b>American Communications Network</b>	
Address [REDACTED]	
City [REDACTED]	
Zip [REDACTED]	
Telephone [REDACTED]	
Contact Person <b>Self</b>	Title <b>Independent Business Owner</b>
The estimated length of employment is: <b>1 Year</b>	My hourly rate of pay will be: <b>N/A</b>
I will be working <b>3.0</b> Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday.	
Duties You Will Perform <b>I will be consulting with customers regarding usage of utilities</b>	
Police Commission Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Generic Police Uniform Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

## IMPORTANT NOTICE

- I understand the CMHA Chief of Police shall be the final determinant for granting approval to engage in secondary employment.
- I have not received disciplinary action greater than a written reprimand within the last two (2) years.
- I have not used more than fifteen (15) days or more than one-hundred twenty (120) hours of sick time during the previous 12-month period.
- I understand that I MAY NOT engage in secondary employment with proposed employer whose primary business involves the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises.
- I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided.
- I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY. I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13)
- I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS AND AUTHORIZE CMHA TO ACCESS AND OBTAIN RECORDS FROM THE PROPOSED EMPLOYER.

Member Signature <i>Paul A. Styles</i>	Date <b>31DEC19</b>
Print Name <b>Paul A. Styles</b>	

## SUPERVISOR'S ENDORSEMENT

The above member has used 6.30 sick hours in the past twelve (12) months and is not classified as a sick abuser.

I DO  DO NOT  recommend approval of the above member's request to engage in secondary employment.

Supervisor's Signature <i>[Signature]</i>	Date <b>01-01-2020</b>
Commander's Signature <i>[Signature]</i>	Date <b>1/2/20</b>
Deputy Chief's Signature <i>Victor Megawell #602</i>	Date <b>1/7/2020</b>



# Request for Certification for Outside Employment

<b>MEMBER INFORMATION</b>		
First Name <b>Paul</b>	Last Name <b>Styles</b>	
Street Address [REDACTED]	Apartment/Unit # <b>A</b>	
City [REDACTED]	Zip [REDACTED]	Phone [REDACTED]
SWORN POLICE OFFICER <input checked="" type="checkbox"/>	RESERVE OFFICER <input type="checkbox"/>	PROTECTION OFFICER <input type="checkbox"/>

<b>MEMBER AUTHORIZATION</b>	
I HEREBY AUTHORIZE THE CMHAPD TO ACCESS AND OBTAIN RECORDS FROM THE BELOW-LISTED PROPOSED EMPLOYER.	
MEMBER SIGNATURE <i>Paul A. Styles</i>	DATE <b>31DEC19</b>

<b>NAME OF PROPOSED SECONDARY EMPLOYER</b>		
Company <b>American Communications Network</b>		
Address [REDACTED]	Telephone [REDACTED]	
Supervisor <b>Self</b>	Title <b>Independent Business Owner</b>	
Duties You Will Perform <b>Consultant</b>		
Police Commission Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Generic Police Uniform Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.</b>

### IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER

- CMHA does not authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided.
- CMHA requires non-commissioned members to be listed on the employer's license (commission).
- CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment.
- CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: *"Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured"*. CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non-payment.
- CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer.
- CMHA may request records associated with the member.

The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. **BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.**

Employer Signature <i>Paul A. Styles</i>	Date <b>31DEC19</b>
Title <b>Independent Business Owner</b>	

### FOR CMHA USE ONLY

<b>TO THE CMHA - CHIEF EXECUTIVE OFFICER:</b>	
I DO <input checked="" type="checkbox"/> DO NOT <input type="checkbox"/> Endorse the above member's request for secondary employment.	
Chief of Police <i>Charles J. [Signature]</i>	Date <b>1/5/2020</b>



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Dale Homerick #636, Lieutenant

**FROM:** Paul A. Styles #656, Sergeant

<b>PAGE</b> 1 of 1	<b>SUBJECT</b> Secondary Employment Request Addendum	<b>DATE</b> 31DEC19
-----------------------	---------------------------------------------------------	------------------------

In regards to this request, there is no Workers Compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving American Communication Network.

Respectfully,

*SGT. Paul A. Styles #656*  
Paul A. Styles, Sergeant



**CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TASER X26 RESPONSIBILITY FORM**

Date: July 14, 2008

I Sgt. Styles #656 (PRINT FULL NAME) have received (8) hours of Crisis Intervention Training and (16) hours of Taser Instruction. I have also received and understand the Department's Use of Force Policy and Taser Policy. I further understand that the acceptance of a Departmentally owned Taser X26, a less than lethal weapon, is not mandatory and that if I accept the Taser X26, I shall be required to follow all Policies and Procedures governing Use of Force and Taser. I understand that the standards for the Use of Force are the same on and off duty including the guidelines for reporting use of force incidents.

Additionally, I understand that if I am in compliance with secondary employment requirements and authorization, I will be allowed to carry the Taser X26 as an intermediate weapon. I further understand that I will be responsible for the replacement cost of cartridges that may be deployed while engaged in authorized secondary employment.

I understand that the Taser X26 is the property of the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD) and that I am fully responsible and accountable for its use, activity, location, and possession. I am aware that the issuance of the Taser X26 is intended to assist me in the performance of my duties and that any misuse of this equipment will result in disciplinary action. In no way may I transfer or give my Taser X26 and/or related supplies/equipment responsibilities to another agency employee or individual outside of CMHA.

Should this Taser X26 become lost or stolen, I understand that I will be liable for the cost of its replacement.

**I have read the above statement and voluntarily accept a Taser X26.**

Taser X26 Serial Number: X00-373271

Holster

(2) 21 foot cartridges

Employee Signature: *Sgt. Paul A. Styles #656* Date 14JUL08

Issued by: Det. Beichler #54 Date 14JUL08

**I have read the above statement and voluntarily choose not to accept Taser X26 at this time.**

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Payroll Department**

**FROM: Paul A. Styles #656, Sergeant- Crime Suppression Unit OIC**

PAGE <b>1 of 1</b>	SUBJECT <b>Compensatory Time Payout Request</b>	DATE <b>17SEP07</b>
-----------------------	----------------------------------------------------	------------------------

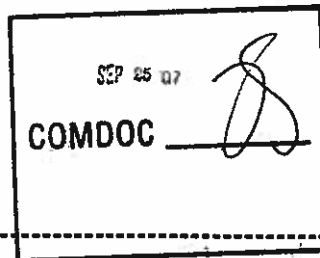
I am requesting disbursement of my accumulated compensatory time beginning on 01JAN07 and going through the pay period ending 21SEP07, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2007.

Respectfully,

*SGT Paul A. Styles #656*  
 Paul A. Styles, Sergeant



-----  
**FOR PAYROLL USE ONLY:**

**Hours paid (Code 323-Comptime Payoff P/S) : \_\_\_\_\_**

**Pay Ending date : \_\_\_\_\_**  
 -----



# Transmission Report

Date/Time  
Local ID 1  
Local ID 2

09-17-2007 14.40.37  
216 361 3759

Transmit Header Text  
Local Name 1 Line 1  
Local Name 2

This document : Confirmed  
(reduced sample and details below)  
Document size : 8.5"x11"



**CMHA**  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



**TO: Payroll Department**

**FROM: Paul A. Styles #656, Sergeant- Crime Suppression Unit OIC**

<small>PAGE</small> 1 of 1	<small>SUBJECT</small> Compensatory Time Payout Request	<small>DATE</small> 17SEP07
-------------------------------	------------------------------------------------------------	--------------------------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN07 and going through the pay period ending 21SEP0707, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2007.

Respectfully,

*SGT Paul A. Styles #656*  
Paul A. Styles, Sergeant

**FOR PAYROLL USE ONLY:**

Hours paid (Code 323-Comptime Payoff P/S) : \_\_\_\_\_

Pay Ending date : \_\_\_\_\_

CMHAPD94-062 27MAR03rev10AUG05

Total Pages Scanned : 1

Total Pages Confirmed : 1

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	406	94323896	14:39:37 09-17-2007	00:00:24	1/1	1	EC	HS	CP14400

**Abbreviations:**

- |                  |                   |                   |                          |
|------------------|-------------------|-------------------|--------------------------|
| HS: Host send    | PL: Polled local  | MP: Mailbox print | TU: Terminated by user   |
| HR: Host receive | PR: Polled remote | CP: Completed     | TS: Terminated by system |
| WS: Waiting send | MS: Mailbox save  | FA: Fail          | RP: Report               |
- G3: Group 3  
EC: Error Correct



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Payroll Department**

**FROM: Paul A. Styles**

PAGE <b>1 of 1</b>	SUBJECT <b>Compensatory Time Payout Request</b>	DATE <b>23JUN06</b>
-----------------------	----------------------------------------------------	------------------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN06 and going through the pay period ending 30JUN06, pursuant to my collective bargaining agreement with C.M.H.A.

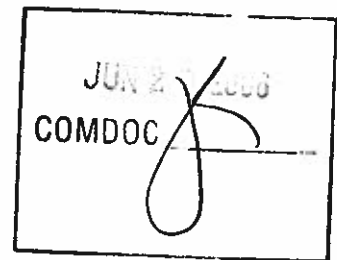
My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2006.

*Forwarded to Payroll Sec. on 24 Jun 06*

Respectfully,

*SGT Paul A Styles #656*  
 Paul A. Styles, Sergeant



-----  
**FOR PAYROLL USE ONLY:**

Hours paid (Code 323-Comptime Payoff P/S) : \_\_\_\_\_

Pay Ending date : \_\_\_\_\_  
 -----

*Forw. to payroll on 6/26/06 b 732*



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO: Payroll Department**  
**FROM: Paul A. Styles**

PAGE 1 of 1	SUBJECT <b>Compensatory Time Payout Request</b>	DATE 23JUN06
----------------	----------------------------------------------------	-----------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN06 and going through the pay period ending 30JUN06, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2006.

*PAID  
To Payroll  
5/21/06  
245006*

Respectfully,

*Sgt. Paul A. Styles #656*  
Paul A. Styles, Sergeant

**FOR PAYROLL USE ONLY:**

Hours paid (Code 323-Comptime Payoff P/S) : \_\_\_\_\_  
Pay Ending date : \_\_\_\_\_

CMHAPD94-062 27MAR03rev10AUG05

Job number : 324  
Status : OK  
Pages sent : 004  
End time : Jun-26 08:23  
Start time : Jun-26 08:21  
Number of pages : 004  
To : 94323896  
Date & Time : Jun-26 08:21  
Job number : 324

Date & Time: 2006-Jun-26 08:23  
Tel line : 2163613759  
Machine ID : CMHA POLICE

Confirmation Report - Memory Send

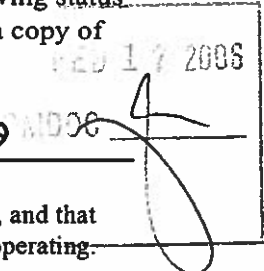
\*\*\* SEND SUCCESSFUL \*\*\*

CUYAHOGA METROPOLITAN HOUSING AUTHORITY OFFICE OF SAFETY MANAGEMENT VEHICLE OPERATIONS PERMIT APPLICATION			2006 <i>Styles</i>
INSTRUCTIONS: THIS FORM IS DESIGNED FOR FAX USE. THE APPLICANT MUST COMPLETE ALL UN-SHADED AREAS, READ THE EMPLOYEE'S CERTIFICATION AND SIGN THE FORM. THE EMPLOYEE'S SUPERVISOR MUST BRIEF THE EMPLOYEE ON THE C.M.H.A VOP, THEN SIGN, DATE AND RETURN THE APPLICATION WITH ORIGINAL SIGNATURES TO THE OFFICE OF SAFETY MANAGEMENT.			
NAME: LAST	FIRST	MIDDLE INITIAL	Date of Application:
Styles	Paul	A	13JAN06
Home Address:		City	State
[REDACTED]		[REDACTED]	[REDACTED]
Driver's License Number:	Expiration Date:	Commercial Driver's	
[REDACTED]	05JUL08	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SOCIAL SECURITY NUMBER:		BUREAU OF MOTOR VEHICLE INFORMATION	
[REDACTED]		VIOLATION PTS. ACCIDENTS AT Fault	
ESTATE / DIVISION / DEPARTMENT:			
Police/ Security		0	0
CONTACT PHONE NUMBER:			
[REDACTED]			
DATE PERMIT ISSUED:		DATE BMV CONFIRMATION:	
1-17-06		1-18-06	
CLASS OF PERMIT (CHECK ALL THAT ARE APPLICABLE)			
1. <input type="checkbox"/> Sedan, Scooter, light truck		3. <input type="checkbox"/> Heavy Truck - CDL Required	
2. <input type="checkbox"/> Special Equipment / off Road		4. <input checked="" type="checkbox"/> Police / Emergency Response Vehicle	

### APPLICANT'S CERTIFICATION:

By signing and submitting this application I attest that I presently have a valid Ohio's Driver's License, that I do not have more than 6 violation points on my driving record and that I have not had more than two motor vehicle accidents where it has been determined that I was "At Fault" within the past 24 months. I have been briefed by my Supervisor on the C.M.H.A. Vehicle Operations Procedure, and agree to abide by all of its provisions. I understand that I may be personally responsible to reimburse CMHA fifty percent (50%) of the cost of repair, or 50% of the current insurance deductible, which is currently one thousand dollars (\$1,000) for damages incurred in a motor vehicle accident determined to be "Preventable". I realize that any misstatements on this application, intentional or not, may result in the revocation of my C.M.H.A. Operator's Permit and disciplinary actions up to and including dismissal. I am responsible to advise my supervisor and Safety Management of any changes in my driving status during the course of the year. I authorize the Office of Safety Management to obtain a copy of my driving record from the Bureau of Motor Vehicles.

Print Name and Title  
Paul A. Styles, Sergeant

Signature: *Paul A. Styles*  


### Supervisor's Certification:

I certify that I have briefed the above employee on the C.M.H.A. Vehicle Operations Procedure, and that they are thoroughly familiar with the type of motor vehicles and/or equipment that they will be operating.

Printed Name and Title:  
Rosaldo J. Moreno, Lieutenant

Signature: *Rosaldo J. Moreno*

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
INTEROFFICE MEMORANDUM**

TO: Lena Hayes, Payroll Manager

FROM: Police Department

Lt. Ronald J. Morenz #626

(Print Shift Supervisor's Name)

DATE: January 25, 2006

SUBJECT: Payroll Discrepancy

RE: Paul Styles

(Print Employee's Name)

Soc. Sec. #

[REDACTED]

(Employee's Soc. Sec. #)

The above employee, during the pay period ending: January 13, 2006

did not receive the following: 24 hours of pay due to him being off on a Workers Comp claim.

He returned to work on Wednesday 11JAN06, but timecards were already submitted. I request that he be paid for the 24 hours he worked.

JAN 31 2006  
COMDOC *[Signature]*

*[Signature]*  
Supervisor's Signature

A copy of the time card and pay stub must be attached.

cc: Payroll  
Files

*Forw to  
on 1/21  
06*



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION



TO: All members of the Division of Police  
FROM: Anthony H. Jackson, Chief of Police  
DATE: September 2, 2005

Page 1 of 1	Assignment Changes	DN #05-082
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Sgt. Paul Styles #656 is transferred from 2<sup>nd</sup> Platoon Field Sergeant to Narcotics Unit OIC effective on Tuesday, September 6, 2005.

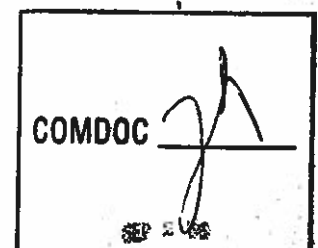
Sgt. Carol Rucker #632 is assigned to assist Sgt. Styles with a smooth transition, working day shift from September 6-9, 2005.

Sgt. Rucker is transferred from Narcotics Unit OIC to 2<sup>nd</sup> Platoon Field Sergeant effective on Saturday, September 10, 2005.

Sgt. Styles and Sgt. Rucker shall report to Lt. Ronald Morenz and Lt. Anastacio Vazquez respectively, for their assignments once the transition period is complete.

By order of,

Anthony H. Jackson,  
Chief of Police



CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
OFFICE OF SAFETY MANAGEMENT  
VEHICLE OPERATIONS PERMIT APPLICATION

2005  
*Styles*

INSTRUCTIONS: THIS FORM IS DESIGNED FOR FAX USE. THE APPLICANT MUST COMPLETE ALL UN-SHADED AREAS, READ THE EMPLOYEE'S CERTIFICATION AND SIGN THE FORM. THE EMPLOYEE'S SUPERVISOR MUST BRIEF THE EMPLOYEE ON THE C.M.H.A VOP, THEN SIGN, DATE AND RETURN THE APPLICATION WITH ORIGINAL SIGNATURES TO THE OFFICE OF SAFETY MANAGEMENT.

NAME: LAST	FIRST	MIDDLE INITIAL	Date of Application:	
Styles	Paul	A	14JAN05	
Home Address:		City	State	
[REDACTED]		[REDACTED]		
Driver's License Number:	Expiration Date:	Commercial Driver's		
[REDACTED]	05JUL08	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
SOCIAL SECURITY NUMBER:		BUREAU OF MOTOR VEHICLE INFORMATION		
[REDACTED]		VIOLATION PTS. ACCIDENTS AT Fault		
ESTATE / DIVISION / DEPARTMENT:				
CMHA Police Department		0	0	0
CONTACT PHONE NUMBER:				
[REDACTED]				
DATE PERMIT ISSUED:		DATE BMV CONFIRMATION:		
01-07-05		01-07-05		
CLASS OF PERMIT (CHECK ALL THAT ARE APPLICABLE)				
1. <input checked="" type="checkbox"/> Sedan, Scooter, light truck		3. <input type="checkbox"/> Heavy Truck - CDL Required		
2. <input type="checkbox"/> Special Equipment / off Road		4. <input checked="" type="checkbox"/> Police / Emergency Response Vehicle		

APPLICANT'S CERTIFICATION:

By signing and submitting this application I attest that I presently have a valid Ohio's Driver's License, that I do not have more than 6 violation points on my driving record and that I have not had more than two motor vehicle accidents where it has been determined that I was "At Fault" within the past 24 months. I have been briefed by my Supervisor on the C.M.H.A. Vehicle Operations Procedure, and agree to abide by all of its provisions. I understand that I may be personally responsible to reimburse CMHA fifty percent (50%) of the cost of repair, or 50% of the current insurance deductible, which is currently one thousand dollars (\$1,000) for damages incurred in a motor vehicle accident determined to be "Preventable". I realize that any misstatements on this application, intentional or not, may result in the revocation of my C.M.H.A. Operator's Permit and disciplinary actions up to and including dismissal. I am responsible to advise my supervisor and Safety Management of any changes in my driving status during the course of the year. I authorize the Office of Safety Management to obtain a copy of my driving record from the Bureau of Motor Vehicles.

Print Name and Title  
Paul A. Styles, Sergeant #656

Signature *SGT. Styles #656*

Supervisor's Certification:

I certify that I have briefed the above employee on the C.M.H.A. Vehicle Operations Procedure, and that they are thoroughly familiar with the type of motor vehicles and/or equipment that they will be operating.

Printed Name and Title:  
Anastacio T. Vazquez, Lieutenant #650

Signature *Anastacio T. Vazquez #650*

Revised January 2005



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DIVISION**

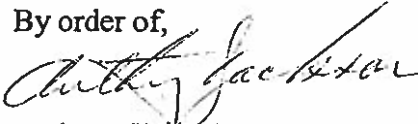


**TO:** All members of the Division of Police  
**FROM:** Anthony H. Jackson, Chief of Police  
**DATE:** September 9, 2004

<b>Page 1 of 1</b>	<b>Supervisor Transfers</b>	<b>DN #04-075</b>
--------------------	-----------------------------	-------------------

Effective on Monday, September 13, 2004 the following supervisors are transferred:

Sgt. Melvin Guinn #624 from Acting SWAT OIC to 3<sup>rd</sup> Platoon  
Sgt. Dale Homerick #636 from 1<sup>st</sup> Platoon to Acting SWAT OIC  
Sgt. Patrick Donaldson #642 from 3<sup>rd</sup> Platoon to 1<sup>st</sup> Platoon  
Sgt. Paul Styles #656 from 3<sup>rd</sup> "A" Platoon to 2<sup>nd</sup> Platoon  
Sgt. Christopher Jakub #646 from 2<sup>nd</sup> Platoon to 3<sup>rd</sup> "A" Platoon

By order of,  
  
Anthony H. Jackson,  
Chief of Police





**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Payroll Department**

**FROM: Paul A. Styles 3656**

PAGE <b>1 of 1</b>	SUBJECT <b>Compensatory Time Payout Request</b>	DATE <b>15JUL04</b>
-----------------------	----------------------------------------------------	------------------------

I am requesting disbursement of my accumulated compensatory time beginning 01JAN04 and ending 30JUL04, pursuant to my collective bargaining agreement with C.M.H.A.

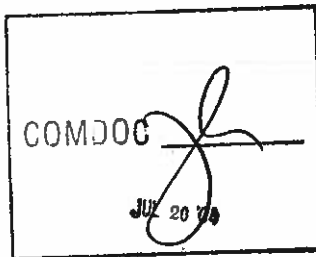
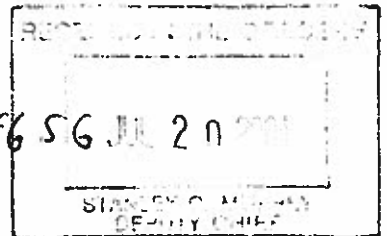
My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2004.

*Forwarded to  
Employee  
FD CMHA  
20 Jul 04*

Respectfully,

P. A. Styles #656  
 Paul A. Styles, Sergeant



663  
**FORWARD**  
 JUL 20 2004

**FOR PAYROLL USE ONLY:**

Hours paid (Code 323-Comptime Payoff P/S) : \_\_\_\_\_

Pay Ending date : \_\_\_\_\_

*Faxed to HR  
on 7/20 by  
732*

#656

### RECEIPT OF CMHA EMPLOYEE MANUAL

I have received a copy of the CMHA Employee Manual. I understand that the Manual is intended to be informative and explain policies, procedures, and benefits that effect my employment.

I further understand that CMHA's policies, procedures, and benefits may be changed, disregarded, or terminated by CMHA in its discretion, at any time and with or without notice, except in areas specifically addressed in the collective bargaining agreement.

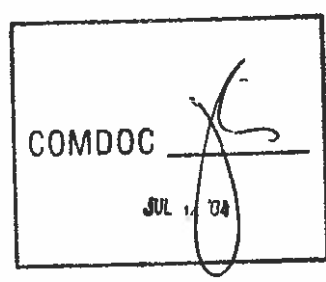
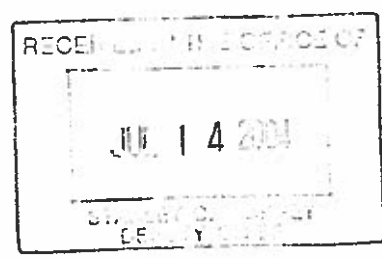
I agree that I have the responsibility to read and understand the Manual, including CMHA's policies regarding General Harassment and Sexual Harassment. I understand that this Manual supersedes all other employee manuals.

12 Jul 04  
Date

PAUL A. STYLES  
Employee Name (Print)

Police  
Department

Paul Styles  
Signature





**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Sharon E. Barto, Administrative Commander

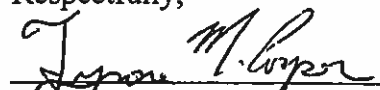
**FROM:** Tyrone M. Cooper, Sergeant - Complaint Investigation Unit OIC

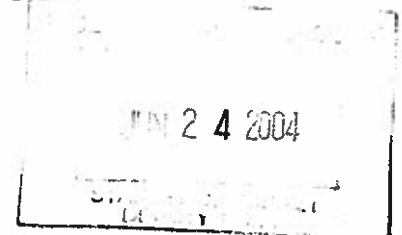
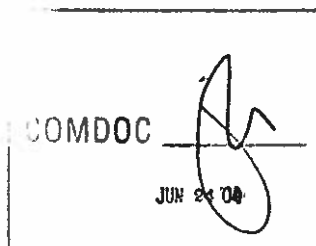
<b>PAGE</b> 1 of 1	<b>SUBJECT</b> Police Olympics Results	<b>DATE</b> 23JUN04
-----------------------	-------------------------------------------	------------------------

I polled the members of the department that participated in the 2004 Ohio Police and Fire Games and was advised of the following results:

- Lt. Tom Imes: Golf (54 Holes) - Second Place - Silver Medal
- Lt. Ronald Morenz: Bowling (Team) - Fourth Place
- Sgt. Paul Styles: Karate (Kumite) - First Place - Gold Medal
- Sgt. Tyrone Cooper: Karate (Kumite) - Second Place - Silver Medal  
Karate (Kata) - Second Place - Silver Medal
- Det. Thomas Williams: Bowling (Mixed Doubles) - Second Place - Silver Medal  
Bowling (Team) - Fourth Place
- PO Maurice Kennedy: Track & Field (100-Yard Dash) – Fourth Place

Respectfully,

  
Tyrone M. Cooper, Sergeant





**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**

RECEIVED IN THE OFFICE OF  
MAY 24 2004

STANLEY G. MURREY  
DEPUTY CHIEF



**TO:** Thomas Imes #628, Lieutenant

**FROM:** Paul A. Styles #656, Sergeant

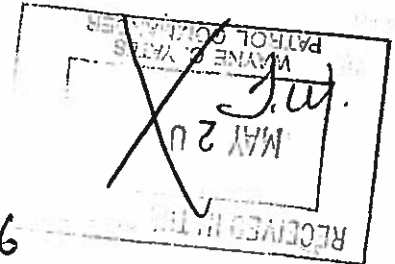
PAGE 1 of 1	SUBJECT Police Olympic Participation	DATE 19MAY04
----------------	-----------------------------------------	-----------------

Sir,

I am requesting Sponsorship (re-imbursement of my entry fee) to participate in the Ohio Police Olympics (Karate Event) on 16JUN04. The entry fee for participating is thirty (30) dollars for my event. I am also requesting Administrative leave for 16JUN04, which is the actual day of the Karate Event. I have participated in several past Olympics in the Karate events (1997 and 1998) and won numerous medals. I would like the opportunity to represent the Department again.

Respectfully,

SGT. Styles #656  
Paul A. Styles, Sergeant

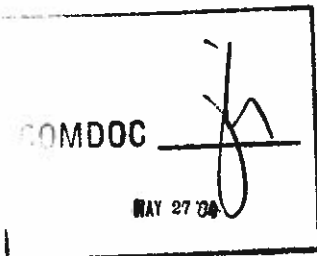


*I recommend approved based on past practice past 6/04*

*Andy Barts:*

*sgt. styles request is approved. Process as such & have styles notified. Copy to Mr. Harris for COMDOC processing.*

*Stanley G. Murrey*





CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION



**TO:** All Personnel  
**FROM:** Anthony H. Jackson,  
Chief of Police  
**DATE:** February 24, 2004

Page 1 of 1	Assignment Changes	DN #04-014
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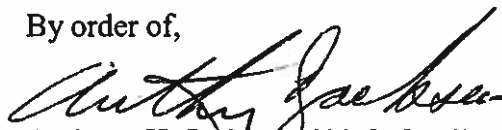
Effective on Friday, January 23, 2004, P.O. Kevin Ishler #34 has been assigned as the Departments' representative on the U. S. Marshals Fugitive Task Force.

The following changes are effective immediately:

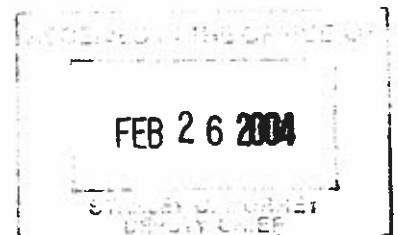
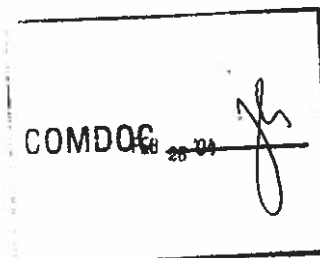
Sergeant Raymond Morgan #658 is assigned as the O.I.C. of the Internal Affairs Unit.  
P.O. John Kleinhenz #08 is assigned as a Detective in the Internal Affairs Unit.  
P.O. James Harris #03 is assigned as a Detective in the Narcotics Unit.

Sergeant Paul Styles #656 has been assigned as supervisor of CMHA Protection Officers working from 2200 – 0600 hours.

By order of,



Anthony H. Jackson, Chief of Police





**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Miles T. Cobbs, Deputy Chief of Operation**

**FROM: Wayne C. Yates, Patrol Commander**

PAGE 1 of 1	SUBJECT <b>Protection Officer Supervisor</b>	DATE <b>21 Aug 03</b>
----------------	-------------------------------------------------	--------------------------

Sir,

After a brief conversation with Lt. Imes it was recommended that Sgt. Paul Styles would be the best candidate for the position of Protection Officer Supervisor. I have selected Sgt. Styles to assume the duties of Protection Officer Supervisor.

Respectfully,

*Wayne C Yates*  
 \_\_\_\_\_  
 Wayne C. Yates, Patrol Commander

*105/04  
 D.C. Murray, This is when  
 THE RECOMMEDITION WAS  
 SENT, I CAN NOT LOCATE  
 ANY PAPER WORK OR E-MAIL  
 WHEN SGT. STYLES WAS  
 ASSIGNED  
 RESPECTFULLY  
 WCY 6/04*



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Wayne Yates, Patrol Commander**

**FROM: Thomas Imes, Lieutenant**

PAGE <b>1 of 1</b>	SUBJECT <b>Protection Officer Supervisor</b>	DATE <b>20AUG03</b>
-----------------------	-------------------------------------------------	------------------------

Sir,

Sgt. Paul Styles has been selected to assume the duties of Protection Officer Supervisor, and has been so advised.

Respectfully,

  
 Thomas Imes, Lieutenant

**COPY**

RECEIVED IN THE OFFICE OF  
**AUG 21 2003**  
 WAYNE C. YATES  
 PATROL COMMANDER



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO: Wayne Yates, Patrol Commander**


**FROM: Thomas Imes, Lieutenant**


PAGE <b>1 of 1</b>	SUBJECT <b>Protection Officer Supervisor</b>	DATE <b>20AUG03</b>
-----------------------	-------------------------------------------------	------------------------

Sir,

Sgt. Paul Styles has been selected to assume the duties of Protection Officer Supervisor, and has been so advised.

Respectfully,

  
 Thomas Imes, Lieutenant

COMDOC   
 AUG 21 '03

RECEIVED IN THE OFFICE OF  
 AUG 21 2003  
 STANLEY C. LAURENCE  
 DEPUTY CHIEF





**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DIVISION**



**TO:** All Personnel.

**FROM:** Anthony H. Jackson  
Chief of Police

**DATE:** August 14, 2003

Page 1 of	Transfer of Supervisory Responsibility	DN #03-103
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Effective Saturday, August 23, 2003, the supervisory responsibility for protection officers working 2200 to 0600 hrs. will be transferred from the second platoon to the third platoon.

The third platoon Watch Commander shall designate a third platoon sergeant who will be the primary immediate supervisor for the protection officers working during these hours.

The designated sergeant shall be scheduled to work 2100 to 0500 hrs. in order to handle scheduling, call offs and other logistical matters concerning the protection officers on the shift. Although, the sergeant will be the primary field supervisor for the protection officers on the shift, the Watch Commander is responsible for the overall supervision of all personnel on the platoon.

There shall be a coordinated effort between the second and third platoon Watch Commanders to insure a smooth transition of responsibility. They shall also coordinate their efforts to insure the protection officers are properly evaluated for year 2003.

By order of,

A handwritten signature in cursive script, appearing to read "Anthony H. Jackson".

Anthony H. Jackson, Chief of Police



CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



## Ohio Ethics Law and Related Statutes

I PAUL A. STYLES, confirm that I received a copy of the 20 pages of the Ohio Ethics Law and Related Statutes as required under Revised Code 102.09(E).

Paul A. Styles 6/27/02  
Name Date

[REDACTED] 7-5-63  
Social Security Number Date of Birth

**Statement of Understanding  
Computer Access and Usage Procedures**

I, the undersigned, have received and reviewed the Management Bulletin regarding Computer Access and Usage Procedures. I am fully aware that the CMHA computer and its related uses are intended to assist me in the performance of CMHA business and that any misuse as outlined in the Management Bulletin may be grounds for disciplinary action up to and including criminal prosecution.

Paul A. STYLES  
Print Name

4-3-03  
Date

Paul A. Styles  
Signature

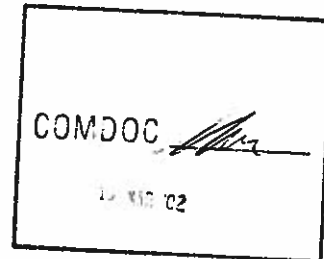


CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION



FILE

TO: All Personnel  
FROM: Anthony H. Jackson,  
Chief of Police  
DATE: March 12, 2002



Page 1 of 1	CALEA Conference Selections	DN #02-012
-------------	-----------------------------	------------

After reviewing all written requests received pursuant to DN #02-005, the following Department members have been selected to participate in the CALEA conference March 20-23, 2002 in Jacksonville, Florida.

**Sergeant Paul Styles #656**  
**Police Officer Theodore Troyer #96**

A meeting of all personnel selected will be held on Friday, March 15, 2002 at 3:00pm at Police Headquarters. Attendance at this meeting is mandatory in order to participate in this conference.

By order of,

  
Anthony H. Jackson, Chief of Police



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**

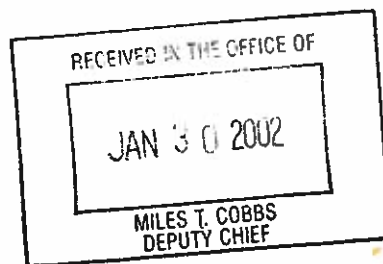


**To:** Ronald J. Morenz #626  
 Lieutenant- Third Platoon

**From:** Paul A. Styles #656  
 Sergeant- Third Platoon

**Date:** January 28, 2002

**Subject:** Guest Speaker at St. Boniface Head start



Sir,

I am respectfully requesting permission to speak in the capacity of a Police Officer at the St. Boniface Head start Daycare located at 3555 W. 52<sup>nd</sup> street Cleveland, 44102. My daughter attends their and her teacher Mrs. Wagner asked if I could speak to the kids about staying out of trouble, how to trust the police, and how to stay away from drugs amongst other various safety issues. Mrs. Wagner would like to have two sessions one in the morning and one in the after noon since they have half-day programs. She also asked about our K-9 if we could bring them along, I spoke with Sgt. Shaughnessy about this issue and he would be happy to assist. They request any Tuesday thru Friday in February except the 21<sup>st</sup> and 28<sup>th</sup>.

Respectfully,

*SIR,  
 I RESPECTFULLY REQUEST  
 THAT PERMISSION BE GRANTED  
 TO SGT. STYLES TO ATTEND.  
 JT #626 1-30-02*

*Paul A. Styles #656*  
 Paul A. Styles, Sergeant 656

*APPROVED,  
 M. Cobbs, D. CHIEF*



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



EQUIPMENT RESPONSIBILITY FORM

Date: 3/29/01

I STYLES, PAUL #656 (PRINT FULL NAME) accept this Motorola handheld radio, with the understanding that the radio is the property of the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD) and that I am fully responsible and accountable for its use, activity, location, and possession. I am aware that the issuance of this radio is intended to assist me in the performance of my duties and that any misuse of this equipment will result in disciplinary action. Should this radio become lost or stolen, I understand that I will be liable for the cost of its replacement.

Model Number: HT1000
Serial Number: 749 A u Q 4996
Microphone: YES
Case: YES
Charger: YES

Employee Signature: Paul A. Styles 656 Date: 3/29/01

Issued by: David L. Bly Date: 3-29-2001

David L. Bly
Notary Public, State of Ohio
Recorded in Cuyahoga Cty.
My Comm. Expires 04-25-2004

# CMHA

## Interoffice Memorandum

MAR 02 2001

STANLEY C. MURREY  
DEPUTY CHIEF

DATE: March 2, 2001

TO: LENA HAYES  
PAYROLL MANAGER

FROM: POLICE DIVISION

Lt. Ronald J. Morenz  
(PRINT: SHIFT SUPERVISOR NAME)

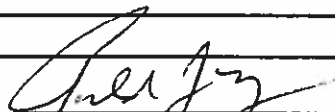
SUBJECT: PAYROLL DISCREPANCIES

RE: Paul A. Styles  
(PRINT: EMPLOYEE'S NAME)

SOC. SEC. # [REDACTED]  
EMPLOYEE'S SOC. SEC. #

\*\*\*\*\*  
THE ABOVE EMPLOYEE, DURING THE PAY PERIOD ENDING: 3-2-01  
DID NOT RECEIVE THE FOLLOWING: He was paid through the end of the pay  
period due to early timecard submission. He called off the remaining 3 days in the pay  
period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
(SUPERVISOR'S SIGNATURE)

A COPY OF THE TIME CARD AND PAY STUB MUST BE ATTACHED.

CC: PAYROLL <sup>2 MAR 01</sup> *forward to payroll & H.R.*

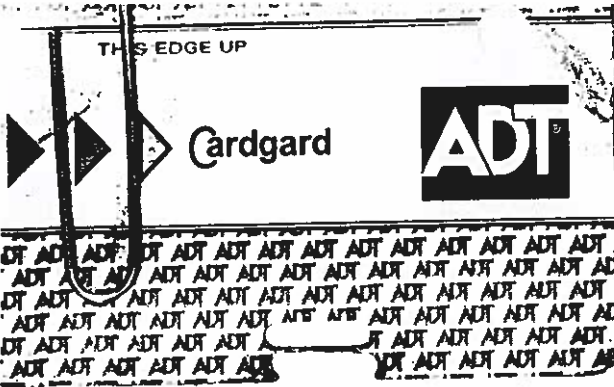
CC: FILES



Board of Commissioners  
Bracy Lewis, Chairman \* Dwayne Browder, Vice-Chairman  
Louise Harris \* Mae Stewart \* Robert C. Townsend II  
Terri Hamilton Brown, Executive Director



*file to H.R. & payroll  
3/2/01*



**FILE**



**CMHA**  
**LOGA METROPOLITAN**  
**USING AUTHORITY**  
**POLICE DEPARTMENT**

**To: Ronald J. Morenz Lieutenant**  
**Third Platoon Watch Commander**

**From: Paul A. Styles #656**  
**Third Platoon Field Sergeant**

**Date: November 11, 2000**

**Subject: Access Control Card**



Sir,

I respectfully request a replacement access control card, mine is not working due to wear and tear the stripping is wearing off.

Respectfully,

*Paul A. Styles #656*  
Paul A. Styles, Sergeant 656

*11-11-00*  
*DEPUTY CHIEF,*  
*PLEASE FORWARD*  
*FOR PROCESSING*  
*JK 626*

*Forward to 801 10/11/00*  
*TKM*





# CENTRAL FACILITIES ACCESS CONTROL FORM

## SECTION I (EMPLOYEE)

Last Name Styles First Name Paul Middle Anthony

Address [REDACTED] City [REDACTED]

State [REDACTED] Zip Code [REDACTED] Home Phone Number [REDACTED]

Department Police Job Title Sergeant Work Number 216-621-8085

Employee Signature *Paul A. Styles 656* Date 11-11-2000

Supervisor Name Ronald Morenz Phone Number 216-361-3712 Ext.

## SECTION 2 (SUPERVISOR)

Access Times: 5:00 a.m. - 5:30 p.m. 7:30 a.m. - 5:00 p.m.  
7:45 a.m. - 5:00 p.m. 7:30 a.m. - 12:00 p.m.  24 hrs.

Day(s):  Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat. Holiday(s) ALL

Door(s):  Big Drive Thru Door  
 CDC Doors (Material Management employees only)  
 North Entrance Door (main entrance way)  
Police Doors - Front & Rear  
(any employee needing access to the Police Department must be authorized by the Police Department)  
 Police East 791 St. Parking Lot  
 Roofing Door

*I am the above indicated individuals supervisor, I authorize them to have access for the time, day(s) and door(s) indicated.*

Supervisor Signature *Ronald Morenz* Title LIEUTENANT Date 11-11-00

\*Please notify your supervisor immediately if card is lost. There is a \$ 1 0 charge for replacement cards. If you resign from CMHA the access card must be returned otherwise there will be a \$ 1 0 fee.

## SECTION 3

Entered by \_\_\_\_\_ Date \_\_\_\_\_ Card No. \_\_\_\_\_

Comments \_\_\_\_\_

**RECEIPT**

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE**

SS



RECEIVED THIS 25 DAY OF OCTOBER 2000 FROM ISSUE:

1) Bodyguard OC spray & basketweave case.

2) \_.

3) \_.

4) \_.

5) \_.

6) \_.

7) \_.

8) \_.

9) \_.

10) \_.

11) \_.

12) \_.

PAUL A. WYKE 656  
PRINTED NAME / BADGE

Paul Styles 858  
SIGNATURE OF RECIPIENT

ISSUED BY: \_\_\_\_\_  
ADMINISTRATIVE SIGNATURE

1 / 1  
DATE

\_\_\_\_\_ HOURS  
TIME

RECEIPT

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE

SS: 

RECEIVED THIS 19 DAY OF April 20 00 FROM ISSUE:

1) Monadnock expandable baton & basketweave scabbard.

2)   .

3)   .

4)   .

5)   .

6)   .

7)   .

8)   .

9)   .

10)   .

11)   .

12)   .

Sgt. Paul Styles # 656

PRINTED NAME / BADGE

SGT. Styles 656

SIGNATURE OF RECIPIENT

ISSUED BY: 

ADMINISTRATIVE SIGNATURE

04/19/00

DATE

1610

TIME

HOURS



**SPEED LETTER**

TO LT. MORENZ

FROM CDR MOONEY

SUBJECT NOTIFICATIONS

MESSAGE

Late in the AM yesterday, Sgt. Styles came into my office and asked if I was aware of the incident where the male jumped over the bridge as a result of a pursuit (foot) from Division. He stated that he possibly thought you might have notified me. This info + reports should have been available as soon as possible or at the very least by 0800 hrs yesterday. In the future ensure that notifications and reports are made in a timely fashion.

DATE 04 APR 00

SIGNED Stacy C. Mooney

REPLY

DATE

SIGNED



SENDER: DETACH AND RETAIN YELLOW COPY, SEND WHITE AND PINK COPIES. RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY.

44-902 • Triplicate  
44-904 • Quadruplicate

*SGT. STYLES*

**From:** Ronald Morenz  
**To:** Stanley Murrey  
**Date:** 4/5/00 1:11AM  
**Subject:** Notifications

Sir,

I received your Speed Letter ref: the Use of Force by PO Drew #04. I am fully aware that the reports should have been generated and in your mailbox prior to Sgt. Styles going home. He did not leave until 1430 on the day of the incident. When I came in at 2300, that night, it took me another 5 hours to straighten out what he did, and get his reports correctly filled out. It is my understanding that he was told by Sgt. Donaldson to give a copy to the Chief since he wanted to be informed of the situation, and he could forward the reports after I reviewed them. After reviewing the reports, I am embarrassed that the Chief ever received a copy of the report generated by Sgt. Styles. The Use of Force report was only halfway completed, and his written report lacked sentence structure and basic vocabulary rules.

I usually am on top of reports that you need, but in this case for me to stay an extra 7.5 hours waiting for Sgt. Styles report, would have been inappropriate. I would appreciate if you would give me a little guidance on how you want this handled in the future. This was Sgt. Styles first Use of Force incident, and for whatever reason, he took a long time to accomplish very little. I believe that he has gained valuable insight and experience due to handling this incident, but unfortunately, he was unable to complete it in the timely manner that is required.

In addition, after reviewing the report again tonight, I found that I did not make sure that Sgt. Styles included his interview with the suspect at Metro General Hospital. This is vitally important since the suspect stated that he did not jump onto Route 2, but rather PO Drew hit him in his hands with his ASP while he was holding onto the fence, causing him to fall. There were no injuries to the suspects hands, nor was there any swelling. This was documented using photographs. Had he been struck with an ASP, there should have been some swelling at the least. In any event, Internal Affairs may want to look into this to insure that there was no wrong doing in PO Drew's actions. I will leave a paragraph for Sgt. Styles to add into his report, and he will forward it to to you to replace the one you have.

Respectfully,

Ronald J. Morenz, Lieutenant

11 APR 00

*Capt. Burt*

*BYI*

*MM*



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DIVISION

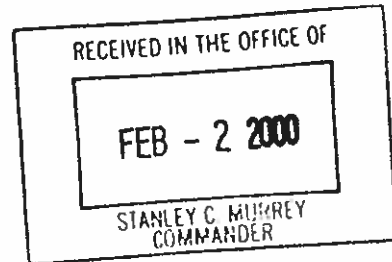
TYPE: Inter-Office Correspondence

TO: Anastacio T. Vazquez, Lieutenant, #650  
Second Platoon, Watch Commander

FROM: Paul A. Styles, #656  
Second Platoon, Field Supervisor

DATE: 28 January 2000

SUBJECT: Replacement Body Armor.



Sir,

I am requesting to be reimbursed for body armor. It has been over five(5) years. I have ordered body armor from Atwell's Police and Fire Equipment Company 207 Chestnut Street Painesville, Ohio 44070. Attached is order form.

Respectfully,  
*Paul A. Styles #656*  
Paul A. Styles, Sergeant, #656

*Sir,*  
*I respectfully request the above request be approved.*  
*Respectfully submitted*  
*Lt. Anastacio Vazquez #650*

6 FEB '00

*Sir:*  
*Recommended approval.*  
*Respectfully,*  
*Stanley C. Murphy*

**ATWELL'S**  
 POLICE & FIRE EQUIPMENT CO.  
 207 Chestnut Street  
 PAINESVILLE, OHIO 44077  
 (440) 354-6593 • Cleve. (440) 951-0347  
 1 800-362-1361 FAX (440) 354-0812

CUSTOMER'S ORDER NO.		PHONE		DATE		
				2-2-2000		
NAME Paul Styles						
ADDRESS C.M.H. A						
SOLD BY Oa	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. RET'D.	
QTY. 1	DESCRIPTION				PRICE	AMOUNT
	Safariland Zero G					500.00
	Gold series					
	Level III A 5234K					
	Blk Garments					
				TAX		28.70
						<del>528.70</del>
RECEIVED BY					TAX	
					TOTAL	

B PRODUCT 810

All claims and returned goods must be accompanied by this bill.

**NEPS** To Reorder Call  
1-800-225-0380

*Thank You*



# CMHA

## Interoffice Memorandum

April 7, 1998

TO: Ruth Penner  
Payroll Department


FROM: Anthony H. Jackson, Chief  
Police Department

Miles T. Cobbs, Deputy Chief  
Police Department

SUBJECT: Overtime Payout SSN: [REDACTED]

Pursuant to your conversation with Ms. Suber-Bey today, please issue the overtime amounts paid for the years of 1995, 1996 and 1997 to Officer Paul Styles as requested for the purpose of Child Support Court.

If there are any further questions, please feel free to contact this office.

  
Miles T. Cobbs, Deputy Chief

### Board of Commissioners

Karen H. Coats, Chairwoman • Dwayne Browder, Vice-Chairman  
Louise Harris • Dr. Consuelo Sousa • Robert C. Townsend II  
Claire E. Freeman, Chief Executive Officer





CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE

TYPE: Inter-office memorandum

TO: PO Paul Styles #25

FROM: Sgt. Patrick J. Donaldson, Range OIC

DATE: 22 October 1997

FILE

SUBJECT: Failure to Achieve Range Proficiency Requirements

PO Styles,


On 20 October 1997 you failed to demonstrate proficiency with your duty weapon during mandatory range qualification. I would therefore direct your attention to the Divisional Manual of Rules and Regulations, Chapter 10.1.10 "Use of Force", which states in part:

"Officers who fail to meet proficiency requirements will be granted a fourteen (14) day grace period in which to become proficient. Within this fourteen (14) day period the officer must, on his own time, report to the range for remedial training and certification. Officers who fail to achieve certification during this grace period shall be placed on suspension. If the officer has failed to achieve certification after one (1) week on suspension, he shall be separated from the Police Department for failure to maintain certification."

You are therefore notified that no later than 03 November 1997, you must successfully demonstrate proficiency with your duty weapon as required by the CMHA Police Department. Failure to do so will result in a request for your immediate suspension being forwarded to the office of the Chief of Police. If you have any questions about this matter, please do not hesitate to contact either myself or Lt. Morenz.

CC: Files  
Murrey

Passed  
10/22/97

  
Patrick Donaldson, Sgt.

P.O. Styles #25



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE

TYPE: Inter-office memorandum

TO: PO Paul Styles #25

FROM: Sgt. Patrick J. Donaldson, Range OIC

DATE: 22 October 1997

SUBJECT: Failure to Achieve Range Proficiency Requirements

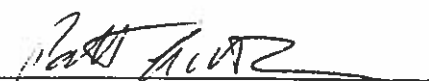
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CC: Files  
Murrey

  
Patrick Donaldson, Sgt.

  
P.O. Styles #25

STONEMALL CORPORATION  
 00 KEN MAR DRIVE BROADVIEW HEIGHTS, OHIO 44147  
 (216) 526-0001

STONEMALL UNIFORMS  
 CLEVELAND SUBURBAN UNIFORM

43952

SOLD

SHIP TO

CM 477

Paul Styles

ORDER DATE		CUST. P.O. NO.	SALESMAN	SHIPPED VIA	TOTAL ITEMS	PACKED BY	SHIPPED BY	DATE SHIPPED	
VENDOR		ANNIVERSARY DATE	P.O. FINANCE NO.	LOCATION	SOCIAL SECURITY NO.	EMPLOYEE DESIGNATION			
QUANTITY		STOCK NO.		DESCRIPTION		SIZE	UNIT PRICE	EXTENSION	
ORD.	OH	BO	SHIP						
3			3	45 Shirts		1 1/2 x 3 1/4			
2			2	T-Shirts		30X			
				Bought Back 3 1/2 Shirts					
				2-15 1/2 x 3 1/4					
				Refused T-Shirts 2015/12					
				4 1/2 Shirts					
				4 1/2 Shirts					
				1 - T-Shirts					
				SPECIAL INSTRUCTIONS				SUB TOTAL	
								TAX	
								SHIPPING	
								TOTAL	
								DEPOSIT	
								BALANCE	
				BUSINESS PHONE	HOME PHONE		DATE		
				SIGNATURE/ORDERED					
				SIGNATURE/RECEIVED					

Paul Styles 1/15/93

CUSTOMER COPY

**Cuyahoga Metropolitan Housing Authority**

**BUY MONEY FUND  
TRANSFER FORM**

This form must be completed whenever a fund custodian takes vacation, retires, resigns, transfers or in any manner leaves their respective position.

Cost Center Name: Police & Security Cost Center Number: 210

<u>Quantity</u>	<u>Denomination</u>	<u>Total</u>
_____	x \$100.00 =	_____
<u>6</u>	x \$50.00 =	<u>300.00</u>
<u>6</u>	x \$20.00 =	<u>120.00</u>
_____	x \$10.00 =	_____
_____	x \$5.00 =	_____
_____	x \$1.00 =	_____
_____	x \$.50 =	_____
_____	x \$.25 =	_____
_____	x \$.10 =	_____
_____	x \$.05 =	_____
_____	x \$.01 =	_____

Total Cash On Hand: 420.00

Total Original Receipts (Attached): 0

Total Cash On Hand and Receipts: 420.00

Buy Money Fund Amount: 420.00

(As Authorized by the Chief Financial Officer)

Variance, if any: 0

Signature of Old Buy Money Custodian: Sgt. Reed Date: 9/28/05

(The Custodian is responsible for all petty cash shortages. In the event of a shortage, the Petty Cash Custodian must reimburse the Fund within twenty-four (24) hours or a payroll deduction will be initiated.)

Signature of New Buy Money Custodian: Doreen A. Steyer Date: 9/27/05

(The Custodian is responsible for all petty cash shortages. In the event of a shortage, the Petty Cash Custodian must reimburse the Fund with ten (10) business days or a payroll deduction will be initiated.)

Auditor: [Signature] Date: 9/28/05

Cost Center Director/Manager: [Signature] Date: 9-28-05



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Paul Styles #656, Sergeant- OIC Narcotics Unit

**FROM:** Ronald J. Morenz #626, Lieutenant-Special Operations

PAGE 1 of 1	SUBJECT Failure to Comply with DN #05-089 titled Using the Multipurpose Misdemeanor Complaint Form	DATE 19SEP05
----------------	-------------------------------------------------------------------------------------------------------	-----------------

On 16SEP05, you and Det. Paul Hermensky #05 arrested Clifford Johnson for Criminal Trespass at 2720 Cedar Ave. Johnson was transported to the Cleveland Police Department 4<sup>th</sup> District and booked. On 17SEP05, Det. Hermensky filed charges with the City of Cleveland Prosecutor's Office against Johnson.

Departmental Notice #05-089 dated 06SEP05, outlines the procedures to be followed when making certain M-4 arrests, including Criminal Trespass. A MM Citation should have been issued as a Misdemeanor Complaint & Summons, and left at the District as the charging instrument.

As a supervisor it is your responsibility to know Departmental Policies and Procedures, and insure that the officers under your command are in compliance with them. In this case you failed to provide the proper leadership required of a Unit OIC. I am confident that you will not allow this type of scenario to occur in the future. If you do not understand a particular General Police order of Departmental Notice, contact me for clarification.

*Reviewed 9-21-05  
 Jx my 626  
 for 656*

  
 Ronald J. Morenz, Lieutenant



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DIVISION**



TO: All members of the Division of Police  
 FROM: Anthony H. Jackson, Chief of Police  
 DATE: September 6, 2005

Page 1 of 2	<b>USING THE MULTIPURPOSE MISDEMEANOR COMPLAINT FORM</b>	DN #05-089
-------------	--------------------------------------------------------------	------------

The Multi-Purpose Misdemeanor Complaint Form (MMCF) shall serve as the affidavit and charging instrument when misdemeanor four (M4s) and/or minor misdemeanors violations of the crimes below are committed in the officer's presence. Officers shall not consult a prosecutor *for arrests* or citations of these offenses.

Officers shall check the Misdemeanor Complaint & Summons or the Minor Misdemeanor Citation block in the upper left corner of the MMCF. Checking the incorrect box invalidates the affidavit. The title or name, letter/number designation of the offense and the penalty classification must be noted in the "Description of Offense" section. This provides the offender with sufficient notice of the charges. When completing the MMCF in connection with an arrest the officer shall enter the words, "booked at District # (enter district number)" in the space provided for the defendant's signature and date. A Case Report must be generated for all cases M4 or higher.

- CCO 611.06            Public Gaming: (MM), second and subsequent offenses are (M4s)
- CCO 619.07            Public Indecency (M4) first offense only
- CCO 623.04            Criminal Trespass (a) (1), (2), (3), (4) are all (M4s). (a)(5) is an (M1)
- CCO 623.05            Trespass on RTA (M4)
- CCO 623.06            Destruction of Shrubs, Trees or Crops (M4)
- CCO 623.11            Defacing or Removing Signs (M4)
- CCO 629.02            Abandoned Refrigerators and Airtight Containers (M4)

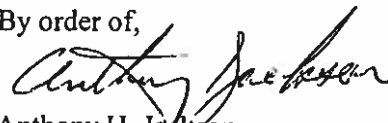
Page 2 of 2	USING THE MULTIPURPOSE MISDEMEANOR COMPLAINT FORM	DN #05-089
-------------	------------------------------------------------------	------------

CCO 675.01-10 Peddlers and Produce Dealers (MM). "Unless... persists in improper peddling after reasonable warning or request to desist" (M1)

CCO 698.01 Ticket Brokers (M4), second conviction within two years (M2)

Attachment

By order of,



Anthony H. Jackson,  
Chief of Police





# CMHA - Police Division

## Case Report

### Detail



Print Date/Time: 09/19/2005 09:54

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

Login ID: Morenz626

ORI Number: OH0186800

Case Number: 2005-00012236

#### Case Details

Case Number: 2005-00012236  
Location: 2702 CEDAR AVE  
Cleveland, OH, 44115

Incident Type: Criminal Trespass  
Occurred From: 09/16/2005 19:51  
Occurred Thru: 09/16/2005 20:15

Reporting Officer ID: 05 - Hermensky  
Scene Processed By: 05 - Hermensky  
Assigned Bureau: Narcotics

Status: Open Pending Charges  
Disposition:  
Exc Clear:

Status Date: 9/16/2005  
Disposition Date:  
Exc Clear Date:

#### Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	OHCLP0000	CPD	623.04A	CRIMINAL TRESPASSING -KNOWINGLY ENTER/REMAIN	1

#### Offense #1

Group/ORI: OHCLP0000 Crime Code: CPD Statute: 623.04A Counts: 1 Attempt/Commit Code: Commit  
Description: CRIMINAL TRESPASSING -KNOWINGLY ENTER/REMAIN Offense Date: 09/16/2005  
NCIC Code: Scene Code: 105 - Olde Cedar Bias/Motivation: No Bias  
Offense Status: Open Status Date: 09/16/2005 Occupancy Code:  
Gang Related: Unknown Aiding/Abetting: Sub-Code:  
# of Adults: 1 # of Juveniles: IBR Seq. NO: 1  
Property Damage Amt: Abandoned Structure: No Household Status:  
Domestic Circumstance: Carjacking: No Lane:  
Accosting Situation: Gambling: No Hate Bias Indicator:  
Motivated:

#### Offender Suspected Of Using

Alcohol: Unknown  
Drugs: Yes  
Computer: N/A

#### Victim Suspected Of Using

Alcohol:  
Drugs:  
Computer:

#### Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB
Suspect	1	Clifford Johnson	9809 CAYLORD AVE Cleveland, OH 44104	(216) 240-4471	Black	Male	07/12/1980

#### Subject #1 - Suspect

Primary: Yes Suspect Type: Suspect  
Name: Clifford Johnson Race: Black Sex: Male DOB: 07/12/1980  
Address: 9809 CAYLORD AVE Height: 5ft. 7in. Weight: 175.0 lbs. Build: Medium  
Cleveland, OH 44104 Eyes: Brown Hair: Black  
Phone: (216) 240-4471 SSN: [REDACTED] DVL#: State:

Resident Type: \*N/A\*  
Disposition: Arrested

Resident Status: Non-resident Statement Type: Verbal  
Date: 09/16/2005

#### Related Offenses

Group/ORI	Crime Code	Statute	Description
OHCLP0000	CPD	623.04A	CRIMINAL TRESPASSING -KNOWINGLY ENTER/REMAIN

Domestic Violence: No Domestic Violence Referrals: Federal Agencies Involved: No

#### Arrests

Arrest No.	Name	Address	Date/Time	Type
670 A	Clifford Johnson	9809 CAYLORD AVE Cleveland, OH 44104	09/16/2005 20:15	Fresh

Arrest No.: 670 A Date/Time: 09/16/2005 20:15 Type: Fresh Status: H-CPD 4th District  
Name: Clifford Johnson Race: Black Sex: Male DOB: 07/12/1980  
Address: 9809 CAYLORD AVE Height: 5ft. 7in. Weight: 175.0 Build: Medium



# CMHA - Police Division Case Report Detail



Print Date/Time: 09/19/2005 09:54

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY  
ORI Number: OH0186800

Login ID: Morenz626  
Case Number: 2005-00012236  
Cleveland, OH 44104  
Phone: (216) 240-4471

Eyes: Brown  
SSN: [REDACTED]

Hair: Black  
DVL#:

Marital: Single  
State:

Location: 2702 CEDAR RD  
Cleveland, OH 44115

ID Procedure: Photo  
Age At Arrest: 25  
Basis For Caution: Armed  
Alcohol Influence:  
Statement Type: Verbal

Miranda ID: 05  
Resident Type: \*N/A\*  
Arrest Result Of: On-View  
Drug Influence: Yes  
Statement ID: 05

Miranda Date/Time: 09/16/2005 00:00  
Resident Status: Non-resident  
Clears Case:  
Resisted Arrest: No

Arresting Officers  
656 - Styles  
05 - Hermensky

Bureau  
Narcotics  
Narcotics

Weapon Codes

Feature

Arrest Charges

No.	Group/ORI	Crime Code	Statute	Description
1	OHCLP0000	CPD	623.04A	CRIMINAL TRESPASSING -KNOWINGLY ENTER/REMAIN
Counts: 1		Charge Date/Time:		Attempt/Commit: Commit

Property

Suspect Vehicles

Narrative-Hermensky 05  
Sir,

On 16SEP05, while assigned to the CMHA Police Narcotic Unit, with Sgt. Styles #656. With the assistance of Unit 202-B PO Ortiz #95, we arrested Clifford Johnson 25/b/m/s for Criminal Trespass. The following are the facts related to the arrest.

At 1951 hours, while at the Old Cedar Estate I observed a male identified as Clifford Johnson in the area of 2702 Cedar Rd. When I observed Johnson I immediately recalled that I arrested him in the past for Violation of State Drug Law, and a firearms charge. When Johnson noticed our presence he appeared to become nervous and started walking away. I also suspected that Johnson was listed on the CMHA Banned List.

I approached Johnson to conduct a further investigation. While conferring with him, I smelled the odor of burnt marijuana upon his person. A routine wants and warrants check was requested for Johnson and he cleared. Dispatch confirmed that he is currently listed on the Banned List. He was advised that he was being placed under arrest for Criminal Trespass and secured in handcuffs. He was placed in the rear of CMHA Police Zone Car #202-B and transported to the Cleveland Police Department's 4th District, where he was booked on the above listed charge.

Supplement-Hermensky 05  
Sir,

On 17SEP05, while assigned to the CMHA Police Narcotic Unit, I filed charges against Clifford Johnson



# CMHA - Police Division Case Report Detail



Print Date/Time: 09/19/2005 09:54

Login ID: Morenz626

Case Number: 2005-00012236

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

ORI Number: OH0186800

25/b/m/s for Criminal Trespass.

I responded to the City of Cleveland Prosecutors Office and conferred with Assistant Prosecutor Bonnaci. After briefing him on the nature of the arrest, he issued papers for the listed above charge.

\_\_\_\_\_  
Reporting Officer

\_\_\_\_\_  
Date

**From:** Ron Morenz  
**To:** Styles, Paul  
**Date:** 10/5/2005 9:40:40 AM  
**Subject:** Monthly Plan

I need an Action Plan for October 2005, broken down by weeks, to submit to the Commander. Include any weeks in November that you are going to be on vacation.

You didn't put in your CMHAPD94-001 if the female is willing to buy or not, that's the biggest question. She is going to be used in a bigger investigation, DO NOT do anything with her without contacting me.

YOU DID NOT SUBMIT WHAT WAS  
REQUESTED. SEE ATTACHED NOTES.  
UPON COMPLETION, RETURN THIS PACKAGE  
SIGNED INCLUDING DATE/TIME.

SGT. Styles #656  
06 OCT 05 @ 2300hrs  
626



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Ronald J. Morenz #626 Lieutenant Special Operations

**FROM:** Paul A. Styles #656 Sergeant Narcotics Unit OIC

PAGE <b>1 of 1</b>	SUBJECT <b>Narcotics Unit Action Plan for the Month of October</b>	DATE <b>05OCT05</b>
-----------------------	-----------------------------------------------------------------------	------------------------

Sir,

The Narcotics Unit Action Plan for the month of October are as follows:

- Were going to continue aggressive patrol and surveillances at areas where most of the complaints are coming from for the rest of the month including when I am on vacation. } *WHERE?*
- We are also planning on serving several search warrants prior to months ending. } *WHERE - AS A RESULT*
- For the week of 17OCT05 thru 21OCT05 I would like to do some buy bust at Garden Valley, King Kennedy, and Carver Park using the surveillance van. } *DO YOU HAVE SPECIAL UNITS IN MIND?*
- Were also going to continue making control buys. - *FROM WHERE - USING WHO?*

*THIS IS NOT ~~WHAT~~ WHAT WAS REQUESTED* Respectfully,

Paul A. Styles  
 Paul A. Styles, Sergeant

*06OCT05 THROUGH 07OCT05:*



*08OCT05 THROUGH 14OCT05*



*PLUS THE WEEK YOU OFF IN NOVEMBER.*



**C.M.H.A.**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**DIVISION OF POLICE**



**TO: Paul Styles, Sergeant #656**

**FROM: Stanley C. Murrey, Deputy Chief of Administration #603**

PAGE <b>1 of 1</b>	SUBJECT <b>SUSPENSION of Vehicle Operators Permit (V.O.P.)</b>	DATE <b>09JUL04</b>
-----------------------	-------------------------------------------------------------------	------------------------

Based on the information provided by the Ohio Bureau of Motor Vehicles (BMV) your Ohio Drivers License (ODL) has expired as of 05JUL04. As a result you are no longer in compliance with the CMHA Vehicle Operation Procedures. Therefore your V.O.P. has been suspended until the valid reinstatement of your ODL pursuant to Administrative Order:

11.13A. An employee shall not be assigned to drive a CMHA automobile unless he/she possesses a valid Ohio and CMHA operator's license

You are to immediately surrender your CMHA Vehicle Operator's Permit to your supervisor.

**WARNING: During this period of suspension, you are forbidden to operate CMHA motor vehicles, or operate a personally owned vehicle while on duty or otherwise on CMHA time. FAILURE TO OBEY THIS ORDER IS "INSUBORDINATION". INSUBORDINATION IS A TERMINABLE OFFENSE.**

Upon attaining a valid status for your ODL, you are to immediately complete a V.O.P. Application, forwarding it through Official Channels.

By order of,

*Stanley C. Murrey*  
 Stanley C. Murrey, Deputy Chief

I acknowledge receipt of this "V.O.P. SUSPENSION" and understand its content.

Signature: *Paul A. Styles* Date/Time: 09Jul/04  
(Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor: *S.C. Murrey #603*  
**SUPERVISOR:** Return the surrendered V.O.P., with this executed form, through official channels.

COMDUC *MU83*  
*7/9/04*

RECEIVED IN THE OFFICE OF  
**JUL 12 2004**  
 COMPLAINT INVESTIGATION UNIT

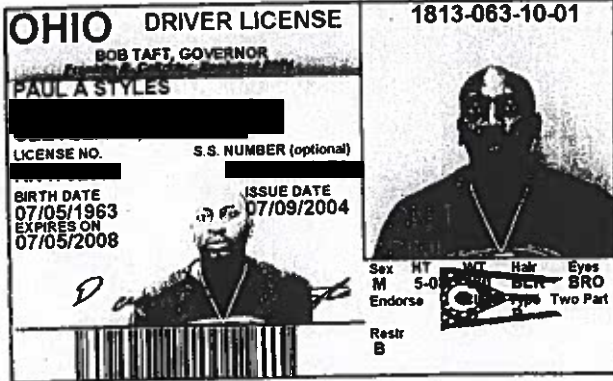
**OHIO DRIVER LICENSE** 1813-063-10-01  
BOB TAFT, GOVERNOR  
PAUL A STYLES

LICENSE NO. [REDACTED] S.S. NUMBER (optional) [REDACTED]

BIRTH DATE 07/05/1963 ISSUE DATE 07/09/2004  
EXPIRES ON 07/05/2008

Sex HT WT Hair Eyes  
M 5-0 [REDACTED] BRN BRO  
Endorse [REDACTED] Two Pat

Restr  
B



FILE



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**

RECEIVED IN THE OFFICE OF  
JUL 12 2001  
STANLEY C. MURREY  
DEPUTY CHIEF



To: Joseph W. Caine  
Patrol Commander

From: Ronald J. Morenz  
Lieutenant- Third Platoon Watch Commander

Date: July 11, 2001

Subject: VOP- Sgt. Paul Styles #656

RECEIVED IN THE OFFICE OF  
JUL 11 2001  
JOSEPH W. CAINE  
PATROL COMMANDER

Sir

Sgt. Styles has received a new CMHA Vehicle Operators Permit. I respectfully request that his driving status be restored.

Respectfully Submitted,

Ronald J. Morenz, Lieutenant

SIR -  
RECOMMEND APPROVAL  
for W. Caine, 604  
11 July 01



TO: Paul Styles, Sergeant

FROM: Stanley C. Murrey, Patrol Commander

PAGE 1 of 1	SUBJECT Supervisor's responsibility	DATE 17 MAY 99
----------------	----------------------------------------	-------------------

On 14 MAY 99, I attended the Greater Cleveland Peace Officer's Memorial Service with a number of C.M.H.A. Police Officers who were both in the parade and memorial service following the parade.

Just prior to the services, the CMHA police officers were standing together. I observed P.O. Michael Spigner #67 was without his hat. Bringing him to the side, I inquired as to the where his hat was, to which he stated that he didn't have it with him and apparently left it at home. I then ordered him to return and stay in the vehicle.

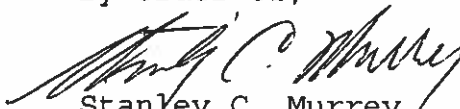
The memorial service is a very prestigious event that brings together police personnel from the U.S., Canada and other foreign departments as far away as England and Australia for example, not to mention the civilian dignitaries present.

Although the immediate supervisor may not be there, he is ultimately responsible for the appearance, decorum and actions of all officers under his command. In this case, the supervisor must ensure that personnel have the required equipment and instructions prior to attending the event.

P.O. Spigner represented not only the Department, but you at this event. In the future ensure that personnel under your command have the proper required equipment prior to going into the field. You are to review and ensure that each of your personnel comply with Chapter 8 of the Manual of Rules and Regulations, specifically Rules #8.1.2 and 8.1.10

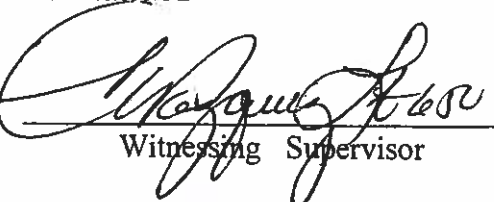
This will be recorded as a training and counseling issue in your personnel file.

By order of,

  
Stanley C. Murrey  
Patrol Commander

  
Paul Styles, Sergeant

05-19-99  
Date

  
Witnessing Supervisor

TO: Paul Styles, Sergeant

FROM: Stanley C. Murrey, Patrol Commander

DATE: 14 MAY 99

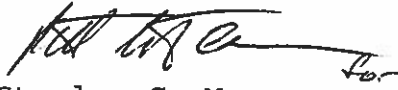
Page 1 of 1

IOC #05.15

Sgt. Styles,

Reports are to be submitted by both yourself and PO Spigner #67 regarding his improper uniform apparel at the Peace Officer Memorial Service on Friday, 14 MAY 99. Specifically, PO Spigner's failure to report with his uniform hat, and why he was permitted to do so. Submit the reports to my office by no later than 0900 hours on Monday, 17 MAY 99.

By order of,

  
Stanley C. Murrey,  
Patrol Commander



TO

L. W. BAKER

FROM

CHAS. HANLEY

SUBJECT

FOLD FOR NO. 9  
MESSAGE

567 57 YEARS

The man I was from early on 1908. Now I am  
a little longer

DATE 11 OCT 99 SIGNED

*[Signature]*

REPLY

FOLD FOR NO. 9

FOLD FOR NO. 10

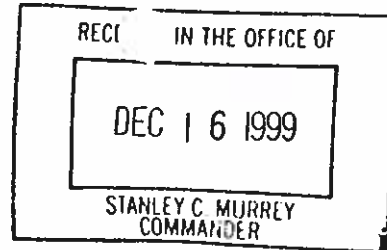
DATE

SIGNED



SENDER: DETACH AND RETAIN YELLOW COPY. SEND WHITE AND PINK COPIES. RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY.

44-902 • TriPLICATE  
44-904 • Quadruplicate



**CMHA**  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



**Type:** Inter-Office Memorandum  
**To:** Anastacio T. Vazquez Lt. Second Platoon Watch commander  
**From:** Paul A. Styles Sgt. # 656 Second Platoon field Sergeant  
**Date:** 12-16-99  
**Subject:** Absent From Staff Meeting

Sir,

On 12 December 1999, I advised you that I will be late for the staff meeting on 14 December 1999 due to the change from our normal meetings on Wednesday. I had to pick up my kids from school because it is my week to watch them. If I had not pick them up, no one would have. I could not find anyone to watch them so I had to stay home with them.

Respectfully,

*Paul A. Styles #656*  
Paul A. Styles Sgt. # 656

21 DEC '99

*LT. VAZQUEZ  
Advise Sgt. Styles to notify you if  
the situation changes that prevents  
him from attending staff late.  
Stanley C. Murrey*



**FILE**

# Ohio Patrolmen's Benevolent Association Official Grievance Form

RECEIVED IN THE OFFICE OF  
27 2001  
STANLEY C. MURREY  
DEPUTY CHIEF

Name of Employee PAUL A. STYLES Department POLICE

Classification SERGEANT

Work Location 2685 E 79<sup>th</sup> ST Immediate Supervisor LT. RONALD J. MORENO #62

### STATEMENT OF GRIEVANCE:

List applicable violation: SGT STYLES WAS ISSUED A WRITTEN REPRIMAND ON 8-16-01  
REF: A MVA OCCURRING ON 5-30-01. PRECEDING IS IN VIOLATION OF  
ARTICLE 9 SECTION 2 - ALL WRITTEN NOTICES SHALL BE ISSUED WITHIN 15  
DAYS FROM THE DATE OF THE INCIDENT.

Adjustment/remedy required: REMOVE ALL WRITTEN DISCIPLINARY ACTIONS  
ASSOCIATED WITH ABOVE VIOLATION.

I authorize MARK VOLCHECK / RON MORENO as my representative to act for me in the disposition of this grievance.

Date 8-20-01 Signature of Employee Paul A. Styles #651

Signature of Union Representative [Signature] Title LIEUTENANT

Date Presented to Management Representative 8/20/01

Signature [Signature] Title DEPUTY CHIEF

Disposition of Grievance: A NOTIFICATION OF CHARGES WAS ISSUED ON MAY  
30 2001. THE INCIDENT OCCURED ON MAY 26, 2001.  
(ONLY 3 BUSINESS DAYS) THE GRIEVANCE IS DENIED.

THIS STATEMENT OF GRIEVANCE IS TO BE MADE IN TRIPLICATE. ALL THREE COPIES ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE O.P.B.A. REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO \_\_\_\_\_

COPY: \_\_\_\_\_

COPY: O.P.B.A. GRIEVANCE FILE

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF O.P.B.A.



TO: Paul A. Styles, Sergeant- 3<sup>rd</sup> Platoon.

FROM: Stanley C. Murrey, Deputy Chief

DATE: 07JUN 01

**FILE**

PAGE <b>1 of 1</b>	SUBJECT <b>Suspension of CMHA Vehicle Operators Permit</b>	Control NUMBER <b>06.02</b>
-----------------------	---------------------------------------------------------------	--------------------------------

Sgt. Styles,

Your CMHA Vehicle Operators Permit has been suspended for a period of thirty days from 31MAY01 to 29JUN01. After that date, you will need to apply for a new VOP.

By order of,

*Stanley C. Murrey* <sup>scm</sup>  
Stanley C. Murrey  
Deputy Chief



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Paul Styles #656, Sergeant- OIC Narcotics Unit

**FROM:** Ronald J. Morenz #626, Lieutenant-Special Operations

PAGE 1 of 2	SUBJECT Supervisory Approval of Reports that Do Not Comply with Departmental Standards	DATE 19SEP05
----------------	-------------------------------------------------------------------------------------------	-----------------

On 17SEP05, you and Det. Paul Hermensky #05 arrested Gregory Hardy and Raymelle Welch for Violation of the State Drug Law at 6206 Woodland Ave. You reviewed and approved the narrative, which does not conform to Departmental Standards. In addition, Det. Hermensky failed to describe the three tattoos that Welch has, they are listed only as medium tattoos.

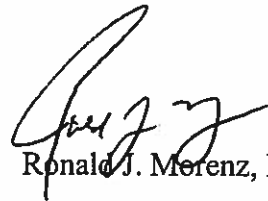
All reports begin the same way, the format is as follows: On 17SEP05, I was assigned to ZC809, along with Sgt. Styles #656. We were assisted by ZC303-A, PO Spigner #67. We arrested Gregory Hardy 45/b/m/s and Raymelle Welch 27/b/m/s for Violation of the State Drug Law. The following are the facts related to the arrests: This is not the format followed by Det. Hermensky. As I reviewed the report further I found that Det. Hermensky still writes his reports the way he did when he was previously in the Narcotics Unit. Instead of saying what happened, he likes to make it more "flowery". For instance he wrote, "I noticed Hardy partially submerged his right hand into his right fronts pants pocket." If Hardy placed his hand into a pocket, partially or all the way, that is what needs to be written. Another example, "Once they got behind the building, they were crouched down, they immediately stood erect once they observed our presence." These are two separate sentences, not one. If they stood up, write that. He does not need to add "flowery" words to make his report sound better. In fact, he does just the opposite. He also likes to write "they appeared nervous". In the future when he writes this he needs to articulate why they appeared to be nervous. What were the observations that led him to this conclusion? The sentence, "With camera #8 picture 21 was taken of Hardy and picture 22 was taken of Welch." If he is referring to Booking Photos's, he should write that. I have attached a copy of the CMHA Police Department Report Writing Guide for your, and Det. Hermensky's, review.

I also cannot understand why Welch was arrested for VSDL. There is nothing in the report that describes Welch discarding the drugs, or that he was observed with them. The area behind the store is a well-known crack area. While we both know that Welch probably discarded the drugs, who is going to testify that he was in possession of them? They were in a wide open area with access to anyone who walked through. If he takes it to trial, you won't win.

PAGE 2 of 2	SUBJECT Supervisory Approval of Reports that Do Not Comply with Departmental Standards	DATE 19SEP05
----------------	-------------------------------------------------------------------------------------------	-----------------

Reviewing reports as the OIC of the Narcotics Unit is the same as when you were reviewing reports on a shift, nothing has changed. As a supervisor you must hold your subordinates accountable for their actions, whether it is report writing or making an arrest. Review the Report Writing Guide so that you can properly review reports using Departmental guidelines. Then review it with Det. Hermensky so that he can raise his level of writing to comply with Departmental Regulations. If you need further assistance, feel free to contact me for guidance.

REVIEWED 9-21  
JC mg 626  
Pos 656

  
Ronald J. Merenz, Lieutenant





ORIGINAL REPORT NARRATIVE

# CMHA - Police Division Case Report Detail



Print Date/Time: 09/19/2005 08:54

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY  
ORI Number: OH0186800

Login ID: Morenz626  
Case Number: 2005-00012298

### Case Details

Case Number: 2005-00012298  
Location: 6206 WOODLAND AVE  
Cleveland, OH, 44104  
Incident Type: Possession Controlled Substances  
Occurred From: 09/17/2005 14:53  
Occurred Thru: 09/17/2005 15:52

Reporting Officer ID: 05 - Hermensky  
Scene Processed By: 05 - Hermensky  
Assigned Bureau: Narcotics  
Status: Active / Ref. to Detective  
Disposition: Exc Clear:  
Status Date: 9/17/2005  
Disposition Date:  
Exc Clear Date:

### Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II	1

#### Offense #1

Group/ORI: State	Crime Code: 35A	Statute: 2925.03C1	Counts: 1	Attempt/Commit Code: Commit
Description: Trafficking in Drugs - include in Schedule I or II				Offense Date: 09/17/2005
NCIC Code:		Scene Code: Off Property		Bias/Motivation:
Offense Status: Open		Status Date: 09/17/2005		Occupancy Code:
Gang Related: Unknown		Aiding/Abetting:		Sub-Code:
# of Adults: 2		# of Juveniles:		IBR Seq. NO: 1
Property Damage Amt:		Abandoned Structure: No		Household Status:
Domestic Circumstance:		Carjacking: No		Lane:
Accosting Situation:		Gambling: No	Hate Bias Indicator:	
		Motivated:		

#### Offender Suspected Of Using

Alcohol: Unknown  
Drugs: Unknown  
Computer: N/A

#### Victim Suspected Of Using

Alcohol:  
Drugs:  
Computer:

#### Evidence Collected

Material

#### Criminal Activity

Buying/Receiving  
Distribute/Sell

#### Tools Used

#### Security Systems

### Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB
Suspect	1	Gregory Hardy	2309 E 87TH ST Cleveland, OH 44106	(216) 229-3039	Black	Male	06/25/1960
Suspect	2	Raymelle D Welch	2516 SCOVILL AVE Cleveland, OH 44104	(216) 254-4584	Black	Male	06/16/1978

#### Subject #1 - Suspect

Primary: No	Suspect Type: Suspect	
Name: Gregory Hardy	Race: Black	Sex: Male
Address: 2309 E 87TH ST Cleveland, OH 44106	Height: 5ft. 8in.	Weight: 200.0 lbs.
Phone: (216) 229-3039	Eyes: Brown	Hair: Black
	SSN: [REDACTED]	DVL#:
		State:

Resident Type: \*N/A\*

Disposition: Arrested

Resident Status: Non-resident

Date: 09/17/2005

Statement Type: Verbal

#### Related Offenses

Group/ORI	Crime Code	Statute	Description
State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II

Domestic Violence: No      Domestic Violence Referrals:      Federal Agencies Involved: No

#### Subject #2 - Suspect

Primary: No	Suspect Type: Suspect	
Name: Raymelle D Welch	Race: Black	Sex: Male
Address: 2516 SCOVILL AVE Cleveland, OH 44104	Height: 5ft. 8in.	Weight: 252.0 lbs.
	Eyes: Brown	Hair: Black
		DOB: 06/16/1978
		Build: Heavy



# CMHA - Police Division Case Report Detail



Print Date/Time: 09/19/2005 08:54

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY  
ORI Number: OH0186800

Login ID: Morenz626  
Case Number: 2005-00012298

Phone: (216) 254-4584

SSN: [REDACTED] DVL#:

State:

Resident Type: \*N/A\*  
Disposition: Arrested

Resident Status: Non-resident  
Date: 09/17/2005

Statement Type: Verbal

**Related Offenses**

Group/ORI	Crime Code	Statute	Description
State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II

Domestic Violence: No      Domestic Violence Referrals:      Federal Agencies Involved: No

**Arrests**

Arrest No.	Name	Address	Date/Time	Type
674 A	Raymelle D Welch	2516 SCOVILL AVE Cleveland, OH 44104	09/17/2005 14:53	Fresh
673 A	Gregory Hardy	2309 E 87TH ST Cleveland, OH 44106	09/17/2005 14:53	Fresh

**Arrest No.:** 674 A      **Date/Time:** 09/17/2005 14:53      **Type:** Fresh      **Status:** H-CPD CPU  
**Name:** Raymelle D Welch      **Race:** Black      **Sex:** Male      **DOB:** 06/16/1978  
**Address:** 2516 SCOVILL AVE      **Height:** 5ft. 8in.      **Weight:** 252.0      **Build:** Heavy  
 Cleveland, OH 44104      **Eyes:** Brown      **Hair:** Black      **Marital:** Single  
**Phone:** (216) 254-4584      **SSN:** 282-76-7574      **DVL#:**      **State:**

**Scars, Marks, Tattoos**

Tattoo	Type:	Medium Tattoo	Location:	TAT UR ARM	Description:
Tattoo	Type:	Medium Tattoo	Location:	TAT RF ARM	Description:
Tattoo	Type:	Medium Tattoo	Location:	TAT LF ARM	Description:

Location: 6206 WOODLAND AVE  
Cleveland, OH 44104

ID Procedure: Verbally Given  
Age At Arrest: 27  
Basis For Caution:  
Alcohol Influence: Unknown  
Statement Type: Verbal

Miranda ID: 05  
Resident Type: 999 - Off Property  
Arrest Result Of: On-View  
Drug Influence: Unknown  
Statement ID: 05

Miranda Date/Time: 09/17/2005 15:15  
Resident Status: Non-resident  
Clears Case: Unknown  
Resisted Arrest: No

**Arresting Officers**

656 - Styles      Bureau Narcotics  
05 - Hermensky      Narcotics

**Weapon Codes**

**Feature**

**Arrest Charges**

No.	Group/ORI	Crime Code	Statute	Description
1	State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II

Counts: 1      Charge Date/Time:      Attempt/Commit: Commit

**Arrest No.:** 673 A      **Date/Time:** 09/17/2005 14:53      **Type:** Fresh      **Status:** H-CPD CPU  
**Name:** Gregory Hardy      **Race:** Black      **Sex:** Male      **DOB:** 06/25/1960  
**Address:** 2309 E 87TH ST      **Height:** 5ft. 8in.      **Weight:** 200.0      **Build:** Medium  
 Cleveland, OH 44106      **Eyes:** Brown      **Hair:** Black      **Marital:** Single  
**Phone:** (216) 229-3039      **SSN:** [REDACTED]      **DVL#:**      **State:**

Location: 6206 WOODLAND AVE  
Cleveland, OH 44104

ID Procedure: Verbally Given  
Age At Arrest:  
Basis For Caution: No Basis for Caution  
Alcohol Influence: Unknown  
Statement Type: Verbal

Miranda ID: 05  
Resident Type: \*N/A\*  
Arrest Result Of: On-View  
Drug Influence: Unknown  
Statement ID: 05

Miranda Date/Time: 09/17/2005 14:53  
Resident Status: Non-resident  
Clears Case: Unknown  
Resisted Arrest: No

**Arresting Officers**

**Bureau**

**Weapon Codes**

**Feature**



# CMHA - Police Division

## Case Report

### Detail



CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY  
ORI Number: OH0186800

Print Date/Time: 09/19/2005 08:54

Login ID: Morenz626

Case Number: 2005-00012298

656 - Styles Narcotics  
05 - Hermensky Narcotics

Condition: Appears Normal

Medical Treatment:

Hospital:

**Injury Types**

N/A

**Arrest Charges**

No.	Group/ORI	Crime Code	Statute	Description
1	State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II
Counts: 1		Charge Date/Time:		Attempt/Commit: Commit

**Property**

Date	Code	Type	Make Model	Description	Tag No.	Item No.
09/17/2005	Evidence/Seized	Drugs		A torn plastic baggie containing 6 pieces of crack-cocaine plus crumbs		
09/17/2005	Evidence/Seized	Drugs		One piece of crack-cocaine with purple paper		

**Seq #2**

<b>Property Codes</b> Evidence/Seized	<b>Property Type:</b> Drugs <b>UCR Value:</b>	<b>Property Class:</b> Drugs <b>Initial Value:</b>	<b>Date Received:</b> 09/17/2005 <b>Stolen Location:</b>
<b>Quantity:</b> 6.000	<b>Unit Of Measure:</b> Pieces	<b>Measurement Source:</b>	<b>Description:</b> A torn plastic baggie containing 6 pieces of crack-cocaine plus crumbs

**Associated Subjects**

Type	Name	Address	Phone	Notified How	Date
Owner	Raymelle D Welch	2516 SCOVILL AVE Cleveland, OH 44104	(216) 254-4584		

**Seq #1**

<b>Property Codes</b> Evidence/Seized	<b>Property Type:</b> Drugs <b>UCR Value:</b>	<b>Property Class:</b> Drugs <b>Initial Value:</b>	<b>Date Received:</b> 09/17/2005 <b>Stolen Location:</b>
<b>Quantity:</b> 1.000	<b>Unit Of Measure:</b> Each	<b>Measurement Source:</b>	<b>Description:</b> One piece of crack-cocaine with purple paper

**Associated Subjects**

Type	Name	Address	Phone	Notified How	Date
Owner	Gregory Hardy	2309 E 87TH ST Cleveland, OH 44106	(216) 229-3039		

**Suspect Vehicles**

**Narrative-Hermensky 05**

Sir,

On 17SEP05, while assigned to the CMHA Police Narcotics Unit, with Sgt. Styles #656, assisted by Unit 303-A PO Spigner #67 we arrested both Gregory Hardy 45/b/m/s and Raymelle Welch 27/b/m/s for Violation of State Drug Law. The following are the facts related to the arrests.

At approximately 1453 hours, while driving Zone Car 809 eastbound on Woodland Avenue, in the area of 6206 Woodland Ave. we observed two males identified as Gregory Hardy and Raymelle Welch engaged in a hand-



# CMHA - Police Division Case Report Detail



Print Date/Time: 09/19/2005 08:54

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

Login ID: Morenz626

ORI Number: OH0186800

Case Number: 2005-00012298

to-hand drug transaction. I immediately recognized Welch from suspected prior drug related activity. They both started walking around the building of this address. Once they got behind the building, they were crouched down, they immediately stood erect once they observed our presence. They appeared to be nervous, they then placed their hands at their sides. I noticed Hardy partially submerged his right hand into his right front pants pocket.

As we approached the males to further investigate the situation, I advised them to keep their hands visible, Welch appeared to be reluctant, and it appeared that he might be attempting to conceal or discard an unidentified object or objects. While conferring with the males they were unable to produce a reason for their actions and continued to appear nervous. When I inquired as to what Hardy placed in his right pants pocket, he stated a chain. He gave me permission to remove the contents of his right front pants pocket, which revealed a piece of purple paper containing one piece of suspected crack-cocaine, and a small silver chain. I advised him that he was under arrest for Violation of the State Drug Law.

While Sgt. Styles was conferring with Welch, he recovered a torn plastic baggie containing 6 pieces plus crumbs of suspected crack-cocaine from the ground next to Welch's right foot. Welch was advised that he was being placed under arrest for Violation of the State Drug Law. A search incident to arrest revealed that Hardy had a total of \$10.50 US currency and Welch had \$20.00 US Currency.

Both males were secured in handcuffs, advised of their Miranda Rights and put in the rear of Zone Car #303A. They were then transported to the Cleveland Police Central Processing Unit (CPU), where they were booked on the above charge. With camera #8 picture #21 was taken of Hardy and picture #22 was taken of Welch. We also completed CMHA Police Field Booking Cards for the males.

The piece of purple paper containing 1 piece of suspected crack-cocaine and the torn plastic baggie containing 6 pieces of suspected crack-cocaine plus crumbs were sealed in evidence bags, transported to CMHA Police Headquarters, where they were turned over to Sgt. Styles #656 for processing.

\*\*\*\*\*CMHA Police Narcotic Unit to Conduct the Follow-UP\*\*\*\*\*

Reporting Officer \_\_\_\_\_

Date \_\_\_\_\_



# CMHA - Police Division

## Case Report Detail



*CORRECTED  
REPORT  
NARRATIVE*

Print Date/Time: 09/19/2005 09:13

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

Login ID: Morenz626

ORI Number: OH0186800

Case Number: 2005-00012298

### Case Details

Case Number: 2005-00012298  
Location: 6206 WOODLAND AVE  
Cleveland, OH, 44104

Incident Type: Possession Controlled Substances  
Occurred From: 09/17/2005 14:53  
Occurred Thru: 09/17/2005 15:52

Reporting Officer ID: 05 - Hermensky  
Scene Processed By: 05 - Hermensky  
Assigned Bureau: Narcotics

Status: Active / Ref. to Detective  
Disposition:  
Exc Clear:

Status Date: 9/17/2005  
Disposition Date:  
Exc Clear Date:

### Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II	1

#### Offense #1

Group/ORI: State      Crime Code: 35A      Statute: 2925.03C1      Counts: 1      Attempt/Commit Code: Commit  
Description: Trafficking in Drugs - include in Schedule I or II      Offense Date: 09/17/2005  
NCIC Code:      Scene Code: Off Property      Bias/Motivation:  
Offense Status: Open      Status Date: 09/17/2005      Occupancy Code:  
Gang Related: Unknown      Aiding/Abetting:      Sub-Code:  
# of Adults: 2      # of Juveniles:      IBR Seq. NO: 1  
Property Damage Amt:      Abandoned Structure: No      Household Status:  
Domestic Circumstance:      Carjacking: No      Lane:  
Accosting Situation:      Gambling: No      Hate Bias Indicator:  
Motivated:

#### Offender Suspected Of Using

Alcohol: Unknown  
Drugs: Unknown  
Computer: N/A

#### Victim Suspected Of Using

Alcohol:  
Drugs:  
Computer:

#### Evidence Collected

Material

#### Criminal Activity

Buying/Receiving  
Distribute/Sell

#### Tools Used

#### Security Systems

### Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB
Suspect	1	Gregory Hardy	2309 E 87TH ST Cleveland, OH 44106	(216) 229-3039	Black	Male	06/25/1960
Suspect	2	Raymelle D Welch	2516 SCOVILL AVE Cleveland, OH 44104	(216) 254-4584	Black	Male	06/16/1978

#### Subject #1 - Suspect

Primary: No  
Name: Gregory Hardy  
Address: 2309 E 87TH ST  
Cleveland, OH 44106  
Phone: (216) 229-3039

Suspect Type: Suspect  
Race: Black      Sex: Male      DOB: 06/25/1960  
Height: 5ft. 8in.      Weight: 200.0 lbs.      Build: Medium  
Eyes: Brown      Hair: Black  
SSN: [REDACTED]      DVL#:      State:

Resident Type: \*N/A\*  
Disposition: Arrested

Resident Status: Non-resident      Statement Type: Verbal  
Date: 09/17/2005

#### Related Offenses

Group/ORI	Crime Code	Statute	Description
State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II

Domestic Violence: No      Domestic Violence Referrals:      Federal Agencies Involved: No

#### Subject #2 - Suspect

Primary: No  
Name: Raymelle D Welch  
Address: 2516 SCOVILL AVE  
Cleveland, OH 44104

Suspect Type: Suspect  
Race: Black      Sex: Male      DOB: 06/16/1978  
Height: 5ft. 8in.      Weight: 252.0 lbs.      Build: Heavy  
Eyes: Brown      Hair: Black



# CMHA - Police Division

## Case Report

### Detail



Print Date/Time: 09/19/2005 09:13

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

Login ID: Morenz626  
Case Number: 2005-00012298

ORI Number: OH0186800

Phone: (216) 254-4584

SSN: [REDACTED] DVL#:

State:

Resident Type: \*N/A\*  
Disposition: Arrested

Resident Status: Non-resident  
Date: 09/17/2005

Statement Type: Verbal

**Related Offenses**

Group/ORI	Crime Code	Statute	Description
State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II

Domestic Violence: No Domestic Violence Referrals: Federal Agencies Involved: No

**Arrests**

Arrest No.	Name	Address	Date/Time	Type
674 A	Raymelle D Welch	2516 SCOVILL AVE Cleveland, OH 44104	09/17/2005 14:53	Fresh
673 A	Gregory Hardy	2309 E 87TH ST Cleveland, OH 44106	09/17/2005 14:53	Fresh

**Arrest No.:** 674 A  
**Name:** Raymelle D Welch  
**Address:** 2516 SCOVILL AVE  
 Cleveland, OH 44104  
**Phone:** (216) 254-4584  
**Date/Time:** 09/17/2005 14:53  
**Type:** Fresh  
**Status:** H-CPD CPU  
**Race:** Black  
**Sex:** Male  
**DOB:** 06/16/1978  
**Height:** 5ft. 8in.  
**Weight:** 252.0  
**Build:** Heavy  
**Eyes:** Brown  
**Hair:** Black  
**Marital:** Single  
**SSN:** [REDACTED]  
**DVL#:**  
**State:**

**Scars, Marks, Tattoos**

Tattoo	Type:	Location:	Description:
Tattoo	Medium Tattoo	TAT UR ARM	Description:
Tattoo	Medium Tattoo	TAT RF ARM	Description:
Tattoo	Medium Tattoo	TAT LF ARM	Description:

Location: 6206 WOODLAND AVE  
Cleveland, OH 44104

ID Procedure: Verbally Given  
 Age At Arrest: 27  
 Basis For Caution:  
 Alcohol Influence: Unknown  
 Statement Type: Verbal

Miranda ID: 05  
 Resident Type: 999 - Off Property  
 Arrest Result Of: On-View  
 Drug Influence: Unknown  
 Statement ID: 05

Miranda Date/Time: 09/17/2005 15:15  
 Resident Status: Non-resident  
 Clears Case: Unknown  
 Resisted Arrest: No

**Arresting Officers**

656 - Styles  
 05 - Hermensky

**Bureau**  
 Narcotics  
 Narcotics

**Weapon Codes**

**Feature**

**Arrest Charges**

No.	Group/ORI	Crime Code	Statute	Description
1	State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II

Counts: 1 Charge Date/Time: Attempt/Commit: Commit

**Arrest No.:** 673 A  
**Name:** Gregory Hardy  
**Address:** 2309 E 87TH ST  
 Cleveland, OH 44106  
**Phone:** (216) 229-3039  
**Date/Time:** 09/17/2005 14:53  
**Type:** Fresh  
**Status:** H-CPD CPU  
**Race:** Black  
**Sex:** Male  
**DOB:** 06/25/1960  
**Height:** 5ft. 8in.  
**Weight:** 200.0  
**Build:** Medium  
**Eyes:** Brown  
**Hair:** Black  
**Marital:** Single  
**SSN:** [REDACTED]  
**DVL#:**  
**State:**

Location: 6206 WOODLAND AVE  
Cleveland, OH 44104

ID Procedure: Verbally Given  
 Age At Arrest:  
 Basis For Caution: No Basis for Caution  
 Alcohol Influence: Unknown  
 Statement Type: Verbal

Miranda ID: 05  
 Resident Type: \*N/A\*  
 Arrest Result Of: On-View  
 Drug Influence: Unknown  
 Statement ID: 05

Miranda Date/Time: 09/17/2005 14:53  
 Resident Status: Non-resident  
 Clears Case: Unknown  
 Resisted Arrest: No

**Arresting Officers**

**Bureau**

**Weapon Codes**

**Feature**



# CMHA - Police Division Case Report Detail



Print Date/Time: 09/19/2005 09:13

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY  
ORI Number: OH0186800

Login ID: Morenz626

Case Number: 2005-00012298

656 - Styles Narcotics  
05 - Hermensky Narcotics

Condition: Appears Normal

Medical Treatment:

Hospital:

Injury Types

N/A

Arrest Charges

No.	Group/ORI	Crime Code	Statute	Description
1	State	35A	2925.03C1	Trafficking in Drugs - include in Schedule I or II
Counts: 1		Charge Date/Time:		Attempt/Commit: Commit

Property

Date	Code	Type	Make Model	Description	Tag No.	Item No.
09/17/2005	Evidence/Seized	Drugs		A torn plastic baggie containing 6 pieces of crack-cocaine plus crumbs		
09/17/2005	Evidence/Seized	Drugs		One piece of crack-cocaine with purple paper		

Seq #2

<u>Property Codes</u> Evidence/Seized	Property Type: Drugs UCR Value:	Property Class: Drugs Initial Value:	Date Received: 09/17/2005 Stolen Location:
Quantity: 6.000	Unit Of Measure: Pieces	Measurement Source:	Description: A torn plastic baggie containing 6 pieces of crack-cocaine plus crumbs

Associated Subjects

Type	Name	Address	Phone	Notified How	Date
Owner	Raymelle D Welch	2516 SCOVILL AVE Cleveland, OH 44104	(216) 254-4584		

Seq #1

<u>Property Codes</u> Evidence/Seized	Property Type: Drugs UCR Value:	Property Class: Drugs Initial Value:	Date Received: 09/17/2005 Stolen Location:
Quantity: 1.000	Unit Of Measure: Each	Measurement Source:	Description: One piece of crack-cocaine with purple paper

Associated Subjects

Type	Name	Address	Phone	Notified How	Date
Owner	Gregory Hardy	2309 E 87TH ST Cleveland, OH 44106	(216) 229-3039		

Suspect Vehicles

Narrative-Hermensky 05

Sir,

On 17SEP05, I was assigned to ZC809 along with Sgt. Styles #656. We were assisted by ZC303-A, PO Spigner #67. We arrested Gregory Hardy 45/b/m/s and Raymelle Welch 27/b/m/s for Violation of the State Drug Law. The following are the facts related to the arrests.

At approximately 1453 hours, while driving Zone Car 809 eastbound on Woodland Avenue, in the area of 6206 Woodland Ave., we observed two males identified as Gregory Hardy and Raymelle Welch engaged in a hand-



# CMHA - Police Division Case Report Detail



Print Date/Time: 09/19/2005 09:13

CUYAHOGA METROPOLITAN HOUSING  
AUTHORITY

Login ID: Morenz626

ORI Number: OH0186800

Case Number: 2005-00012298

to-hand drug transaction. I immediately recognized Welch from prior suspected drug related activity. They both started walking around the building at the address. Once they got behind the building, they crouched down. Upon observing us, they immediately stood up. They appeared nervous and placed their hands at their sides. I also noticed that Hardy partially placed his right hand into his right front pants pocket.

As we approached the males to further investigate the situation, I advised them to keep their hands visible. Welch appeared to be reluctant and it appeared that he might be attempting to conceal or discard an unidentified object or objects. While conferring with the males they were unable to produce a reason for their actions and continued to appear nervous. When I inquired as to what Hardy placed in his right pants pocket, he stated a chain. He gave me permission to remove the contents of his right front pants pocket, which revealed a piece of purple paper containing one piece of suspected crack-cocaine, and a small silver chain. I advised him that he was under arrest for Violation of the State Drug Law.

While Sgt. Styles was conferring with Welch, he recovered a torn plastic baggie containing 6 pieces plus crumbs of suspected crack-cocaine from the ground next to Welch's right foot. Welch was advised that he was being placed under arrest for Violation of the State Drug Law. A search incident to arrest revealed that Hardy had a total of \$10.50 US Currency and Welch had \$20.00 US Currency.

Both males were secured in handcuffs, advised of their Miranda Rights, and put in the rear of Zone Car #303A. They were then transported to the Cleveland Police Central Processing Unit (CPU), where they were booked on the above charge. A booking photo was taken of Hardy; camera #8, picture #21. A booking photo was taken of Welch; camera #8, picture 22. We also completed CMHA Police Field Booking Cards for the males.

The piece of purple paper containing 1 piece of suspected crack-cocaine and the torn plastic baggie containing 6 pieces of suspected crack-cocaine plus crumbs were sealed in evidence bags, transported to CMHA Police Headquarters, and turned over to Sgt. Styles #656 for processing.

\*\*\*\*\*CMHA Police Narcotic Unit to Conduct the Follow-UP\*\*\*\*\*

Reporting Officer \_\_\_\_\_

Date \_\_\_\_\_



# CMHA Police Department Report Writing Guide

(REVISED 06/03)

While every report has its own unique features, it should follow a structured pattern. The following guide will help Supervisors to require a specific format from their Officers, and assist them in writing a more complete, professional report.

## GENERAL GUIDELINES:

The report starts with **Sir**, this is the only information on the first line. Skip a line and start the narrative after indenting 5 spaces. The first letter of each sentence is capitalized. There is one space after a comma, and 2 spaces after a period. In each paragraph, the first letter is indented 5 spaces. Skip a line between paragraphs. All reports will be written in the first person. For example: use I: not I, P0 Brown #66; or P0 Brown #66.

Persons are identified in the following manner: First- Last Name Age/Race/Sex/Marital Status. Dates are always given in the following manner: day/month/year. Ex. 03JAN03. Do not skip lines between day/month and month/year. The month is identified in all CAPS, using the first three letters of the month.

## THE INTRODUCTION PARAGRAPH

All reports need an introductory paragraph to give the reviewer a brief synopsis of the reports details. The following are examples of introductory paragraphs.

### FOR A "FRESH" ARREST REPORT:

Sir,

On 05JUN03, I was assigned to the 3<sup>rd</sup> Platoon 101 Zone with PO Smith #00. We arrested William Jones 31/b/m/s for Violation of the State Drug Law and Criminal Trespassing. The following are the facts related to the arrest:

#### More than 1 person arrested:

Sir,

On 05JUN03, I was assigned to the 3<sup>rd</sup> Platoon 101 Zone with PO Smith #00. We arrested William Jones 31/b/m/s for Violation of the State Drug Law and Criminal Trespassing and Terrance Jackson 26/b/m/m for Criminal Trespassing. The following are the facts related to the arrests:

**FOR A WARRANT ARREST:**

Sir,

On 05JUN03, I was assigned to the 5<sup>th</sup> Platoon 180 Zone with PO Smith #00. We arrested William Jones 31/w/m/s for an Assault warrant with the Cuyahoga County Sheriffs Office. Warrant # CRB12345, dated 03JAN99, confirmed by Dispatcher Jones of the Sheriffs Office. The following are the facts related to the arrest:

**Other Units assisted on the arrest:**

Sir,

On 05JUN03, I was assigned to the 3<sup>rd</sup> Platoon 101 Zone with PO Smith #00. We arrested William Jones 31/b/m/s for Violation of the State Drug Law and Criminal Trespassing and Terrance Jackson 26/b/m/m for Criminal Trespassing. Sgt. Green #611, Tactical Response Unit #8888- PO's Adams #11 and Barney #22, and 202A- PO Charles #33, assisted in the arrest. The following are the facts related to the arrest:

**FOR A CITATION REPORT:**

Sir,

On 05JUN03, I was assigned to the 2<sup>nd</sup> Platoon 202 Zone with PO Smith #00. We issued Joseph Camel 22/w/m/s Minor Misdemeanor Citation C12345 for Possession of Marijuana. The following are the facts related to the incident:

**FOR A GENERAL REPORT:**

Sir,

On 05JUN03, I was assigned to the 3rd Platoon 101 Zone Car with PO Smith #00. We completed a Criminal Damaging report for Betty Davis 33/b/f/m. The following are the facts related to the incident:

**FOR A NAMED SUSPECT REPORT:**

Sir,

On 05JUN03, I was assigned to the 1st Platoon 101 Zone along with P0 Smith #00. We completed a Criminal Damaging/Named Suspect report for Betty Davis 33/b/f/m. The following are the facts related to the incident:

**This is all of the information that should be in the first paragraph. The expanding of the first paragraph is done in the second paragraph.**

### **THE SECOND PARAGRAPH**

The second paragraph expands the information in the first paragraph. This is where you will explain how you received the assignment, your probable cause, any evidence recovered, where the parties were transported to, and any other pertinent information.

#### **FOR A "FRESH" ARREST REPORT RECEIVED AS A BROADCAST:**

At 0200 we received a radio broadcast to respond to 2300 Unwin for persons loitering in the hallway. Upon our arrival, we observed Mr. Jones and Mr. Jackson loitering in the hallway. Neither party lived in the building, or had any reason to be in the hallway. A routine wants and warrants check was requested, which both parties cleared. While speaking with Mr. Jones, he admitted to having crack cocaine in his shirt pocket. Mr. Jones produced 3 "rocks" of suspected crack cocaine, from his left shirt pocket, and gave them to P0 Smith #00. Mr. Jones was advised that he was being placed under arrest for Violation of the State Drug Law and Criminal Trespassing and was read his Miranda Rights, which he stated he understood. Mr. Jackson was advised that he was being placed under arrest for Criminal Trespassing and read his Miranda Rights, which he stated he understood. Both males were placed in handcuffs, put in the rear of ZC103, and transported to the Cleveland Police Department 5th District, where they were booked for the above charges.

#### **FOR A "FRESH" ARREST REPORT AS AN ON-VIEW:**

At 0200, while on foot patrol in the area of 2300 Unwin, we observed Mr. Jones and Mr. Jackson loitering in the hallway. Neither party lived in the building or had any reason to be in the hallway. A routine wants and warrants check was requested, which both parties cleared. While speaking with Mr. Jones, he admitted to having crack cocaine in his shirt pocket. Mr. Jones produced 3 "rocks" of suspected crack cocaine, from his left shirt pocket, and gave them to P0 Smith #00. Mr. Jones was advised that he was being placed under arrest for Violation of the State Drug Law and Criminal Trespassing and was read his Miranda Rights, which he stated he understood. Mr. Jackson was advised that he was being placed under arrest for Criminal Trespassing and was read his Miranda Rights, which he stated he understood. Both males were placed in handcuffs, put in the rear of ZC103, and transported to the Cleveland Police Department 5<sup>th</sup> District, where they were booked for the above charges.

#### **FOR A WARRANT ARREST REPORT RECEIVED AS A BROADCAST:**

At 0200 we received a radio broadcast to respond to 2300 Unwin for persons loitering in the hallway. Upon our arrival we observed Mr. Jones and Mr. Jackson loitering in the hallway.

Neither party lived in the building or had any reason to be in the hallway. A routine wants and warrants check was requested, and the above warrant was located for Mr. Jones. Mr. Jackson cleared, was advised not to trespass on CMHA property, and was sent from the area. Mr. Jones was advised that he was being placed under arrest for the outstanding warrant and was read his Miranda Rights, which he stated he understood. Mr. Jones was placed in handcuffs, put in the rear of ZC103, and transported to the Cleveland Police Department 5th District, where he was booked for the above charge.

**FOR A WARRANT ARREST REPORT ON AN ON-VIEW:**

At 0200, while on foot patrol in the area of 2300 Unwin, we observed Mr. Jones and Mr. Jackson loitering in the hallway. Neither party lived in the building or had any reason to be in the hallway. A routine wants and warrants check was requested, and the above warrant was located for Mr. Jones. Mr. Jackson cleared, was advised not to trespass on CMHA property, and was sent from the area. Mr. Jones was advised that he was being placed under arrest for the outstanding warrant and was read his Miranda Rights, which he stated he understood. Mr. Jones was placed in handcuffs, put in the rear of ZC 103, and transported to the Cleveland Police Department 5th District, where he was booked on the above charge.

**FOR A GENERAL REPORT RECEIVED AS A BROADCAST:**

At 0345 we received a radio broadcast to respond to 1300 Crestline #412 in reference to a damage to property report. Upon our arrival, we spoke with the complainant, Betty Davis, who reported the following: This morning, at approximately 0335, while looking out of her bedroom window, she observed James Green w/m throw a rock through her window. Ms. Davis knows Mr. Green, but does not know any pertinent information. Ms. Davis completed a Voluntary Statement attesting to the same, see attached. Further investigation revealed a broken window in the bedroom, approximately 5' by 3'. There was a pile of broken glass on the bedroom floor, and a rock on top of that. The scene was documented using camera #12, picture 13.

**FOR A GENERAL REPORT RECEIVED AS AN ON-VIEW:**

At 0345, while on foot patrol in the area of 1300 Crestline, we were approached by Betty Davis, who reported the following: This morning, approximately 0335, while looking out of her bedroom window, she observed James Green w/m throw a rock through her window. Ms. Davis knows Mr. Green, but does not know any pertinent information. Ms. Davis completed a Voluntary Statement attesting to the same, see attached. Further investigation revealed a broken window in the bedroom, approximately 5' by 3'. There was a pile of broken glass on the bedroom floor, and a rock on top of that. The scene was documented using camera #12, picture 13.

## **SUBSEQUENT PARAGRAPHS**

The final paragraphs should tie up any loose ends that remain in the report. This would include evidence, referrals- either verbally or printed material, and any other pertinent information.

### **FOR AN ARREST REPORT WITH EVIDENCE:**

A field booking card was completed and a photograph was taken using camera #12, photo #16.

The 3 "rocks" of suspected crack cocaine were placed in an evidence bag, transported to Headquarters, and turned over to Lt. Morenz #626 for processing.

I respectfully request that the Narcotics Unit handle the follow-up associated with this arrest.

**\*\*\*\* NOTE: Narcotics only follows-up on felony charges.\*\*\*\***

### **FOR A GENERAL REPORT:**

Ms. Davis was referred to the City of Cleveland Prosecutor to file charges against Mr. Green. She was also advised to Management to assist in getting her window repaired.

### **FOR DOMESTIC VIOLENCE REPORTS:**

She/he was given form 123 titled Help for Victims of Domestic Violence, and pamphlet 13 titled Compensation for Victims of Violent Crimes. She/he was also advised to contact the Domestic Violence Helpline at 391-4357.

These are general guidelines and should not be construed as the only information needed. Each report is unique, and therefore will require some latitude. But, the basic format remains the same.



**Police Department**  
5715 Woodland Avenue  
Cleveland, Ohio 44104-2740  
tel 216.426.7760 fax 216.361.3759

**Anthony H. Jackson**  
Chief of Police

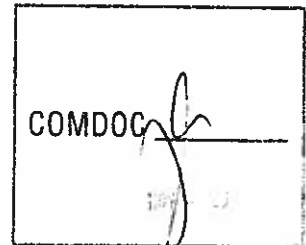
October 26, 2005

Ohio Department of Public Safety  
Traffic Crash Records Sections  
P.O. Box 182081  
Columbus, Ohio 43218-2081

Gentlemen:

Pursuant to Ohio Revised Code Section 3937.41(D), this is to certify that the police officer named on the attached accident report was engaged in his official duties at the time of the accident. This accident report should not be included in a certified abstract of information under Division (A) of Section 4509.05 of the Ohio Revised Code.

- |    |                               |                         |
|----|-------------------------------|-------------------------|
| 1. | Name of Police Officer        | <u>Paul Styles #656</u> |
| 2. | Officers Driver's License No. | ██████████              |
| 3. | Officer's Social Security No. | ██████████              |
| 4. | Officer's Date of Birth       | <u>July 5, 1963</u>     |
| 5. | Date of Accident              | <u>March 28, 2003</u>   |
| 6. | Accident Report No.           | <u>#2003-1342</u>       |
| 7. | Cruiser License Plate No.     | <u>OH -7857</u>         |



Very truly yours,

Stanley C. Murrey  
Deputy Chief of Administration



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Paul Styles #656, Sergeant- OIC Narcotics Unit

**FROM:** Ronald J. Morenz #626, Lieutenant-Special Operations

PAGE 1 of 2	SUBJECT Improper Payroll Submission- Pay Ending 07OCT05	DATE 04OCT05
----------------	------------------------------------------------------------	-----------------

While reviewing your payroll submission I found a number of mistakes and omissions. The following need to be corrected:

**OVERTIME LOG:**

- The Overtime Log you submitted is missing the day on the 3<sup>rd</sup> and 4<sup>th</sup> entries.
- For the 4<sup>th</sup> entry you have it listed as "Call Back Staff Meeting." Staff Meetings are on Wednesdays not Tuesday. That entry should have been for court.
- For the entries for PO Harris you only list the first initial of the person charges were filed on, use complete first names.

**TIMECARDS:**

- Your timecard does not have the amount of hours to be paid listed for 30SEP05. There are no times for 03OCT05, were you here?
- Det. Kuska's timecard does not have the amount of hours to be paid listed for 30SEP05. There are no times for 03OCT05, was he here?

**DANCY'S PRE-APPROVAL OVERTIME FORM:**

- Incorrect pay ending date.

**OVERTIME LOGS:**

- You incorrectly list "COURT" as a "Call Back" on your OT Log.
- You incorrectly list "COURT" as a "Call Back" on Det. Dancy's OT Log. DO NOT staple Court Cards and Court Vouchers together, they go in two different directions. Paperclip them.
- Why is Harris putting in for time that should have been submitted on the last pay period? Did you check his last OT Log to insure that he hasn't already been paid for this?
- Det. Hermensky's Unit is not "2<sup>nd</sup> Platoon/Patrol", he is assigned to the "Narcotics Unit."

PAGE 2 of 2	SUBJECT Improper Payroll Submission- Pay Ending 07OCT05	DATE 04OCT05
----------------	------------------------------------------------------------	-----------------

- Does Det. Moskal have a first name? If so, have him use it on his form.
- Why is Moskal putting in for time that should have been submitted on the last pay period? Did you check his last OT Log to insure that he hasn't already been paid for this?
- Moskal's Court Card for 8/25/05 has not been reviewed.
- Moskal's Court Card for 9/1/05 has a disposition of "Judgement", would that be in favor of CMHA or the defendant?
- Moskal's Court Card for 9/7/05 has not been reviewed.
- Kuska's Court Card for 10/3/05 has not been reviewed.

**COURT VOUCHERS:**

- Court Vouchers are signed just like checks, not written on the front underneath them. Yours are incorrect.

As a supervisor it is your responsibility to insure that your subordinates complete their paperwork correctly. Because you are a supervisor you should be completing your paperwork correctly. Take a few extra minutes and make sure that your work is complete and correct.

You are to have all of this corrected and re-submitted to me by 05OCT05 @ 0900. Also sign this memo including date/time and forward the entire package back to me.



Ronald J. Morenz, Lieutenant

31. 5 hrs  
04OCT05 @ 2100 hrs



# CMHA Police Department OVERTIME LOG

Shift/Unit: Narcotics

Pay Period Ending: 07OCT05

Date: 03OCT05

DATE/DAY	OFFICER/BADGE #	OT	REG	COMP	DESCRIPTION
19SEP05 MON	Sgt. Styles #656			4.00	Court Rm 23-C Karen McDonald - VSDL Continued. 05-1326
21SEP05 WED	Sgt. Styles #656			4.00	Call Back Staffing Meeting
21SEP05 WED	Sgt. Styles #656	0.50			Extended-Tour 05-12671 Late Report → COURT
27SEP05 WED	Sgt. Styles #656			4.00	Call Back Staffing Meeting
27SEP05 WED	Sgt. Styles #656	0.50			Extended Tour 05-13130 Late Report
28SEP05 WED	Sgt. Styles #656			4.00	Call Back Staffing Meeting
27SEP05 MON	Detective Dancy #32	1.00			Task Force Assignment
27SEP05 TUE	Detective Dancy #32	2.00			Task Force Assignment
01OCT05 SAT	Detective Dancy #32	12.00			Task Force Assignment
03OCT05 MON	Detective Dancy #32		4.00		Court Rm 13-D Martin Davis - Drug Abuse Pled Guilty 04-2799
07SEP05 WED	Detective Harris #03	4.00			Meeting with Legal in reference to T. Fuller
08SEP05 THU	Detective Harris #03		4.00		Court Rm 15-C Erwin Jackson - Drug Abuse Marijuana pled Guilty 05-8274.
12 SEP05 MON	Detective Harris #03		4.00		Court for Arbitration in reference to T. Fuller
24SEP05 SAT	Detective Harris #03	4.00		3.00	Call Back Filing Charges against P. Anderson
25SEP05 SUN	Detective Harris #03	4.00			Call Back Filing Charges against S. Jackson
26SEP05 MON	Detective Harris #03	4.25			Extended Tour 05-13049 Late Report VSDL
27SEP05 TUE	Detective Harris #03		4.00		Court Rm 17-D Anthony Broclims - VSDL Continued 04-3830.
28SEP05 WED	Detective Harris #03	1.50			Extended Tour 05-13225 Late Report VSDL
28SEP05 WED	Detective Harris #03		4.00		Court Rm 19-D Perstina Wells - VSDL Continued 04-2770.
19SEP05 FRI	Detective Hermensky #05	0.75			Extended Tour 05-12504 Late Report
27SEP05 TUE	Detective Hermensky #05			4.00	Court Rm 17-D Anthony Brockins - VSDL Continued 04-3830.
26SEP05 TUE	Detective Hermensky #05	2.00			Extended Tour 05-12504 Late Report
01OCT05 SAT	Detective Hermensky #05			4.00	Call Cack straight Released Roberick Moore
02OCT05 SUN	Detective Hermensky #05			4.00	Call Back straight Released Shirletha Solomon
25AUG05 TUE	Detective Moskal #53			4.00	Court Rm 23-C Karen McDonald - VSDL Continued 05-1326.
29AUG05 MON	Detective Moskal #53			4.00	Court Rm 23-C Charles Green - Criminal Trespass Continued 05-7909.
30AUG05 TUE	Detective Moskal #53			4.00	Court Rm 23-C Charles Green - Criminal Trespass Capias 05-7909.
01SEP05 THU	Detective Moskal #53			4.00	Court Rm 3-A Roy McCrary - Eviction Judgement 05-11446.
<b>TOTALS</b>		36.50	20.00	47.00	

Submitted By: Sgt. Styles #656 Poo 656

Date: 03OCT05

[REDACTED] 7 NONEXEMPT  
 STYLES, PAUL - UNION  
 210 POLICE & SECURITY  
 210 POLICE & SECURITY  
 Pay Ending: 10/07/05

EXPLAIN PRIOR PAY ADJ. HERE	HRS	CODE
	80	015

	IN	OUT	IN	OUT	IN	OUT	
1	off						1
2	off						1
3			15:55				5
4		03:07	15:55	0:07			8.5
5			15:55	0:20			8
6			15:55	0:08			8
7			15:59	0:01			?
8	off						
9	off						
10				?			?
11			16:10	07:30			8
12			16:00	07:00			8
13			16:00	07:10			8
14			16:00	07:10			8

COURT	_____	REG. HOL. HRS.	_____
P/S HOL. WKD.	_____	HRS WORKED	80
RANGE	_____	WOP HOURS	_____
REG. O.T.	1-0	COMP. HRS. USED	_____
COMP. HRS.	16	SICK LEAVE	_____
	_____	ANNUAL LEAVE	_____
	_____	TOTAL	80

#

[REDACTED] 7 NONEXEMPT  
 KUSKA, STEVE - UNION  
 210 POLICE & SECURITY  
 214 CIAP OLDE CEDAR SECURITY  
 Pay Ending: 10/07/05

EXPLAIN PRIOR PAY ADJ. HERE	HRS	CODE

	IN	OUT	IN	OUT	IN	OUT	
24	0800						/
25	0800						/
26	0955	1807					8
27	1000	1830	0500	0700			8.5
28	1000	1807					8
29	1000	1130	0650	0800			1.5
30	0958	1804					
31	0800						/
32	0800						/
33							
4	1000	1800					8
5	1000	1800					8
6	1000	1800					8
7	1000	1800					8

COURT	_____	REG. HOL. HRS.	_____
P/S HOL. WKD.	_____	HRS. WORKED	<u>73.5</u>
RANGE	_____	WOP HOURS	_____
REG. O.T.	<u>2.0</u>	COMP. HRS. USED	_____
COMP. HRS.	<u>4.0</u>	SICK LEAVE	_____
		ANNUAL LEAVE	<u>6.5</u>
		TOTAL	<u>80</u>

# OVERTIME PRE-APPROVAL AND INDIVIDUAL OVERTIME LOG FORM

## PRE-APPROVAL FORM

(To be completed prior to hours being worked)

1. The Overtime Pre-Approval and Individual Overtime Log Form will be used to request and obtain pre-approval/approval for all overtime hours for non-exempt employees.
2. Each request must be fully justified as to the reason the work could not be completed during regular working hours.
3. The Overtime Pre-Approval Form must be completed and signed by the Supervisor and the Department Director in advance of the work being performed.
4. If individual overtime hours will exceed the 150-hour overtime cap pre-approval must be obtained from the Supervisor, Department Director, and the Executive Director.
5. If individual overtime hours will exceed the 300-hour overtime cap (for employees assigned to work in the Resident Services Department, Housing Services Department, Property Maintenance Department, and the Police & Security Department), pre-approval must be obtained from the Supervisor, Department Director and the Executive Director.
6. Supervisors should retain a copy of the Overtime Pre-Approval and Individual Overtime Log Form as a means for controlling the overtime worked by non-exempt employees.
7. Justification should be attached to this form and submitted to the Payroll Division for any overtime hours worked in excess of the amounts pre-authorized on this form.

*Note:* This form must be submitted to the Payroll Division along with the employee's time card. Incomplete forms will delay processing of any overtime hours worked.

Name of employee: <u>Alvin Dancy</u>		Name of estate/department to which overtime is assigned: <u>Police Department</u>	
Total overtime, or Holiday hours requested: <u>15</u>	Total overtime hours worked year to date: <u>277</u>	Date work is to be performed: <u>Pay Period Ending <sup>21</sup>07OCT05</u>	
Purpose of overtime (Routine/Non-routine): <u>Caribbean Gang/Drug Task Force Assignments</u>			
Justification (Please describe in detail why it is necessary for the overtime hours to be worked): <u>To complete his duties while assigned to the Caribbean Gang/Drug Task Force</u>			
Date: <u>30.09.05</u>	Requested by (Supervisor): <u>R05656</u>		Name of Estate/Department: <u>Police Department</u>
Date:	Pre-Approved by (Department Director):		Pre-Approved by (Executive Director, if applicable):

**POLICE AND SECURITY  
APPROVAL FORM AND OVERTIME LOG**

EMPLOYEE NAME: Paul A. Styles	SOCIAL SECURITY NUMBER: [REDACTED]	
UNIT DESCRIPTION: Narcotics	DEPT./ COST CENTER NUMBER: 210 -210	
PAY PERIOD ENDING: 07OCT05	BADGE # 656	CLASSIFICATION: Sergeant

TOTAL HOURS WORKED      2nd = 048  
3rd = 049

DATE	DAY	START TIME	END TIME	OT	REG	COMP	SHIFT CODE	TYPE OF HOURS WORKED
19SEP05	Monday	0900	1049			4.0		Call Back COURT D
21SEP05	Wednesday	1000	1150			4.0		Call Back
21SEP05	Wednesday	0000	0028	.50			048	Extended Tour
27SEP05	Tuesday	0900	1002			4.0		Call Back COURT D
27SEP05	Tuesday	0000	0020	.50			048	Extended Tour
28SEP05	Wednesday	1400	1500			4.0		Call Back
ACTUAL TIME SPENT								
TOTAL HOURS				1		16		

REQUESTED BY: [Signature]  
 APPROVED BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

SGT. Styles #656  
 \_\_\_\_\_  
 EMPLOYEE SIGNATURE  
 DATE: \_\_\_\_\_

COMMENTS:

MUNEXEMP1  
 STYLES, PAUL - UNION  
 210 POLICE & SECURITY  
 210 POLICE & SECURITY  
 Pay Ending: 10/07/05  
 CREDIT PRIOR PAY ADJUSTURE

DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
19SEP05																		
21SEP05																		
27SEP05																		
28SEP05																		

REG. HOL. HRS.	80
HRS. WORKED	80
WOP HOURS	
COMP HRS. USED	1.0
SICK LEAVE	1.6
ANNUAL LEAVE	
TOTAL	80



**POLICE AND SECURITY  
APPROVAL FORM AND OVERTIME LOG**

<b>EMPLOYEE NAME:</b> James E. Harris		<b>SOCIAL SECURITY NUMBER:</b> ██████████	
<b>UNIT DESCRIPTION:</b> Narcotics Unit		<b>DEPT./ COST CENTER NUMBER:</b> 210 -250	
<b>PAY PERIOD ENDING:</b> 7 Oct 05	<b>BADGE #</b> 03	<b>CLASSIFICATION:</b> Detective	

TOTAL HOURS WORKED      2nd = 048  
3rd = 049

DATE	DAY	START TIME	END TIME	TOTAL HOURS WORKED			SHIFT CODE	TYPE OF HOURS WORKED
				OT	REG	COMP		
7 SEP05	Wednesday	0900	0930	4.0				Call Back
8 SEP05	Thursday	0900	1041		4.0			Court
12 SEP05	Monday	1000	1150		4.0			Court
24 SEP05	Saturday	1230	1330	4.0				Call Back
25 SEP05	Sunday	1900	1930	4.0				Call Back
26 SEP05	Monday	1200	0408	4.25				Extended Tour
27 SEP05	Tuesday	0900	1002		4.0			Court
28 SEP05	Wednesday	0000	0126	1.5				Extended Tour
28 SEP05	Wednesday	0900	0937		4.0			Court
<b>ACTUAL TIME SPENT</b>								
<b>TOTAL HOURS</b>				17.75	16			

REQUESTED BY: P02 656

*[Signature]*  
EMPLOYEE SIGNATURE

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS:

HARRIS, JAMES E. - UNION  
210 POLICE & SECURITY  
250 P & S NON-SWORN (ARMED)  
Pay Ending: 10/07/05  
PUSH AND PUNCH PAY ADJUST HERE

DATE	IN		OUT		HRS	CODE
	IN	OUT	IN	OUT		
9/7/05					4.0	048
9/8/05					4.0	
9/12/05					4.0	
9/24/05					4.0	
9/25/05					4.0	
9/26/05					4.25	
9/27/05					4.0	
9/28/05					1.5	
9/28/05					4.0	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <p>COURT: _____</p> <p>REG. HOL. HRS.: _____</p> <p>HRS. WORKED: <b>80</b></p> <p>WOP HOURS: _____</p> <p>COMP. HRS. USED: <b>17.75</b></p> <p>SICK LEAVE: <b>16.0</b></p> <p>ANNUAL LEAVE: _____</p> <p>TOTAL: <b>30</b></p> </div> </div>						







PD:13

RECORD OF COURT APPEARANCE  
CMHA POLICE DEPARTMENT

- (1) Pt1: MOSKAI #53 (2) Date: 8/23/05 (3) Time In: 0900 (4) Time Out: 1048  
 (5) Defendant's Name: Karen McDonald (6) Date of Arrest: 8/10/05 (7) Estate: 109H  
 (8) Arresting Officers: MOSKAI #53 Ovalle #36 (9) Complaint #: 05-1321  
 (10) Arrest #: 05-1326 (11) Officer Appearing In Court: On Duty  Off Duty   
 (12) Charge No. 1: VSDL (13) Docket No.:          (14) Rm. No.: 23C  
 (15) Judge: Gallagher (16) Disposition: Continued  
 (17) Charge No. 2:          (18) Docket No.:          (19) Room No.:           
 (20) Judge:          (21) Disposition:           
 (22) Next Court Date Charge No. 1:          /          /          (23) Next Court Date Charge No. 2:          /          /

**Official Use Only**

Examined and Received:         

Date Received:          /          /         

Court Time Appeared On Card:         

**Clerk Of Courts Stamp**

*Guth*

CLERK OF COURTS  
 CLERK OF COURTS  
 AUG 25 10 51 AM '05

PD:13

RECORD OF COURT APPEARANCE  
CMHA POLICE DEPARTMENT

- (1) Pt: MOSKAL #53 (2) Date: 9/1/05 (3) Time In: 1035 (4) Time Out: 1056  
(5) Defendant's Name: Roy McGarry (6) Date of Arrest 5/20/05 (7) Estate: 228  
(8) Arresting Officers: MOSKAL #53 HARRIS #03 (9) Complaint #: 05-1446  
(10) Arrest #: 05-1446 (11) Officer Appearing In Court: On Duty  Off Duty   
(12) Charge No. 1: EVICTION (13) Docket No.:      (14) Rm. No.: 3-A  
(15) Judge: Pope (16) Disposition: Judgement  
(17) Charge No. 2:      (18) Docket No.:      (19) Room No.:       
(20) Judge:      (21) Disposition:       
(22) Next Court Date Charge No. 1:   /  /   (23) Next Court Date Charge No. 2:   /  /

Official Use Only

Examined and Received: SGT. Stybo  
Date Received: 9/27/05  
Court Time Appeared On Card: 1.5

Clerk Of Courts Stamp

Michael M. Gwin

PD:13

RECORD OF COURT APPEARANCE  
CMHA POLICE DEPARTMENT

- (1) Ptl. MOSKA #53 (2) Date: 9/17/05 (3) Time In: 1030 (4) Time Out: 1037
- (5) Defendant's Name: Donald Clark (6) Date of Arrest 3/7/05 (7) Estate: WADE
- (8) Arresting Officers: MOSKA #53 QUALL #30 (9) Complaint #: 05-137
- (10) Arrest #: 05-1370 (11) Officer Appearing In Court: On Duty  Off Duty
- (12) Charge No. 1: EVICTON (13) Docket No.:          (14) Rm. No.: 3-A
- (15) Judge: POPE (16) Disposition: Continued
- (17) Charge No. 2:          (18) Docket No.:          (19) Room No.:
- (20) Judge:          (21) Disposition:
- (22) Next Court Date Charge No. 1: 9/13/05 (23) Next Court Date Charge No. 2: 1/1

<b>Official Use Only</b>	
Examined and Received: SGT. _____	
Date Received: ___/___/___	
Court Time Appeared On Card: _____	

<b>Clerk Of Courts Stamp</b>
<i>Sullivan</i>

PD:13

RECORD OF COURT APPEARANCE  
CMHA POLICE DEPARTMENT

- (1) Ptl. Det. Kingston # 22 (2) Date: 10/3/05 (3) Time In: 1000 (4) Time Out: 1130
- (5) Defendant's Name: Wilson, Thomas (6) Date of Arrest 11/28/02 (7) Estate: 106/7
- (8) Arresting Officers: PLI, Ishtar # 34 #      (9) Complaint #: 2002-605
- (10) Arrest #:      (11) Officer Appearing In Court: On Duty  Off Duty
- (12) Charge No. 1: VSDI (13) Docket No.:      (14) Rm. No.: 17-B
- (15) Judge: McDonnell (16) Disposition: Continued
- (17) Charge No. 2:      (18) Docket No.:      (19) Room No.:
- (20) Judge:      (21) Disposition:
- (22) Next Court Date Charge No. 1:      /      /      (23) Next Court Date Charge No. 2:      /      /

DEPT. OF JUSTICE  
 CLERK OF COURTS  
 CUYAHOGA COUNTY  
 2005 OCT 3 11 50

<b>Official Use Only</b>
Examined and Received: SGT. <u>    </u>
Date Received: <u>    </u> / <u>    </u> / <u>    </u>
Court Time Appeared On Card: <u>    </u>

<b>Clerk of Courts Stamp</b>
<u>    </u>
<u>    </u>
<u>    </u>



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Paul Styles #656, Sergeant- OIC Narcotics Unit

**FROM:** Ronald J. Morenz #626, Lieutenant-Special Operations

PAGE 1 of 2	SUBJECT Improperly Completed Payroll for Pay Period Ending 23SEP05	DATE 20SEP05
----------------	-----------------------------------------------------------------------	-----------------

While reviewing the payroll that you submitted for the Narcotics Unit, many glaring errors were found. While I understand that portions of the payroll are new to you as the Narcotics Unit OIC, many of the errors are for items that should have been addressed during your tenure as a Patrol Sergeant. The errors are as follows:

**YOUR OVERTIME LOG:**

- You failed to put your Cost Center Number on the form.
- You put pay period ending as 09SEP05; the correct date is 23SEP05.
- You failed to list the overtime you worked on 18SEP05.

**DET. ALVIN DANCY'S OVERTIME LOG:**

- He failed to complete page \_\_ of \_\_\_\_.
- His put his Unit Description as Police Department. This is a Police Department form, his Unit is Narcotics.
- He failed to put his Cost Center Number on the form.
- He put a date in the area reserved for the person who approves the Overtime Sheet.
- You did not complete an overtime form for him, or require him to submit one, that conforms with Departmental standards to be forwarded with the payroll. The one you submitted is strictly for Departmental use, not payroll.

An Overtime Log is a basic Department form. As a supervisor you should not only know how to properly complete one, you are also responsible to insure that your subordinates can properly complete one as well.

**OVERTIME DOCUMENTATION ON THE TIMECARD:**

On all of the timecards that you submitted that had documented overtime, you failed to follow Departmental standards. As a supervisor you are required to make a notation on the proper date on the time card to document instances of overtime. If an officer works 2 hours of overtime, the documentation should read 2 OT followed by your initials. Your documentation covers multiple lines/days on the time cards. You also used the abbreviations "ext. tour and ext.." This does not

PAGE 2 of 2	SUBJECT Improperly Completed Payroll for Pay Period Ending 23SEP05	DATE 20SEP05
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conform to Departmental standards. On the back of the time card is where you document an Extended Tour or Callback, not the front.

When you total up the hours in the last box for each day, you do not reflect any overtime being worked, you simply marked "8". The proper notation when .50 of overtime is worked is 8/.50.


You also wrote S-SU above the first in column on all of the time cards. There is no reason to write anything in this area, nor is anything required. I need an explanation as to why you did that, or why you think it is proper.

You also wrote Det. Hermensky in on the 15<sup>th</sup> and 16<sup>th</sup>. Departmental Rules and Regulations require that all employees punch in and out. I am aware that on occasion an officer may forget to punch-in even though they have been here for some time. This was an issue when Det. Hermensky was previously assigned to the Narcotics Unit. In the future when you write an employee in on their timecard, you are required to submit me a CMHAPD94-001 explaining why you took such action.

**DAYS-OFF MATRIX:**

There are no entries for Det. Hermensky's days off. The matrix is an integral part of a supervisors' duties. It must be updated on a daily basis so that the rest of the department has updated information when they review departmental attendance. You also had your days off listed as 18SEP05 and 20SEP05. Your actual days off were 18SEP05 and 19SEP05. Detail is an essential requirement for a supervisor.

As a supervisor assigned as an OIC of a specialized unit, you need to be more attentive to detail. The manner in which you complete your assignments is viewed by your personnel. If they can submit paperwork that is not in compliance with Departmental standards and not have it returned, they will keep submitting it. It is your responsibility to insure that it does not continue and to bring your personnel up to a satisfactory operating level.



Ronald J. Morenz, Lieutenant

REVIEWED  
9-21-05  
JCY 626  
BOS 656

7 NUNE...  
 STYLES, PAUL - UNION  
 210 POLICE & SECURITY  
 210 POLICE & SECURITY  
 Pay Ending: 09/23/05

EXPLAIN PRIOR PAY ADJ. HERE HRS CODE Y NUMBER:  
 ITER NUMBER:  
 CLASSIFICATION: Sergeant

*Second PLATOON*

*72 048*

IN	OUT	IN	OUT	IN	OUT	ID	OT	REG	COMP	SHIFT CODE	TYPE OF HOURS WORKED
<i>OFF</i>						<i>8</i>					
<i>OFF</i>						<i>8</i>					
		<i>15:57</i>				<i>8</i>	<i>30</i>	<i>.50</i>		<i>048</i>	<i>Extended Tour</i>
<i>OFF</i>		<i>15:57</i>	<i>001</i>	<i>001</i>		<i>8</i>			<i>4.0</i>		<i>Call Back</i>
<i>OFF</i>		<i>15:57</i>	<i>001</i>			<i>8</i>			<i>4.0</i>		<i>Call Back</i>
<i>OFF</i>		<i>15:57</i>	<i>027</i>			<i>8</i>			<i>4.0</i>		<i>Call Back</i>
		<i>15:55</i>	<i>133</i>			<i>8</i>	<i>27</i>	<i>.50</i>		<i>048</i>	<i>Extended Tour</i>
<i>8:55</i>	<i>19:30</i>		<i>001</i>	<i>2.5 EXT DN</i>		<i>8</i>	<i>33</i>	<i>1.5</i>		<i>048</i>	<i>Extended Tour</i>
<i>8:25</i>	<i>16:30</i>					<i>8</i>	<i>34</i>	<i>2.5</i>			<i>Extended Tour</i>
		<i>16:00</i>	<i>000</i>			<i>8</i>					
<i>OFF</i>		<i>16:00</i>	<i>000</i>			<i>8</i>					
<i>OFF</i>		<i>16:00</i>	<i>000</i>			<i>8</i>					
<i>OFF</i>		<i>16:00</i>	<i>000</i>			<i>8</i>					

TOTAL HOURS WORKED  
 2nd = 048  
 3rd = 049

CURT \_\_\_\_\_  
 SHOL WKD. \_\_\_\_\_  
 ANGE \_\_\_\_\_  
 EG. O.T. *63*  
 OMP. HRS. *8*  
 REG. HOL. HRS. \_\_\_\_\_  
 HRS. WORKED *80*  
 WOP HOURS \_\_\_\_\_  
 COMP. HRS. USED \_\_\_\_\_  
 SICK LEAVE \_\_\_\_\_  
 ANNUAL LEAVE \_\_\_\_\_  
 PERSONAL \_\_\_\_\_  
 TOTAL *80*

*PGT. Styles # 656*  
 EMPLOYEE SIGNATURE

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
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7 NONEXEMPT  
 MUSKAL, JR. WILLIAM - UNION  
 210 POLICE & SECURITY  
 210 POLICE & SECURITY  
 Pay Ending: 09/23/05

7 NONEXEMPT  
 KUSKA, STEVE - UNION  
 210 POLICE & SECURITY  
 214 CIAP OLDE CEDAR SECURITY  
 Pay Ending: 09/23/05

7 NONEXEMPT  
 HARRIS, JAMES - UNION  
 210 POLICE & SECURITY  
 250 P & S NON-SWORN (ARMED)  
 Pay Ending: 09/23/05

EXPLAIN PRIOR PAY ADJ. HERE HRS CODE

5-14		5-14		5-14		5-14		5-14		5-14		5-14		5-14		5-14		5-14	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF	
OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF	
TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING	
TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING	
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OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF	
OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF		OFF	
TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING	
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TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING	
TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING		TRAINING	

COURT  
 REG. HOL. HRS. \_\_\_\_\_  
 PS HOL WKO. \_\_\_\_\_  
 RANGE \_\_\_\_\_  
 REG. O.T. \_\_\_\_\_  
 COMP. HRS. \_\_\_\_\_

REG. HOL. HRS. \_\_\_\_\_  
 HRS. WORKED \_\_\_\_\_  
 WOP HOURS \_\_\_\_\_  
 COMP. HRS. USED \_\_\_\_\_  
 SICK LEAVE \_\_\_\_\_  
 ANNUAL LEAVE \_\_\_\_\_

REG. HOL. HRS. \_\_\_\_\_  
 HRS. WORKED \_\_\_\_\_  
 WOP HOURS \_\_\_\_\_  
 COMP. HRS. USED \_\_\_\_\_  
 SICK LEAVE \_\_\_\_\_  
 ANNUAL LEAVE \_\_\_\_\_

REG. HOL. HRS. \_\_\_\_\_  
 HRS. WORKED \_\_\_\_\_  
 WOP HOURS \_\_\_\_\_  
 COMP. HRS. USED \_\_\_\_\_  
 SICK LEAVE \_\_\_\_\_  
 ANNUAL LEAVE \_\_\_\_\_

## OVERTIME PRE-APPROVAL AND INDIVIDUAL OVERTIME LOG FORM

### ***PRE-APPROVAL FORM***

*(To be completed prior to hours being worked)*

1. The Overtime Pre-Approval and Individual Overtime Log Form will be used to request and obtain pre-approval/approval for all overtime hours for non-exempt employees.
2. Each request must be fully justified as to the reason the work could not be completed during regular working hours.
3. The Overtime Pre-Approval Form must be completed and signed by the Supervisor and the Department Director in advance of the work being performed.
4. If individual overtime hours will exceed the 150-hour overtime cap pre-approval must be obtained from the Supervisor, Department Director, and the Executive Director.
5. If individual overtime hours will exceed the 300-hour overtime cap (for employees assigned to work in the Resident Services Department, Housing Services Department, Property Maintenance Department, and the Police & Security Department), pre-approval must be obtained from the Supervisor, Department Director and the Executive Director.
6. Supervisors should retain a copy of the Overtime Pre-Approval and Individual Overtime Log Form as a means for controlling the overtime worked by non-exempt employees.
7. Justification should be attached to this form and submitted to the Payroll Division for any overtime hours worked in excess of the amounts pre-authorized on this form.

*Note:* This form must be submitted to the Payroll Division along with the employee's time card. Incomplete forms will delay processing of any overtime hours worked.

Name of employee: <u>Alvin Dancy #32</u>		Name of estate/department to which overtime is assigned: <u>Police Department</u>	
Total overtime, or Holiday hours requested: <u>25</u>	Total overtime hours worked year to date: <u>262</u>	Date work is to be performed: <u>Pay Period Ending 07OCT05</u>	
Purpose of overtime (Routine/Non-routine): <u>Caribbean Gang/Drug Task Force assignments</u>			
Justification (Please describe in detail why it is necessary for the overtime hours to be worked): <u>To complete his duties while assigned to the Caribbean Gang/Drug Task Force</u>			
Date: <u>9-15-05</u>	Requested by (Supervisor): <u>[Signature]</u>	Name of Estate/Department: <u>Police Department</u>	
Date:	Pre-Approved by (Department Director):	Pre-Approved by (Executive Director, if applicable):	

## OVERTIME PRE-APPROVAL AND INDIVIDUAL OVERTIME LOG FORM

### PRE-APPROVAL FORM

(To be completed prior to hours being worked)

1. The Overtime Pre-Approval and Individual Overtime Log Form will be used to request and obtain pre-approval/approval for all overtime hours for non-exempt employees.
2. Each request must be fully justified as to the reason the work could not be completed during regular working hours.
3. The Overtime Pre-Approval Form must be completed and signed by the Supervisor and the Department Director in advance of the work being performed.
4. If individual overtime hours will exceed the 150-hour overtime cap pre-approval must be obtained from the Supervisor, Department Director, and the Executive Director.
5. If individual overtime hours will exceed the 300-hour overtime cap (for employees assigned to work in the Resident Services Department, Housing Services Department, Property Maintenance Department, and the Police & Security Department), pre-approval must be obtained from the Supervisor, Department Director and the Executive Director.
6. Supervisors should retain a copy of the Overtime Pre-Approval and Individual Overtime Log Form as a means for controlling the overtime worked by non-exempt employees.
7. Justification should be attached to this form and submitted to the Payroll Division for any overtime hours worked in excess of the amounts pre-authorized on this form.

*Note:* This form must be submitted to the Payroll Division along with the employee's time card. Incomplete forms will delay processing of any overtime hours worked.

Name of employee: <u>Alvin Dancy #32</u>		Name of estate/department to which overtime is assigned: <u>Police Department</u>	
Total overtime, or Holiday hours requested: <u>25</u>	Total overtime hours worked year to date: <u>237</u> <u>262</u>	Date work is to be performed: _____	
Purpose of overtime (Routine/Non-routine): <u>Task Force Assignment</u>			
Justification (Please describe in detail why it is necessary for the overtime hours to be worked):  			
Assignments for the Caribbean Task Force  			
Date: <u>19 Sep 05</u>	Requested by (Supervisor): <u>Sgt. Styles #656</u>	Name of Estate/Department: <u>Police Department</u> <u>NARCOTICS</u>	
Date:	Pre-Approved by (Department Director):	Pre-Approved by (Executive Director, if applicable):	

POLICE AND SECURITY  
APPROVAL FORM AND OVERTIME LOG

EMPLOYEE NAME: <b>DET. ALVIN DANLY</b>	SOCIAL SECURITY NUMBER: [REDACTED]	
INIT DESCRIPTION: <b>POLICE DEPARTMENT</b>	DEPT./ COST CENTER NUMBER: 210	
PAY PERIOD ENDING: <b>9-23-05</b>	BADGE # <b>32</b>	CLASSIFICATION: <b>DETECTIVE</b>

TOTAL HOURS  
WORKED

2nd = 048  
3rd = 049

DATE	DAY	START TIME	END TIME	OT	REG	COMP	SHIFT CODE	TYPE OF HOURS WORKED
9-06-05	TUESDAY	0500	0900	4.0				TASK FORCE ASSIGNMENT
9-06-05	TUESDAY	1800	2000	2.0				TASK FORCE ASSIGNMENT
9-07-05	WEDNESDAY	1800	2100	3.0				TASK FORCE ASSIGNMENT
9-08-05	THURSDAY	1800	2000	2.0				TASK FORCE ASSIGNMENT
9-09-05	FRIDAY	0500	0900	4.0				TASK FORCE ASSIGNMENT
9-10-05	SAURDAY	1800	1600	4.0				TASK FORCE ASSIGNMENT
9-13-05	TUESDAY	1800	2200	4.0				CMHA/MOBILE CAD TRAINING
9-14-05	WEDNESDAY	1800	2000	2.0				TASK FORCE ASSIGNMENT

ACTUAL TIME SPENT

TOTAL HOURS 25.0

REQUESTED BY: X [Signature] 8925

DET. Alvin Danly # 32

APPROVED BY: \_\_\_\_\_

EMPLOYEE SIGNATURE  
9-19-05  
DATE:

TITLE:

COMMENTS:  
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**POLICE AND SECURITY  
APPROVAL FORM AND OVERTIME LOG**

EMPLOYEE NAME: Alvin Dancy		SOCIAL SECURITY NUMBER: [REDACTED]	
UNIT DESCRIPTION: Narcotics		DEPT./ COST CENTER NUMBER: 210 -210	
PAY PERIOD ENDING: September 23, 2005		BADGE # 32	CLASSIFICATION: Detective

TOTAL HOURS WORKED  
2nd = 048  
3rd = 049

DATE	DAY	START TIME	END TIME	OT	REG	COMP	SHIFT CODE	TYPE OF HOURS WORKED
06SEP05	Tuesday	0500	0900	4				Task Force Assignment
06SEP05	Tuesday	1800	2000	2				Task Force Assignment
07SEP05	Wednesday	1800	2100	3				Task Force Assignment
08SEP05	Thursday	1800	2000	2				Task Force Assignment
09SEP05	Friday	0500	0900	4				Task Force Assignment
10SEP05	Saturday	1300	1600	4				Task Force Assignment
13SEP05	Tuesday	1800	2100	4				Task Force Assignment
14SEP05	Wednesday	1800	2000	2				Task Force Assignment
ACTUAL TIME SPENT								
TOTAL HOURS				25				

REQUESTED BY: 217626

[Signature]  
EMPLOYEE SIGNATURE

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS:  
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POLICE AND SECURITY  
APPROVAL FORM AND OVERTIME LOG

EMPLOYEE NAME: Paul A. Styles	SOCIAL SECURITY NUMBER: [REDACTED]	
UNIT DESCRIPTION: Narcotics	DEPT./ COST CENTER NUMBER: 210 -	
PAY PERIOD ENDING: 09SEP05	BADGE # 656	CLASSIFICATION: Sergeant

DATE	DAY	START TIME	END TIME	TOTAL HOURS WORKED			SHIFT CODE	TYPE OF HOURS WORKED
				OT	REG	COMP		
05SEP05	Monday	2300	2330	.50			048	Extended Tour
11SEP05	Sunday	0900	1100			4.0		Call Back
14SEP05	Wednesday	1000	1200			4.0		Call Back
14SEP05	Wednesday	0000	0027	.50			048	Extended Tour
15SEP05	Thursday	0000	0133	1.5			048	Extended Tour
17SEP05	Sunday	1700	1934	2.5				Extended Tour
18SEP05	Sun	?	?	8				SHIFT COMMAND
ACTUAL TIME SPENT				13				
TOTAL HOURS				5		8		

2nd = 048  
3rd = 049

REQUESTED BY: Jay 626

SGT. Styles #656  
EMPLOYEE SIGNATURE

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS:  
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DAYS OFF - POLICE DIVISION

SUPPORT - SEPTEMBER 2005 ADMINISTRATIVE UNITS BADGE # / OFFICER		DAYS OFF																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<FORFEITURE >																															
54	Beicher, Daren		M	X	X	H			4C		X	X	M	M	M	M	M	X	X			V	V	V	X	X	V	V			
<TECHNICAL >																															
609	Blv, David		V	V	X	H					X	X						X	X				V	X	X						
608	Kraniske, Glenn		4V	X	X	H					X	X						X	X						X	X					
<COMPLAINT INVEST>																															
83	McGruder, Mary				X	H					X	X						X	X						X	X	V				
<INTERNAL AFFAIRS>																															
08	Kleinhenz, John			X	X	H					X	X						4V	X	X					X	X					
SPECIAL OPERATIONS BADGE # / OFFICER																															
DAYS OFF																															
<NARCOTICS >																															
22	Kuska, Steven			X	X	H					X	X						X	X						X	X					
65	Williams, Thomas			X	X	H	1V		V	V																					
32	Dancy, Alvin / CGTF			X	X	H					X	X	N	N	N	N	N	X	X						X	X					
03	Harris, James			V	X	H					X	X	1V	N	N	N	N	X	X						X	X					
53	Moskal, William			X	X	H					X	X	N	N	N	N	N	X	X						X	X					
05	Hermensky, Paul																														
Transferred from 2nd Platoon																															
< JUVENILE / GANG >																															
23	Salomone, Brian		V	X	X	H				V																					
Transferred to 1st Platoon																															
<GENERAL INVEST>																															
11	Burdyslaw, Thomas			X	X	H					X	X						X	X						X	X					
34	Ishler, Kevin / NOFTF			X	X	H					X	X						X	X						X	X					
46	Justus, Estel		2V	X	X	H					X	X						X	X						X	X					
28	Kennedy, Maurice / CCFGTF			X	X	H					X	X						X	X						X	X					
14	Chapman, William																														
Transferred from 1st Platoon																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F





# Request for Certification for Outside Employment

### MEMBER INFORMATION

First Name	<b>Paul</b>	Last Name	<b>Styles</b>
Street Address	[REDACTED]	Apartment/Unit #	[REDACTED]
City	[REDACTED]	Zip	[REDACTED]
SWORN POLICE OFFICER <input checked="" type="checkbox"/>		RESERVE OFFICER <input type="checkbox"/>	
PROTECTION OFFICER <input type="checkbox"/>			

### MEMBER AUTHORIZATION

I HEREBY AUTHORIZE THE CMHA PD TO ACCESS AND OBTAIN RECORDS FROM THE BELOW-LISTED PROPOSED EMPLOYER.

MEMBER SIGNATURE	<i>Paul A. Styles</i>	DATE	<b>26DEC18</b>
------------------	-----------------------	------	----------------

### NAME OF PROPOSED SECONDARY EMPLOYER

Company	<b>American Communications Network</b>		
Address	[REDACTED]	Telephone	[REDACTED]
Supervisor	<b>Self</b>	Title	<b>IBO</b>
Duties You Will Perform	<b>I will be recruiting and providing consultation for basic utilities and essential services.</b>		
Police Commission Required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Generic Police Uniform Required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.**

### IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER

- CMHA does not authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided.
  - CMHA requires non-commissioned members to be listed on the employer's license (commission).
  - CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment.
  - CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: *"Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured"*. CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non-payment.
  - CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer.
  - CMHA may request records associated with the member.
- The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. **BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.**

Employer Signature	<i>Paul A. Styles</i>	Date	<b>26DEC18</b>
Title	<b>IBO</b>		

### FOR CMHA USE ONLY

<b>TO THE CMHA - CHIEF EXECUTIVE OFFICER:</b>	
I DO <input checked="" type="checkbox"/> DO NOT <input type="checkbox"/> Endorse the above member's request for secondary employment.	
Chief of Police	<i>Michelle Pizley Chief</i> 12/31/2018
Date	

(\* For 2019)



# Request for Secondary Employment

## I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name <b>Paul</b>	Last Name <b>Styles</b>
Street Address [REDACTED]	Apartment/Unit # [REDACTED]
City [REDACTED]	Zip [REDACTED]
Phone [REDACTED]	
SWORN POLICE OFFICER <input checked="" type="checkbox"/>	RESERVE OFFICER <input type="checkbox"/>
PROTECTION OFFICER <input type="checkbox"/>	

## NAME OF PROPOSED SECONDARY EMPLOYER

Company <b>American Communicatiobns Network</b>	
Address [REDACTED]	
City [REDACTED]	Zip [REDACTED]
Telephone [REDACTED]	
Contact Person <b>Self</b>	Title <b>IBO</b>
The estimated length of employment is: <b>1 Year</b>	My hourly rate of pay will be: <b>N/A</b>
I will be working <b>3.0</b> Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday.	
Duties You Will Perform <b>I will be recruting and providing consultation for basic utilities and essential services.</b>	
Police Commission Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Generic Police Uniform Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.	

## IMPORTANT NOTICE

- I understand the CMHA Chief of Police shall be the final determinant for granting approval to engage in secondary employment.
- I have not received disciplinary action greater than a written reprimand within the last two (2) years.
- I have not used more than fifteen (15) days or more than one-hundred twenty (120) hours of sick time during the previous 12-month period.
- I understand that I MAY NOT engage in secondary employment with proposed employer whose primary business involves the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises.
- I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided.
- I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY. I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13)
- I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS AND AUTHORIZE CMHA TO ACCESS AND OBTAIN RECORDS FROM THE PROPOSED EMPLOYER.

Member Signature <i>Paul A. Styles</i>	Date <b>26DEC18</b>
Print Name <b>Paul A. Styles</b>	

## SUPERVISOR'S ENDORSEMENT

The above member has used 24 sick hours in the past twelve (12) months and is not classified as a sick abuser.  
 I **DO**  **DO NOT**  recommend approval of the above member's request to engage in secondary employment.

Supervisor's Signature <i>[Signature]</i>	Date <b>12/27/18</b>
Commander's Signature <i>[Signature]</i>	Date <b>12/27/18</b>
Deputy Chief's Signature <i>[Signature]</i>	Date <b>12/27/18</b>

**Styles, Paul attendance record for 2018** LOAD USER'S MATRIX

(click a cell in the grid below to load this user's editable matrix)  
 Key: Code Used Payday Current Sick Event Past Sick Event Tardy AWOL LWOP Unexcused No punch in No punch out

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan					X	X	V	V					X	X						X	X							X	X			
Feb		X	X						X	X					V	V	X	X					X	X								
Mar		X	X						X	X					V	V	X	X					X	X							X	
Apr	X					X	X							X	X						X	X					X	X				
May				X	X			S			X		X						X	X			V	V	X	X						
Jun	X	X						X	X						X	X					V	V	X	X	V	V					X	
Jul	X		H			X	X						X	X							P 8.0	X	X				X	X				
Aug			X	X					X	X									X	X					X	X			V 2.0		V	
Sep	X	X						X	X				V 4.0	V	X	X	SN					X	X					X	X			
Oct					X	X							X	X							X	X					X	X				
Nov		X	X		S	S			X	X													X	X					V	V		
Dec	X	X	V					X	X		P			X	X								X	X			V	X	X	X		

Attendance Point Information	
Current Attendance Points:	<b>0</b>
Current Attendance Point Status:	<b>Safe</b>

Sick Abuse Event Information	
Current Sick Abuse Events:	<b>0</b>
Current Event Status:	<b>Safe</b>
Abuse Points Calculated Range:	<b>N/A</b>

Comments Total Comments: 9

Date	Comment
5/9/2018	Leave Request provided, No doctors Excuse TB603
8/29/2018	604 Approved
8/31/2018	approved by 604
9/13/2018	approved by 604
9/14/2018	approved by 604
9/17/2018	Leave request and doctor's slip provided
11/6/2018	No doctor slip submitted-604
11/29/2018	approved by 604
12/3/2018	approved by 604



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Dale Homerick #636, Lieutenant

**FROM:** Paul A. Styles #656, Sergeant

PAGE <b>1 of 1</b>	SUBJECT <b>Secondary Employment Request Addendum</b>	DATE <b>26DEC18</b>
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In regards to this request, there is no workers compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. No CMHA residents or employees will be solicited regarding this request. The nature of this request does not require me to be involved with dispensing any alcoholic beverage or usage of any CMHA equipment. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving my involvement with American Communications Network, (ACN).

Respectfully,

*SGT. Paul A. Styles #656*  
 Paul A. Styles, Sergeant



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Thomas Burdyslaw #603, Commander

**FROM:** Dale Homerick #636 Lieutenant

<b>PAGE</b> 1 of 1	<b>SUBJECT</b> <b>Secondary Employment Request by</b> <b>Sergeant Paul A. Styles #656</b>	<b>DATE/NUMBER</b> <b>26DEC18</b>
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The attached request by Sergeant Paul A. Styles #656 permission to engage in secondary employment with **(American Communications Network) for 2019** is in compliance with Policy & Procedures Chapter 1.13.

An audit of Paul Styles' Sick Time during the previous twelve months revealed she has used: **24.00 Hours.**

Paul A. Styles **has not** received discipline greater than a reprimand within the past two years. Paul A. Styles **has not** used more than the annual allotment of sick time during the previous **(12)** month period, which is **(15)** days **(120)** hours.

Upon approval/denial, please forward a signed copy of all paperwork to the Planning Unit (PU) for proper recording.

Respectfully,

Dale Homerick, Lieutenant



**CMHA**  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**Application for Outside Employment Authorization**

**I REQUEST PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT**

First Name	Paul	Last Name	Styles
Street Address	[REDACTED]		Apartment/ Unit #
City	[REDACTED]	Zip	[REDACTED]
CMHA Position	Police Sergeant - Nopba		

**PROPOSED OUTSIDE EMPLOYER**

Company Name	Americal Communications Network		
Address	[REDACTED]		
City	Zip	Telephone	
Contact Person	Title		
Title of the Position	The estimated length of employment is:		
Duties You Will Perform	[REDACTED]		
Hours You Will Work	[REDACTED]		

**NOTE: CMHA ISSUED UNIFORMS, TOOLS, AND EQUIPMENT ARE NOT PERMITTED TO BE USED WHILE ENGAGED IN OUTSIDE EMPLOYMENT**

**IMPORTANT NOTICE**

I have read and understand the CMHA policy on Outside Employment as stated in Section A-XII of the Personnel Policies and Procedures Manual and agree to abide by its terms. I acknowledge that my outside employment cannot:

- conflict with the employee's CMHA position
- conflict with the best interests of CMHA
- adversely affect the working hours of the employee's CMHA position, nor can it prohibit the employee from ever working overtime
- tire, or reduce the efficiency or performance of the employee in his/her CMHA position
- conflict with the Conflict of Interest Policy as stated in Article B-XIII of this Administrative Order

I further understand that:

- CMHA has no responsibility or liability for my actions resulting from my outside employment nor will CMHA assume liability for any lawsuit filed against me as a result of my conduct during my outside employment.
- I must inform Human Resources of any changes to my outside employment status.
- CMHA has the right to revoke its permission allowing me to work outside employment at any time.
- My outside employment must be consistent with CMHA's Conflict of Interest policy.
- A violation of any of the above provisions by me may result in revocation of CMHA's permission, employee discipline, or both.
- A letter must accompany this request for outside employment from the proposed employer indicating that workers' compensation coverage is being provided to me. If I have contracted my services, the accompanying letter shall specify who is providing the coverage, the outside employer or me.
- This authorization, if approved, expires on December 31<sup>st</sup> of each calendar year. (Approval must be renewed each calendar year or if I change employment.)
- I may be contacted to supply additional information.

Employee Signature	Date	1/8/2019 11:45:57 AM
Print Name	See attached documentation	

**CHAIN OF REVIEW**

<b>Andres Gonzalez</b> Department Director Name and Signature	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date 1/9/2019 12:21:12 PM
<b>Mark Hunt</b> Director of Compliance Name and Signature	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date 1/23/2019 8:44:07 AM
<b>Elizabeth McCafferty</b> Director of Human Resources Name and Signature	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date 1/23/2019 10:23:58 AM
<b>FINAL DECISION</b>	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date: 1/23/2019 10:23:58 AM



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

Request for Certification for Outside Employment

MEMBER INFORMATION

First Name Paul, Last Name Styles, Street Address, Apartment/Unit #, City, Zip, Phone, SWORN POLICE OFFICER [X], RESERVE OFFICER [ ], PROTECTION OFFICER [ ]

MEMBER AUTHORIZATION

I HEREBY AUTHORIZE THE CMHAPD TO ACCESS AND OBTAIN RECORDS FROM THE BELOW-LISTED PROPOSED EMPLOYER. MEMBER SIGNATURE [Signature], DATE 13DEC17

NAME OF PROPOSED SECONDARY EMPLOYER

Company American Communications Network, Address, Telephone, Supervisor Self, Title IBO, Duties You Will Perform I will be providing consultation for basic utilities and recruiting, Police Commission Required? YES [ ], NO [X], Generic Police Uniform Required? YES [ ], NO [X], NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER

CMHA does not authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided. CMHA requires non-commissioned members to be listed on the employer's license (commission). CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment. CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: "Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured". CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non-payment. CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer. CMHA may request records associated with the member. The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.

Employer Signature [Signature], Date 13DEC17, Title IBO

FOR CMHA USE ONLY

TO THE CMHA - CHIEF EXECUTIVE OFFICER: I DO [X] DO NOT [ ] Endorse the above member's request for secondary employment. Chief of Police [Signature], Date 12/13/2017

\* For 2018 -



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

Request for Secondary Employment

I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name Paul, Last Name Styles, Street Address, City, Zip, Apartment/Unit #, Phone, SWORN POLICE OFFICER [checked], RESERVE OFFICER [unchecked], PROTECTION OFFICER [unchecked]

NAME OF PROPOSED SECONDARY EMPLOYER

Company American Communications Network, Address, City, Zip, Telephone, Contact Person Self, Title IBO, The estimated length of employment is: 3, My hourly rate of pay will be: N/A, I will be working 3 Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday. Duties You Will Perform 3, Police Commission Required? YES [unchecked] NO [checked], Generic Police Uniform Required? YES [unchecked] NO [checked], NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

IMPORTANT NOTICE

- I understand the CMHA Chief of Police shall be the final determinant for granting approval to engage in secondary employment.
I have not received disciplinary action greater than a written reprimand within the last two (2) years.
I have not used more than fifteen (15) days or more than one-hundred twenty (120) hours of sick time during the previous 12-month period.
I understand that I MAY NOT engage in secondary employment with proposed employer whose primary business involves the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises.
I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided.
I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY. I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13)
I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS AND AUTHORIZE CMHA TO ACCESS AND OBTAIN RECORDS FROM THE PROPOSED EMPLOYER.

Member Signature [Signature], Date 13DEC17, Print Name Paul A. Styles

SUPERVISOR'S ENDORSEMENT

The above member has used 11 sick hours in the past twelve (12) months and is not classified as a sick abuser. I DO [checked] DO NOT [unchecked] recommend approval of the above member's request to engage in secondary employment.

Supervisor's Signature [Signature], Date 12/13/17, Commander's Signature [Signature], Date 12/13/17, Deputy Chief's Signature [Signature], Date 12/13/17



**Styles, Paul attendance record for 2017** LOAD USER'S MATRIX  
 (click a cell in the **Key:** Code Used Payday Current Sick Event Past Sick Event Tardy AWOL LWOP Unexcused No punch in No punch out grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	X					X	X							X	X						X	X						X	X		
Feb	V	V		X	X	V	V	V	V	V	X	X						X	X						X	X					
Mar				X	X	N	N	N	N	N	X							X	X						X	X					
Apr	X	X					X	X							X	X							X	X						X	X
May						X	X						X	X						X	X							X	X		
Jun		X		X						X	X						X	X					V	V	X	X	V				
Jul	X	X	V	H	V	V	V	X	X						X	X							X	X						X	X
Aug				V 4.0	X	X				L	P	X	X						X	X						X	X				
Sep	X	X		H					X	X				V	V	X	X	V	V				X	X						X	
Oct	X					X	X							X	X						X	X	S					X	X		
Nov				X	X					X	X							X	X		S 3.0					X	X				
Dec	X	X						X	X					N		X	X						X	X						X	X

Attendance Point Information		Sick Abuse Event Information	
Current Attendance Points:	<b>0</b>	Current Sick Abuse Events:	<b>1</b>
Current Attendance Point Status:	<b>Safe</b>	Current Event Status:	<b>Safe</b>
		Abuse Points Calculated Range: <b>10/23/2017 to 2/20/2018</b>	

Comments		Total Comments: 4
Date	Comment	
8/10/2017	CEO Special Recognition Tug of War	
10/23/2017	646	
11/21/2017	0800-1100	
12/14/2017	Open enrollment 0830-1230	



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Thomas M. Burdyslaw #603, Commander

**FROM:** Paul A. Styles #656, Sergeant

PAGE <b>1 of 1</b>	SUBJECT <b>Secondary Employment Request Addendum</b>	DATE <b>13DEC17</b>
-----------------------	---------------------------------------------------------	------------------------

✓ In regards to this request, there is no workers compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. No CMHA residents or employees will be solicited regarding this request. No CMHA equipment will be needed. The nature of this request does not require me to be involved with dispensing any alcoholic beverage. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving my involvement with American Communications Network, (ACN).

Respectfully,

*SGT. Paul A. Styles #656*  
 Paul A. Styles, Sergeant

*ASchief*  
*12/13/2017*



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Angel J. Morales, Deputy Chief

**FROM:** Thomas M. Burdyslaw #603, Commander

PAGE <b>1 of 1</b>	SUBJECT <b>Secondary Employment Request by Sergeant Paul A. Styles #656</b>	DATE/NUMBER <b>13DEC17</b>
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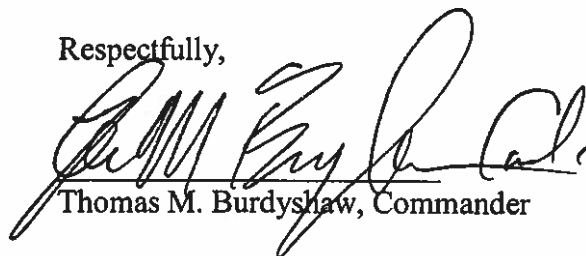
The attached request by Sergeant Paul A. Styles #656 permission to engage in secondary employment with **(American Communications Network, ACN)** is in compliance with Policy & Procedures Chapter 1.13.

An audit of Paul A. Styles' Sick Time during the previous twelve months revealed she has used: **11.00 Hours**. Paul A. Styles **has not** received discipline greater than a reprimand within the past two years.

Paul Styles **has not** used more than the annual allotment of sick time during the previous **(12)** month period, which is **(15)** days **(120)** hours.

Upon approval/denial, please forward a signed copy of all paperwork to the Complaint Investigation Unit (CIU) for proper recording.

Respectfully,



Thomas M. Burdyslaw, Commander



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT**  
**Request for Certification for Outside Employment**

**MEMBER INFORMATION**

First Name **Paul** Last Name **Styles**

Street Address [REDACTED] Apartment/Unit # [REDACTED]

City [REDACTED] Zip [REDACTED] Phone [REDACTED]

SWORN POLICE OFFICER  RESERVE OFFICER  PROTECTION OFFICER

**MEMBER AUTHORIZATION**

I HEREBY AUTHORIZE THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT TO ACCESS AND OBTAIN RECORDS FROM THE BELOW-LISTED PROPOSED EMPLOYER.

MEMBER SIGNATURE *Paul A. Styles* DATE **16 DEC 16**

**NAME OF PROPOSED SECONDARY EMPLOYER**

Company **Americal Communications Network**

Address [REDACTED] Telephone [REDACTED]

Supervisor **Paul A. Styles** Title **IBO**

Duties You Will Perform **I will be providing consultation for basic utilities**

Police Commission Required? YES  NO  Generic Police Uniform Required? YES  NO

**NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.**

**IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER**

- CMHA does not authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided.
- CMHA requires non-commissioned members to be listed on the employer's license (commission).
- CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment.
- CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: "Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured". CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non-payment.
- CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer.
- CMHA may request time records associated with the member.

The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. **BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.**

Employer Signature *Paul A. Styles* Date **16DEC16**

Title **IBO**

**FOR CMHA USE ONLY**

**TO THE CMHA - CHIEF EXECUTIVE OFFICER:**

I DO  DO NOT  Endorse the above member's request for secondary employment.

Chief of Police *Richard J. Kelly* Date **12/22/2016**



# Request for Secondary Employment

## I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name	Paul	Last Name	Styles	
Street Address	[REDACTED]		Apartment/Unit #	[REDACTED]
City	[REDACTED]	Zip	[REDACTED]	
SWORN POLICE OFFICER <input checked="" type="checkbox"/>		RESERVE OFFICER <input type="checkbox"/>	PROTECTION OFFICER <input type="checkbox"/>	

## NAME OF PROPOSED SECONDARY EMPLOYER

Company	American Communications Network,		
Address	[REDACTED]		
City	[REDACTED]	Zip	[REDACTED]
Contact Person	Paul A. Styles	Title	IBO
The estimated length of employment is:	1 Year	My hourly rate of pay will be:	N/A
I will be working	3	Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday.	
Duties You Will Perform	I will be providing consultation for basic utilities		
Police Commission Required?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Generic Police Uniform Required?
		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

## IMPORTANT NOTICE

- I understand the CMHA Chief of Police shall be the final determinant for granting approval to engage in secondary employment.
- I have not received disciplinary action greater than a written reprimand within the last two (2) years.
- I have not used more than fifteen (15) days or more than one-hundred twenty (120) hours of sick time during the previous 12-month period.
- I understand that I MAY NOT engage in secondary employment with proposed employer whose primary business involves the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises.
- I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided.
- I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY. I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13)
- I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS AND AUTHORIZE CMHA AND THE ABOVE LISTED EMPLOYER TO CHANGE INFORMATION REGARDING IMPOSED DISCIPLINE OR MEDICAL CONDITION.

Member Signature		Date	16 Dec 16
Print Name	Paul A. Styles		

## SUPERVISOR'S ENDORSEMENT

The above member has used 24 sick hours in the past twelve (12) months and is not classified as a sick abuser.

I DO  DO NOT  recommend approval of the above member's request to engage in secondary employment.

Supervisor's Signature		Date	12/16/16
Commander's Signature		Date	12/19/16
Deputy Chief's Signature		Date	12/19/16

**Styles, Paul attendance record for 2016** LOAD USER'S MATRIX

(click a cell in the **Key:** Code Used Payday Current Sick Event Past Sick Event Tardy AWOL LWOP Unexcused No punch in No punch out grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan		X	X					X	X		V 8.0	V 3.0				X	X						X	X						X	X
Feb					X	X					V 8.0	V 8.0	X	X						X	X						X	X			
Mar					X	X						X	X					V	X	X	V	V	V	V	H	X	X				
Apr	V 4.0	X	X	N				X	X		N				V 8.0	X	X						X	X				N	N	X	
May	X						X	X						X	X						X	X						X	X		
Jun				X	X						X	X						X	X						X	X					
Jul	V	X	X	H	V	V	V	X	X		V	V	V	V	V	X	X						X	X				S 8.0		X	X
Aug				N	N	X	X						X	X						X	X						X	X			S
Sep			X	X	II		V	V	X	X		V			S 8.0	X	X						X	X	N						
Oct	X	X				V	X	X	V						X	X						X	X						X	X	
Nov				X	X				V			X	X	V	V	V	V	V	X	X						X	X				
Dec	P	P	X	X	V				X	X							X	X						X	X						X

Attendance Point Information	
Current Attendance Points:	<b>0</b>
Current Attendance Point Status:	<b>Safe</b>

Sick Abuse Event Information	
Current Sick Abuse Events:	<b>1</b>
Current Event Status:	<b>Safe</b>
Abuse Points Calculated Range:	<b>9/15/2016 to 1/13/2017</b>

Comments Total Comments: 7

Date	Comment
1/12/2016	0700-1000
1/11/2016	OPOTA Richfield
1/15/2016	Approved by 603
4/28/2016	vehicle ops
8/4/2016	Blue Courage
8/30/2016	#630
9/26/2016	taser



**CMHA**  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT



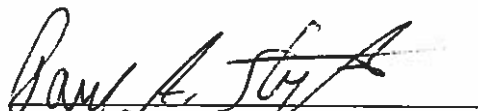
**TO:** Thomas M. Burdyshaw #603, Commander

**FROM:** Paul A. Styles #656, Sergeant

PAGE 1 of 1	SUBJECT Secondary Employment Request Addendum	DATE 16DEC16
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In regards to this request, there is no Workers Compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. No CMHA residents or employees will be solicited regarding this request. No CMHA equipment will be needed. The nature of this request does not require me to be involved with dispense any alcoholic beverage. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving American Communications Network, (ACN).

Respectfully,

  
Paul A. Styles, Sergeant



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** Angel Morales, Deputy Chief

**FROM:** Thomas M. Burdyslaw, Commander

PAGE <b>1 of 1</b>	SUBJECT <b>Secondary Employment Request by Sergeant Paul A. Styles #656</b>	DATE/NUMBER <b>16DEC16</b>
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The attached request by Sergeant Paul A. Styles #656 permission to engage in secondary employment with **(American Communications Network)** is in compliance with Policy & Procedures Chapter 1.13.

An audit of Paul A. Styles' Sick Time during the previous twelve months revealed she has used: **24.00 Hours**. **Paul A. Styles has not** received discipline greater than a reprimand within the past two years.

Paul A. Styles **has not** used more than the annual allotment of sick time during the previous **(12)** month period, which is **(15)** days **(120)** hours.

Upon approval/denial, please forward a signed copy of all paperwork to the Complaint Investigation Unit (CIU) for proper recording.

Respectfully,

  
Thomas M. Burdyslaw, Commander





**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**Application for Outside Employment Authorization**

<b>I REQUEST PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT</b>			
First Name	Paul	Last Name	Styles
Street Address	[REDACTED]		Apartment/Unit #
City	[REDACTED]	Zip	[REDACTED]
Phone	[REDACTED]		
CMHA Position	Police Sergeant - Nopba		

<b>PROPOSED OUTSIDE EMPLOYER</b>			
Company Name	Americal Communications Network		
Address	[REDACTED]		
City	Zip	Telephone	
Contact Person	Title		
Title of the Position	The estimated length of employment is:		
Duties You Will Perform	[REDACTED]		
Hours You Will Work	[REDACTED]		

**NOTE: CMHA ISSUED UNIFORMS, TOOLS, AND EQUIPMENT ARE NOT PERMITTED TO BE USED WHILE ENGAGED IN OUTSIDE EMPLOYMENT**

<b>IMPORTANT NOTICE</b>
I have read and understand the CMHA policy on Outside Employment as stated in Section A-XII of the Personnel Policies and Procedures Manual and agree to abide by its terms. I acknowledge that my outside employment cannot:
<ul style="list-style-type: none"> <li>• conflict with the employee's CMHA position</li> <li>• conflict with the best interests of CMHA</li> <li>• adversely affect the working hours of the employee's CMHA position, nor can it prohibit the employee from ever working overtime</li> <li>• tire, or reduce the efficiency or performance of the employee in his/her CMHA position</li> <li>• conflict with the Conflict of Interest Policy as stated in Article B-XIII of this Administrative Order</li> </ul>
I further understand that:
<ul style="list-style-type: none"> <li>• CMHA has no responsibility or liability for my actions resulting from my outside employment nor will CMHA assume liability for any lawsuit filed against me as a result of my conduct during my outside employment.</li> <li>• I must inform Human Resources of any changes to my outside employment status.</li> <li>• CMHA has the right to revoke its permission allowing me to work outside employment at any time.</li> <li>• My outside employment must be consistent with CMHA's Conflict of Interest policy.</li> <li>• A violation of any of the above provisions by me may result in revocation of CMHA's permission, employee discipline, or both.</li> <li>• A letter must accompany this request for outside employment from the proposed employer indicating that workers' compensation coverage is being provided to me. If I have contracted my services, the accompanying letter shall specify who is providing the coverage, the outside employer or me.</li> <li>• This authorization, if approved, expires on December 31<sup>st</sup> of each calendar year. (Approval must be renewed each calendar year or if I change employment.)</li> <li>• I may be contacted to supply additional information.</li> </ul>

Employee Signature	Date	1/4/2017 10:30:14 AM
Print Name	See attached documentation	

<b>CHAIN OF REVIEW</b>		
<b>Andres Gonzalez</b> Department Director Name and Signature	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date 1/4/2017 12:58:08 PM
<b>Mark Hunt</b> Director of Compliance Name and Signature	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date 1/4/2017 1:53:47 PM
<b>Elizabeth McCafferty</b> Director of Human Resources Name and Signature	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date 1/6/2017 9:32:04 AM
<b>FINAL DECISION</b>	<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date: 1/6/2017 9:32:04 AM



**CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT**



**TO:** Angel Morales, Deputy Chief

**FROM:** Thomas M. Burdyshaw, Commander

PAGE 1 of 1	SUBJECT  <p align="center"><b>Secondary Employment Request by Sergeant Paul A. Styles #656</b></p>	DATE/NUMBER 09DEC15
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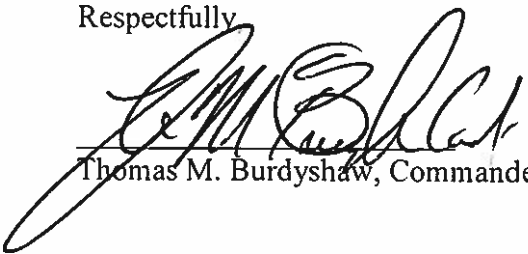
The attached request by Sergeant Paul A. Styles #656 permission to engage in secondary employment with the **(American Communication Network, ACN)** is in compliance with Policy & Procedures Chapter 1.13.

An audit of Paul Styles' Sick Time during the previous twelve months revealed he has used: **00.00 Hours**. Paul Styles **has not** received discipline greater than a reprimand in 2014 or 2015.

Paul Styles **has not** used more than the annual allotment of sick time during the previous **(12)** month period, which is **(15)** days **(120)** hours.

Upon approval/denial, please forward a signed copy of all paperwork to the Complaint Investigation Unit (CIU) for proper recording. **Approval** received will initiate the issuance of two CMHAPD 94-018 forms to the officer(s) supervisor for completion. One CMHAPD 94-018 form will be filed in the C.I.U office.

Respectfully,



Thomas M. Burdyshaw, Commander



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT**  
**Request for Certification for Outside Employment**

**MEMBER INFORMATION**

First Name **Paul** Last Name **Styles**  
 Street Address [REDACTED] Apartment/Unit # [REDACTED]  
 City [REDACTED] Zip [REDACTED] Phone [REDACTED]  
 SWORN POLICE OFFICER  RESERVE OFFICER  PROTECTION OFFICER

**MEMBER AUTHORIZATION**

I HEREBY AUTHORIZE THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT AND THE BELOW-LISTED PROSPECTIVE EMPLOYER TO EXCHANGE INFORMATION REGARDING IMPOSED DISCIPLINE AND/OR MEDICAL INFORMATION.

MEMBER SIGNATURE *Paul A. Styles* DATE **09DEC15**

**NAME OF PROPOSED SECONDARY EMPLOYER**

Company **American Communications Network, ACN**  
 Address [REDACTED] Telephone [REDACTED]  
 Supervisor **Self** Title **Independent Business Owner**

Duties You Will Perform **Utilities Consulting**  
 Police Commission Required? YES  NO  Generic Police Uniform Required? YES  NO   
**NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.**

**IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER**

- CMHA does not authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided.
- CMHA requires non-commissioned members to be listed on the employer's license (commission).
- CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment.
- CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: "Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured" CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non-payment.
- CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer.

The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. **BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.**

Employer Signature *Paul A. Styles* Date **09DEC15**  
 Title **Independent Business Owner, IBO**

**FOR CMHA USE ONLY**

**TO THE CMHA - CHIEF EXECUTIVE OFFICER:**

I DO  DO NOT  Endorse the above member's request for secondary employment.

Chief of Police *Charles J. [Signature]* Date **12/10/2015**



# Request for Secondary Employment

## I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name **Paul** Last Name **Styles**

Street Address [Redacted] Apartment/Unit # [Redacted]

City [Redacted] Zip [Redacted] Phone [Redacted]

SWORN POLICE OFFICER  RESERVE OFFICER  PROTECTION OFFICER

## NAME OF PROPOSED SECONDARY EMPLOYER

Company **American Communication Network, ACN**

Address [Redacted]

City [Redacted] Zip [Redacted] Telephone [Redacted]

Contact Person **Self** Title **Independent Business Owner**

The estimated length of employment is: **1 Year** My hourly rate of pay will be: **N/A**

I will be working **4.0** Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday.

Duties You Will Perform **Utilities Consulting**

Police Commission Required? YES  NO  Generic Police Uniform Required? YES  NO

**NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.**

## IMPORTANT NOTICE

- I have no disciplinary actions on file greater than a written reprimand within the last two (2) years.
- I have used 0 sick hours within the last twelve (12) months.
- I understand that I MAY NOT engage in secondary employment involving the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises.
- I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided.
- I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. **CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY.** I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13)
- I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

Member Signature *Paul A. Styles* Date **09DEC15**

Print Name **Paul A. Styles**

## SUPERVISOR'S ENDORSEMENT

The above member has used 0 sick hours in the past twelve (12) months and is not classified as a sick abuser.

I DO  DO NOT  recommend approval of the above member's request to engage in secondary

Supervisor's Signature [Redacted] Date [Redacted]

Commander's Signature *[Signature]* Date **12/9/15**

Deputy Chief's Signature *[Signature]* Date **12/10/15**

**Styles, Paul attendance record for 2014** **LOAD USER'S MATRIX**

(click a cell in the **Key:** Code Used Payday Past Sick Event AWOL Unexcused No punch in grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	H			X	X	H					X	X						X	X						X	X					
Feb	X	X			V 1.0		X	X							X	X						X	X								
Mar	X	X								V	V	V	V	V	X	X						X	X						X	X	
Apr		V 8.0	V 8.0	V 8.0	X	X				F 8.0	F 8.0	X	X	F 8.0	F 8.0	F 8.0			X	X						X	X				
May			X	X						X	X						X	X						X	X						
Jun	X						X	X					X	X							X	X						X	X		
Jul					X	X						X	X						X	X						X	X				
Aug		X	X				V	V	X	X	V					X	X						X	X						X	X
Sep						X	X	N	N	N	N	X	X							X	X						X	X	N 3.0		
Oct				X	X						X	X	N	N	N	N	N	X	X						X	X					
Nov	X	X						X	X						X	X	N	N	N	N	N	N	X	X			V			X	X
Dec						X	X					X	X							X	X						X	X			

Total Attendance Points during 2014: **0**

Current Attendance Points: **0**

Current Attendance Point Status: **Safe**

Current Sick Abuse Events: **0**

Current Event Status: **Safe**

Abuse Points Calculated Range: **N/A**

Date	Comment
1/7/2014	HR Training
2/5/2014	Approved by 640
4/2/2014	Approved by 640
9/8/2014	PELC Week one
9/29/2014	VCA Training 0700-1000
10/13/2014	PELC Week 2
11/17/2014	PELC

**Styles, Paul attendance record for 2015** **LOAD USER'S MATRIX**

(click a cell in the **Key:** Code Used Payday Current Sick Event Past Sick Event Tardy AWOL LWOP Unexcused No punch in No punch out grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan			X	X						X	X						X	X					X	X							X
Feb	X						X	X				V 8.0	V 8.0	X	X						X	X						X			
Mar	X						X	X						X	X						X	X						X	X		
Apr				X	X					X	X							X	X					X	X						
May	X	X							X	X						X	X						X	X						X	X
Jun					X	X							X	X				V	V	X	X	V					X	X			
Jul			X	X						X	X							X	X					X	X						
Aug	X	X						X	X				V 3.0 S	P 8.0	X	X						X	X						X	X	
Sep					X	X				V 3.0	P	X	X							X	X					X	X				
Oct		X	X							X	X						X	X	N				X	X							X
Nov	X						X	X					V 8.0	X	X	P 8.0	V 8.0	V 8.0			X	X				H	H	X	X		
Dec		V 8.0	V 8.0	X	X	V 8.0					X	X								X	X					X	X				

Attendance Point Information	
Current Attendance Points:	<b>0</b>
Current Attendance Point Status:	<b>Safe</b>

Sick Abuse Event Information	
Current Sick Abuse Events:	<b>0</b>
Current Event Status:	<b>Safe</b>
Abuse Points Calculated Range:	<b>N/A</b>

Comments		Total Comments: 5
Date	Comment	
2/12/2015	Approved TB603	
6/18/2015	Approved TB603	
8/13/2015	Approved by 603	
8/14/2015	Approved by 603	
10/19/2015	Range 0900-1700	



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Thomas M. Burdyslaw, Commander

**FROM:** Paul A. Styles #656, Sergeant

PAGE 1 of 1	SUBJECT Secondary Employment Request Addendum	DATE 09DEC15
----------------	--------------------------------------------------	-----------------

In regards to this request, there is no Workers Compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. No CMHA residents or employees will be solicited regarding this request. No CMHA equipment will be needed. The nature of this request does not require me to dispense any alcoholic beverage. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving American Communications Network.

Respectfully,

*SGT. Paul A. Styles #656*  
 Paul A. Styles, Sergeant

*MEMBER IS NOT AUTHORIZED TO  
 CONDUCT BUSINESS AT CMHA —*

*ASCLING  
 12/10/2015*



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Angel Morales, Deputy Chief

**FROM:** Thomas Burdyslaw, Commander

PAGE <b>1 of 1</b>	SUBJECT <p align="center"><b>Secondary Employment Request by          Sergeant Paul A. Styles #656</b></p>	DATE/NUMBER <b>16DEC14</b>
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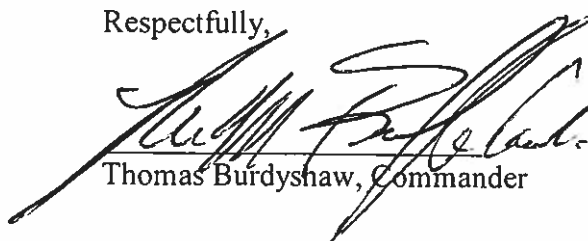
The attached request for Sergeant Paul Styles #656 permission to engage in secondary employment with **(American Communications Network, ACN)** is in compliance with Policy & Procedures Chapter 1.13.

An audit of Paul Styles' Sick Time during the previous twelve months revealed he has used: **00.00 Total Hours**. Paul Styles **has not** received disciplinary action in 2014 greater than a reprimand.

Paul Styles **has not** used more than the annual allotment of sick time during the previous (12) month period, which is **(15) days (120) hours**.

Upon approval/denial, please forward a signed copy of all paperwork to the Complaint Investigation Unit (CIU) for proper recording. **Approval** received will initiate the issuance of two CMHAPD 94-018 forms to the officer(s) supervisor for completion. One CMHAPD 94-018 form will be filed in the C.I.U office.

Respectfully,



Thomas Burdyslaw, Commander





**CMHA**  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT



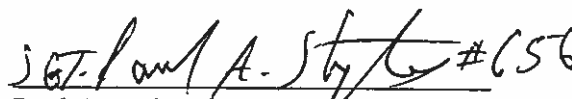
**TO:** Thomas Burdyslaw, Commander

**FROM:** Paul A. Styles #656, Sergeant

PAGE 1 of 1	SUBJECT Secondary Employment Request Addendum	DATE 02JAN15
----------------	--------------------------------------------------	-----------------

In regards to this request, there is no Workers Compensation coverage required. The secondary employment is not of a police nature and does not require a certificate of liability. No CMHA residents or employees will be solicited regarding this request. I take full responsibility for liability and hold CMHA harmless from possible legal actions involving American Communications Network.

Respectfully,

  
Paul A. styles, Sergeant



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

Request for Secondary Employment

I REQUEST PERMISSION TO ENGAGE IN SECONDARY EMPLOYMENT

First Name Paul, Last Name Styles, Street Address, City, Zip, Apartment/Unit #, Phone, SWORN POLICE OFFICER [checked], RESERVE OFFICER [unchecked], PROTECTION OFFICER [unchecked]

NAME OF PROPOSED SECONDARY EMPLOYER

Company American Communications Network (ACN), Address, City, Zip, Telephone, Contact Person Paul A. Styles, Title Owner, My hourly rate of pay will be: N/A

The estimated length of employment is: Annually, I will be working 6 Hours per day; not to exceed twenty-eight (28) hours in a week; or twelve (12) hours while on a vacation day; or six (6) hours on a workday. Duties You Will Perform Sign Up Customers For Gas and Electricity Services

Police Commission Required? YES [unchecked] NO [checked], Generic Police Uniform Required? YES [unchecked] NO [checked], NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

IMPORTANT NOTICE

- I have no disciplinary actions on file greater than a written reprimand within the last two (2) years. I have used 0 sick hours within the last twelve (12) months. I understand that I MAY NOT engage in secondary employment involving the distribution or dispensing of alcoholic beverages nor on police duty in front of such premises. I understand that a current copy of secondary employer's Workers' Compensation Certificate must be provided. I UNDERSTAND THAT IF MY SECONDARY EMPLOYMENT IS OF A POLICE NATURE, THAT CMHA REQUIRES A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. CMHA MUST BE ADDED AS AN ADDITIONAL INSURED ON THE POLICY. I UNDERSTAND THAT MY REQUEST FOR SECONDARY EMPLOYMENT WILL BE DENIED IF I FAIL TO PRODUCE SAID ORIGINAL CERTIFICATE OF LIABILITY AND POLICY ENDORSEMENT. (See Appendix B, P&P Ch. 1.13) I understand and acknowledge that CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment.

Member Signature Sgt. Paul A. Styles, Date 16DEC14, Print Name Paul A. Styles

SUPERVISOR'S ENDORSEMENT

The above member has used 2 sick hours in the past twelve (12) months and is not classified as a sick abuser. I DO [unchecked] DO NOT [checked] recommend approval of the above member's request to engage in secondary

Supervisor's Signature, Date, Commander's Signature, Date 12/29/14, Deputy Chief's Signature, Date 12-29-14



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

Request for Certification for Outside Employment

MEMBER INFORMATION

First Name Paul, Last Name Styles, Street Address, City, Zip, Phone, Apartment/Unit #, SWORN POLICE OFFICER [checked], RESERVE OFFICER [unchecked], PROTECTION OFFICER [unchecked]

MEMBER AUTHORIZATION

I HEREBY AUTHORIZE THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT AND THE BELOW-LISTED PROSPECTIVE EMPLOYER TO EXCHANGE INFORMATION REGARDING IMPOSED DISCIPLINE AND/OR MEDICAL INFORMATION.

MEMBER SIGNATURE [Signature], DATE 16DEC14

NAME OF PROPOSED SECONDARY EMPLOYER

Company American Communications Network, Address, Telephone, Supervisor Self, Title Owner

Duties You Will Perform Sign Up Customers For Gas Electricity and Phone Services

Police Commission Required? YES [unchecked] NO [checked], Generic Police Uniform Required? YES [unchecked] NO [checked], NOTE: CMHA PD UNIFORM AND DEPARTMENT ISSUED WEAPONS ARE NOT AUTHORIZED.

IMPORTANT NOTICE FOR THE SECONDARY EMPLOYER

- CMHA does not authorize its members to engage in secondary employment if the employer does not provide Workers' Compensation. A copy of the employer's current Workers' Compensation must be provided.
CMHA requires non-commissioned members to be listed on the employer's license (commission).
CMHA accepts no responsibility for members working outside of CMHA. The employee is an agent of the secondary employer who will accept full responsibility for the acts of the employee while engaged in secondary employment.
CMHA requires a Certificate of Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 aggregate. As a condition of permitting the Member to engage in secondary employment, the Employer must include CMHA as an additional insured on the policy. The certificate language must read: "Cuyahoga Metropolitan Housing Authority is an additional insured pursuant to written agreement and coverage is primary and non-contributory with any insurance carried by the Additional Insured". CMHA requires a policy endorsement recognizing its position as an additional insured, and the certificate of insurance shall contain a thirty (30) day cancellation notice and a ten (10) day notice for non-payment.
CMHA does not authorize the use of the CMHA uniform or any department issued weapon while engaged in secondary employment. The employer agrees to at all times indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, its Board of Commissioners, Subsidiaries, Affiliates, directors, officers, agents, servants, and employees from and against any and all claims, actions, causes of actions, liabilities, losses, damages, costs, expenses, judgments or liens, including attorneys' fees, arising from bodily or personal injury, sickness, disease, death, or injury to property of any party arising directly or indirectly from, or in any way relating to, the member's performance of work on behalf of the employer.

The CMHA Office of Legal Affairs may be contacted at (216) 271-2875 if you have any questions concerning compliance with these requirements, or require additional assistance. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE REQUIREMENTS.

Employer Signature [Signature], Date 16DEC14, Title Owner

FOR CMHA USE ONLY

TO THE CMHA - CHIEF EXECUTIVE OFFICER:

I DO [checked] DO NOT [unchecked] Endorse the above member's request for secondary employment.

Chief of Police [Signature], Date 1/2/2015

PTF'S

# PERSONNEL TRANSACTION FORM



EMPL ID 1784	Request Date 12/14/2015	Effective Date 12/10/2015
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
		Secondary Employment	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2015	17033	Police Sergeant - Nopba	34.068	70861.44	Police Administration	210000

**COMMENTS:**  
Please find attached, request for secondary employment with American Communications Network eff. 12/10/15

Requested By: *Paul Styles*  
Date: 12/15/2015

Director of Human Resources: \_\_\_\_\_ Date

Department Director: \_\_\_\_\_ Date

Budgetary Approval: \_\_\_\_\_ Date

\_\_\_\_\_  
Chief Executive Officer: \_\_\_\_\_ Date

# PERSONNEL TRANSACTION FORM



EMPL ID 1784	Request Date 1/13/2015	Effective Date 1/1/2015
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	ATB	Across the Board	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2014	17033	Police Sergeant - Nopba	33.4	69472	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2015	17033	Police Sergeant - Nopba	34.068	70861.44	Police Administration	210000

**COMMENTS:**  
Contractual Increase effective January 1, 2015

Requested By: *Paul Styles* Date: 1/13/2015

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budgetary Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

# PERSONNEL TRANSACTION FORM



EMPL ID 1784	Request Date 1/8/2015	Effective Date 1/6/2015
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

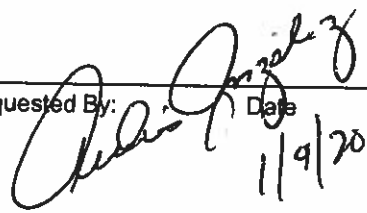
Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
		Secondary Employment	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		

**COMMENTS:**  
Please find attached, request for Secondary Employment with American Communications Network. eff. 1/2/15.

Requested By:  Date: 1/9/2015

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budgetary Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

# PERSONNEL TRANSACTION FORM



EMPL ID 1784	Request Date 1/22/2014	Effective Date 1/1/2014
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

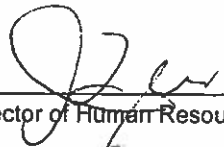
Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	ATB	Pay Rate Change	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2013	17033	Police Sergeant - Nopba	32.7451	68109.81	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2014	17033	Police Sergeant - Nopba	33.4	69472	Police Administration	210000

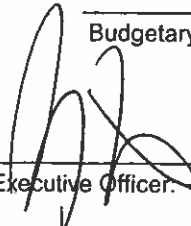
**COMMENTS:**  
Contractual Increase effective January 1, 2014

Requested By: \_\_\_\_\_ Date \_\_\_\_\_


 \_\_\_\_\_ Date 1/22/14

Department Director: \_\_\_\_\_ Date \_\_\_\_\_

Budgetary Approval: \_\_\_\_\_ Date \_\_\_\_\_


 \_\_\_\_\_ Date 1-23-14





**PERSONNEL TRANSACTION FORM**

EMPL ID	Request Date 3/8/2012	Effective Date 1/1/2012
SOCIAL SS# (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]				

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MER	MERIT		

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			30.8653	\$64,200.00	POLICE	210 210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			31.7913	\$66,126.00	POLICE	210 210000

COMMENTS:

| Correction: Salary increase is effective 1/1/12.

Requested By: *Paul Styles*  
Date: 3/12/2012

\_\_\_\_\_  
Director of Human Resources Date

\_\_\_\_\_  
Department Director Date

\_\_\_\_\_  
Budgetary Approval Date

\_\_\_\_\_  
Chief Executive Officer Date



EMPL ID	Request Date 12/30/2011	Effective Date 1/7/2012
SOCIAL SS# (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

**PERSONNEL TRANSACTION FORM**

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	

Mailing Address 1	Address 2	City	State	Zip Code

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MER	MERIT		

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			30.8653	\$64,200.00	POLICE	210	210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			31.7913	\$66,126.00	POLICE	210	210000

COMMENTS:  
 | Contractual Increase

Requested By: *[Signature]* Date: 1/3/2012

Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Department Director \_\_\_\_\_ Date \_\_\_\_\_

Budgetary Approval \_\_\_\_\_ Date \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_ Date \_\_\_\_\_



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**

EMPL ID	Request Date 1/13/2011	Effective Date 1/1/2011
SOCIAL SS (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	


Mailing Address 1	Address 2	City	State	Zip Code

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MERIT	MERIT	210	

FROM:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			29.966	\$62,330.10	POLICE	210	210000

TO:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			30.865	\$64,200.00	POLICE	210	210000

COMMENTS:  
CONTRACTUAL INCREASE

Requested By  Date 1/14/2011

Department Director Date

Director of Human Resources Date

Budgetary Approval Date

Executive Director Date



PERSONNEL TRANSACTION FORM

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

EMPL ID 1784	Request Date 11/23/2010	Effective Date 11/24/2010
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			7/5/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MER	Pay Rate Change	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2009	17033	Police Sergeant - Nopba	29.0935	60514.48	Police Administration	210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
11/24/2010	17033	Police Sergeant - Nopba	29.9664	62330.11	Police Administration	210000

COMMENTS:

Salary increase effective 1/1/2010

*Paul Styles* 12/7/10  
Requested By: \_\_\_\_\_ Date

\_\_\_\_\_  
Director of Human Resources: \_\_\_\_\_ Date

*Paul Styles* 12/7/10  
Department Director: \_\_\_\_\_ Date

\_\_\_\_\_  
Budgetary Approval: \_\_\_\_\_ Date

\_\_\_\_\_  
Chief Executive Officer: \_\_\_\_\_ Date



# PERSONNEL TRANSACTION FORM

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

EMPL ID	Request Date 12/8/2008	Effective Date 1/1/2009
SOCIAL SS (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	

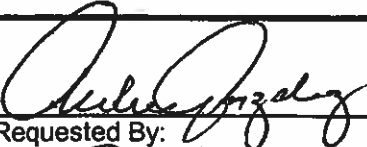
Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]				

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MERIT	MERIT	210	


FROM:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			28.178	\$58,609.84	POLICE	210

TO:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			29.094	\$60,514.66	POLICE	210

COMMENTS:  
CONTRACTUAL INCREASE

 12/8/08  
Requested By: \_\_\_\_\_ Date

\_\_\_\_\_  
Director of Human Resources Date

 12/8/08  
Department Director \_\_\_\_\_ Date

\_\_\_\_\_  
Budgetary Approval Date

\_\_\_\_\_  
Executive Director Date

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

NAME: Last First Middle STYLES Paul			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month 07 Day 05 Year 63			- Black - White - Hispanic - Asian - Other	SEX M/F
ADDRESS: Street City State Zip [REDACTED]				PHONE NO. [REDACTED]		RESIDE Y/N			
DEPARTMENT / DIVISION / ESTATE POLICE		COST CENTER 210		REQUEST DATE Month 12 Day 04 Year 07		EFFECTIVE DATE Month 01 Day 08 Year			

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$27.2909	\$56,764.98	POLICE		
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$28.1778	\$58,609.84	POLICE		

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** CONTRACTUAL INCREASE

REQUESTED BY: [Signature] DATE: 12/11/07 BUDGET MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPROVED: (DEPT/DIV/ESTATE) [Signature] DATE: 12/11/07 PERSONNEL OFFICER: [Signature] DATE: 12/14/07  
 EXECUTIVE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

NAME: Last <b>STYLES</b> First <b>PAUL</b> Middle _____			SOCIAL SECURITY NO. <span style="background-color: black; color: black;">[REDACTED]</span>		DATE OF BIRTH: Month <b>07</b> Day <b>05</b> Year <b>63</b>			- Black - White - Hispanic - Asian - Other	SEX M/F
ADDRESS: Street _____ City _____ State _____ Zip _____				PHONE NO. _____		RESIDE Y/N			
DEPARTMENT / DIVISION / ESTATE Police		COST CENTER 210		REQUEST DATE: Month <b>12</b> Day <b>05</b> Year _____		EFFECTIVE DATE: Month <b>01</b> Day <b>06</b> Year _____			

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____	
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ DATE _____		Date of Last Evaluation _____ Date of Last Wage Increase _____ Evaluation Score _____ Percent of Last Increase _____	

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$25.47	\$52,991.96	Police		210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$26.49	\$55,111.63	Police		210

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: CONTRACTUAL INCREASES

JAN 24 2006

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REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_ BUDGET MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE \_\_\_\_\_ PERSONNEL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
EXECUTIVE DIRECTOR DATE



# Cuyahoga Metropolitan Housing Authority

## Personnel Transaction Form



NAME: Last	First	Middle	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX
STYLES, PAUL			[REDACTED]	01/05/63	M

ADDRESS: Street	RACE CODE
[REDACTED]	C-BLACK

PHONE NO.	COST CENTER	CMHA RESIDENT?	REQUEST DATE	EFFECTIVE DATE
[REDACTED]	210 POLICE & SECURITY	Y	03/02/04	01/01/04

APPOINTMENT:	CHANGE:	SEPARATION:
	SI - SALARY INCREASE	
POSITION:		LEAVE:

FROM: Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project
POLICE SERGEANT - NOPBA		24.0144	49,950	POLICE & SECURITY	210
TO: Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project
POLICE SERGEANT - NOPBA		24.2348	51,448	POLICE & SECURITY	210

REMARKS:  
2004 CONTRACTUAL SALARY INC

**COMDOC**

*[Signature]*

JUL 9 2004

<p><u><i>[Signature]</i></u> <u>3/2/04</u> REQUESTED BY / DATE</p> <p><u><i>[Signature]</i></u> <u>6/2/04</u> DEPARTMENT DIRECTOR / DATE</p> <p><u><i>[Signature]</i></u> EXECUTIVE DIRECTOR / DATE</p>	<p>_____ DIRECTOR OF HUMAN RESOURCES / DATE</p> <p><u><i>[Signature]</i></u> <u>6/2/04</u> BUDGET MANAGER / DATE</p>
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# Chicago Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle STYLES Paul	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month 07 Day 05 Year 63	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F
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<b>ADDRESS:</b> Street City State Zip [REDACTED]	<b>PHONE NO.</b> [REDACTED]	<b>RESIDE</b> Y/N
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<b>DEPARTMENT / DIVISION / ESTATE</b> POLICE	<b>COST CENTER</b> 210	<b>REQUEST DATE</b> Month 04 Day 07 Year	<b>EFFECTIVE DATE</b> Month 01 Day 08 Year
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<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
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FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$27.2909	\$56,764.98	POLICE		
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$28.1778	\$58,609.84	POLICE		

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** CONTRACTUAL INCREASE

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REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_ BUDGET MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE \_\_\_\_\_ PERSONNEL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Personnel Transaction Form

NAME Last First Middle			SOCIAL SECURITY NO.		DATE OF BIRTH	SEX
STYLES, PAUL			[REDACTED]		07/05/63	M
ADDRESS: Street City State Zip					RACE CODE	
[REDACTED]					C-BLACK	
PHONE NO.	COST CENTER		CMHA RESIDENT?	REQUEST DATE	EFFECTIVE DATE	
[REDACTED]	210 POLICE & SECURITY		Y	01/11/07	01/01/07	

APPOINTMENT: -----	CHANGE: -----  ST - SALARY INCREASE	SEPARATION: -----
POSITION: -----		LEAVE: -----

FROM: Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project
POLICE SERGEANT - NOPBA		26.4959	55,131	POLICE & SECURITY	210
TO: Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project
POLICE SERGEANT - NOPBA		27.2909	56,765	POLICE & SECURITY	210

REMARKS:  
\*\* SALARY INCREASE \*\*

REQUESTED BY _____	DATE _____	<i>[Signature]</i> DIRECTOR OF HUMAN RESOURCES	<i>1/10/07</i> DATE
DEPARTMENT DIRECTOR _____	DATE _____	BUDGET MANAGER _____	DATE _____
<i>[Signature]</i> EXECUTIVE DIRECTOR	<i>1/13/07</i> DATE		




# Cuyahoga Metropolitan Housing Authority

## Personnel Transaction Form



<b>NAME:</b> Last First Middle			<b>SOCIAL SECURITY NO.</b>		<b>DATE OF BIRTH</b>	<b>SEX</b>
<b>ADDRESS:</b> Street City State Zip					<b>RACE CODE</b>	
<b>PHONE NO.</b>	<b>COST CENTER</b>	<b>CMHA RESIDENT?</b>	<b>REQUEST DATE</b>		<b>EFFECTIVE DATE</b>	

<b>FROM:</b> Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project
<b>TO:</b> Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project

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 FEB 7 08

REQUESTED BY _____	DATE _____	DIRECTOR OF HUMAN RESOURCES _____	DATE _____
DEPARTMENT DIRECTOR _____	DATE _____	BUDGET MANAGER _____	DATE _____
EXECUTIVE DIRECTOR _____		DATE _____	

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONAL TRANSACTION

<b>NAME:</b> Last First Middle STYLES PAUL	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month 07 Day 05 Year 63	- Black - White - Hispanic - Asian - Other	<b>SEX</b> M/F
<b>ADDRESS:</b> Street City State Zip			<b>PHONE NO.</b>	

<b>DEPARTMENT / DIVISION / ESTATE</b> POLICE	<b>COST CENTER</b> 210	<b>REQUEST DATE</b> Month 01 Day 03 Year 03	<b>EFFECTIVE DATE</b> Month 01 Day 01 Year 03
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<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
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FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$23.0903	\$48,028	POLICE		201
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$24.0144	\$49,950	POLICE		201

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** CONTRACTUAL INCREASE

REQUESTED BY: [Signature] DATE: 12/19/02 BUDGET MANAGER \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVED: (DEPT/DIV/ESTATE) [Signature] DATE: 12/18/02 PERSONNEL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_  
 EXECUTIVE DIRECTOR [Signature] DATE: 12/19/02

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle <b>STYLES, PAUL</b>	<b>SOCIAL SECURITY NO.</b> <div style="background-color: black; width: 100px; height: 15px;"></div>	<b>DATE OF BIRTH</b> Month Day Year <b>7 5 63</b>	XX Black - White - Hispanic - Asian - Other	<b>SE</b> M/ Y/
<b>ADDRESS:</b> Street City State Zip <div style="background-color: black; width: 100%; height: 15px;"></div>			<b>PHONE NO.</b> <div style="background-color: black; width: 100%; height: 15px;"></div>	

<b>DEPARTMENT / DIVISION / ESTATE</b> <b>POLICE</b>	<b>COST CENTER</b> <b>210</b>	<b>REQUEST DATE</b> Month Day Year <b>5 10 02</b>	<b>EFFECTIVE DATE</b> Month Day Year <b>1 1 02</b>
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<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <b>CONTRACTUAL</b> <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$21.34	\$44,408	POLICE		210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		<del>\$23.09</del> \$23.0902	\$48,028	POLICE		210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUESTED BY: Mil T. Call DATE: 5/10/02 BUDGET MANAGER: Bo Jan 70 DATE: 5/10/02

APPROVED: (DEPT/DIV/ESTATE) Cathy [Signature] DATE: 5-10-02 PERSONNEL OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONAL TRANSACTION

NAME: Last <b>STYLES</b> First <b>PAUL</b> Middle	SOCIAL SECURITY NO. [REDACTED]	DATE OF BIRTH Month <b>07</b> Day <b>05</b> Year <b>1963</b>	SEX <b>M</b>
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ADDRESS: Street City State Zip	PHONE NO.	RESIDENT Y/N <b>N</b>
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DEPARTMENT / DIVISION / ESTATE <b>Police Div</b>	COST CENTER <b>210</b>	REQUEST DATE Month <b>02</b> Day <b>02</b> Year <b>1999</b>	EFFECTIVE DATE Month <b>01</b> Day <b>01</b> Year <b>1999</b>
-----------------------------------------------------	---------------------------	----------------------------------------------------------------	------------------------------------------------------------------

**APPOINTMENT:**

1. Full Time

2. Part Time

3. Temporary, Ends \_\_\_\_\_

4. Trainee \_\_\_\_\_ to \_\_\_\_\_

5. Former Employee

Last Year Worked \_\_\_\_\_

Bargaining Unit \_\_\_\_\_

Union Name \_\_\_\_\_

Local No. \_\_\_\_\_

Date Cleared \_\_\_\_\_

Employment Screening \_\_\_\_\_

**CHANGE:**

1. Promotion

2. Demotion

3. Detail

4. Transfer within Agency

5. Reinstatement From \_\_\_\_\_

6. Change in Status

7. Salary Increase

8. Work out of Classification

9. Other (Specify) **Contractual Increase**

**SEPARATION:**

1. Resignation, Reason \_\_\_\_\_

2. Retirement

3. Deceased

4. Dismissal

5. Probationary

6. Reduction in Force

7. Job Abolishment

8. Disability

9. Military Leave

10. Leave of Absence

11. Suspension

12. Other (Specify) \_\_\_\_\_

**POSITION:**

1. New (attach position description)

2. Reclassification

3. Replacement (Last Held By) \_\_\_\_\_

DATE \_\_\_\_\_

Date of Last Evaluation \_\_\_\_\_

Date of Last Wage Increase \_\_\_\_\_

Evaluation Score \_\_\_\_\_

Percent of Last Increase \_\_\_\_\_

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
<b>Sergeant</b>		<b>19.7379</b>	<b>41,054.83</b>	<b>Police Div</b>	<b>3700</b>	<b>210</b>
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
<b>Sergeant</b>		<b>20.5274</b>	<b>42,696.99</b>	<b>Police Div</b>	<b>3700</b>	<b>210</b>

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: \_\_\_\_\_

87-1402-1000 210 000  
7100 310/99

*[Signature]* **2-8-99** *[Signature]* **2/10/99**

REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_ BUDGET MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

*[Signature]* **2-10-99** \_\_\_\_\_  
APPROVED: (DEPT / DIV / ESTATE) DATE PERSONNEL OFFICER DATE

\_\_\_\_\_  
EXECUTIVE DIRECTOR DATE

1 - Employee / white    2 - MIS / blue    3 - Payroll / green    4 - Personal File / canary    5 - Budgets / pink    6 - Department / goldenrod

**Cuyahoga Metropolitan Housing Authority**  
**REQUEST FOR PERSONNEL TRANSACTION**

<b>NAME:</b> Last First Middle STILES, FRANK			<b>SOCIAL SECURITY NO.</b> [REDACTED]		<b>DATE OF BIRTH</b> Month Day Year 07 06 63			<b>XX</b> - Black - White - Hispanic - Asian - Other	<b>SEX</b> M/F M
<b>ADDRESS:</b> Street City State Zip [REDACTED]					<b>PHONE NO.</b>			<b>RESIDENT</b> Y/N Y	
<b>DEPARTMENT / DIVISION / ESTATE</b> Police Div.		<b>COST CENTER</b> 859-210		<b>REQUEST DATE</b> Month Day Year 12 08 98			<b>EFFECTIVE DATE</b> Month Day Year 12 12 98		

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____			<b>CHANGE:</b> <input checked="" type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____			<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____		
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ <b>DATE</b> _____			Date of Last Evaluation _____ Date of Last Wage Increase _____			Evaluation Score _____ Percent of Last Increase _____		

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN	3	\$13.8586	\$28,828.68	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$19.7379	\$41,055.00	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:**

FUNDING SOURCE: COMP-MOD GRANT 859-140800-107000-210-000

*11/12/98*

**REQUESTED BY:** \_\_\_\_\_ **DATE:** 12/14/98 **BUDGET MANAGER:** \_\_\_\_\_ **DATE:** 12/22/98

**APPROVED: (DEPT/DIV/ESTATE)** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PERSONNEL OFFICER:** \_\_\_\_\_ **DATE:** 28 Nov 98

\_\_\_\_\_  
EXECUTIVE DIRECTOR **DATE:** \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle			<b>SOCIAL SECURITY NO.</b>		<b>DATE OF BIRTH</b>			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F
STYLES, PAUL			[REDACTED]		Month	Day	Year		
<b>ADDRESS:</b> Street City State Zip			<b>PHONE NO.</b>			<b>RESIDENT</b> Y/N			
[REDACTED]			[REDACTED]			[REDACTED]			
<b>DEPARTMENT / DIVISION / ESTATE</b>		<b>COST CENTER</b>		<b>REQUEST DATE</b>			<b>EFFECTIVE DATE</b>		
Police Div.		850-210		Month	Day	Year	Month	Day	Year
				12	22	87	01	04	87

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <i>Annual</i> <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ <b>DATE</b> _____		Date of Last Evaluation _____ Date of Last Wage Increase _____ Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN 2		\$12.83	\$26,826.00	Police Div. 3700		10
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN 3		\$14.82	\$30,828.00	Police Div. 3700		210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 FUNDING SOURCE: COMP MOD GRANT 858-140800-107000-210-000

REQUESTED BY: \_\_\_\_\_ DATE: 11/23/87 BUDGET MANAGER: \_\_\_\_\_ DATE: 1/5/88

APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE: \_\_\_\_\_ PERSONNEL OFFICER: \_\_\_\_\_ DATE: 1/27/88

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_



# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

NAME: Last First Middle <b>STYLES PAUL A</b>			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month Day Year <b>07 05 63</b>			SEX M/F <b>M</b>
ADDRESS: Street City State Zip [REDACTED]					PHONE NO. [REDACTED]			RESIDENT Y/N <b>Y</b>
DEPARTMENT / DIVISION / ESTATE <b>Police Div.</b>		COST CENTER <b>853-210</b>		REQUEST DATE Month Day Year <b>11 14 96</b>		EFFECTIVE DATE Month Day Year <b>10 22 96</b>		
<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____			<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input checked="" type="checkbox"/> 9. Other (Specify) <b>Outside Employment</b>			<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____		
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ DATE _____			Date of Last Evaluation _____ Date of Last Wage Increase _____			Evaluation Score _____ Percent of Last Increase _____		
FROM: Title/Classification		Step	Hourly Rate	Annual Salary	Department/Division/Estate		Ext.	COST CENTER
TO: Title/Classification		Step	Hourly Rate	Annual Salary	Department/Division/Estate		Ext.	COST CENTER

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: **PLEASE FIND ATTACHED: REQUEST FOR OUTSIDE EMPLOYMENT**

REQUESTED BY: \_\_\_\_\_ DATE: **11/14/96** BUDGET MANAGER \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE: **11/14/96** PERSONNEL OFFICER \_\_\_\_\_ DATE: **12/11/96**

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE: \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle STYLES PAUL A.	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month Day Year 07 05 63	<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F
--------------------------------------------------	------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

<b>ADDRESS:</b> Street City State Zip [REDACTED]	<b>PHONE NO.</b> [REDACTED]	<b>RESIDENT</b> Y/N
-----------------------------------------------------	--------------------------------	------------------------

<b>DEPARTMENT / DIVISION / ESTATE</b> Police Div.	<b>COST CENTER</b> 853-210	<b>REQUEST DATE</b> Month Day Year 11 04 96	<b>EFFECTIVE DATE</b> Month Day Year 11 04 96
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<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input checked="" type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____
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FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN		\$9.38	\$19,510.40	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN		\$11.10	\$23,088	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** REINSTATED TO THE POSITION OF FULL TIME POLICE OFFICER

**FUNDING SOURCE: COMP-MOD GRANT 853-140800-107000-210-000**

*Reduce next 10/96*

REQUESTED BY: <i>[Signature]</i>	DATE: <i>11/5/96</i>	BUDGET MANAGER: <i>[Signature]</i>	DATE: <i>11/16/96</i>
APPROVED: (DEPT/DIV/ESTATE) <i>[Signature]</i>	DATE: <i>11/5/96</i>	PERSONNEL OFFICER: <i>[Signature]</i>	DATE: <i>11/16/96</i>

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

NAME:	Last	First	Middle	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX
	Styles	Paul		[REDACTED]	Month: 7 Day: 5 Year: 63	- Black - White - Hispanic - Asian - Other M/F

ADDRESS: Street	City	State	Zip	PHONE NO.	RESIDEN Y/N
[REDACTED ADDRESS]					

DEPARTMENT / DIVISION / ESTATE	COST CENTER	REQUEST DATE	EFFECTIVE DATE
Police & Security	210	Month: 3 Day: 25 Year: 96	Month: 3 Day: 29 Year: 96

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input checked="" type="checkbox"/> 6. Reduction in Force <b>** Lay Off</b> <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Police Officer		11.10	23,088	Police & Security		210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** **\*\* Lay-Off due to lack of funding.**

REQUESTED BY: \_\_\_\_\_ DATE: 3/27/96 BUDGET MANAGER \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE: \_\_\_\_\_ PERSONNEL OFFICER: \_\_\_\_\_ DATE: 3/27/96  
 EXECUTIVE DIRECTOR \_\_\_\_\_ DATE: \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

*KH*

NAME: Last First Middle <b>STYLES, PAUL</b>			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month Day Year <b>07 05 63</b>			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX M/F <b>M</b>	
ADDRESS: Street City State Zip [REDACTED]				PHONE NO. [REDACTED]					RESIDEN Y/N <b>N</b>	
DEPARTMENT / DIVISION / ESTATE <b>Police Div.</b>		COST CENTER <b>848-210</b>		REQUEST DATE Month Day Year <b>11 28 94</b>			EFFECTIVE DATE Month Day Year			

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input checked="" type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. _____ <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  <b>DATE</b> _____		



FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
ARMED SPECIAL OFF.		\$9.06	\$18,844.80	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN ENTRY		\$10.19	\$21,195.00	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_ HAS SUCCESSFULLY COMPLETED ALL PHASES TO BECOME A POLICE OFFICER. FUNDING SOURCE: COMP-MOD GRANT 850-140800-107000-210-000

REQUESTED BY: *[Signature]* DATE: 11/20/94 BUDGET MANAGER: *[Signature]* DATE: 12/21/94  
 APPROVED: (DEPT/DIV/ESTATE) *[Signature]* DATE: 12/19/94 PERSONNEL OFFICER: *[Signature]* DATE: 12/23/94

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

# Yanoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle			<b>SOCIAL SECURITY NO.</b>		<b>DATE OF BIRTH</b> Month Day Year			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F		
<b>ADDRESS:</b> Street City State Zip			<b>PHONE NO.</b>			<b>RESIDEN</b> Y/N					
<b>DEPARTMENT / DIVISION / ESTATE</b>		<b>COST CENTER</b>		<b>REQUEST DATE</b> Month Day Year			<b>EFFECTIVE DATE</b> Month Day Year				
<b>APPOINTMENT:</b>				<b>CHANGE:</b>				<b>SEPARATION:</b>			
<input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____				<input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase ANNUAL <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____				<input type="checkbox"/> 1. Resignation, Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____			
<b>POSITION:</b>				Date of Last Evaluation _____				Evaluation Score _____			
<input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____				Date of Last Wage Increase _____				Percent of Last Increase _____			
<b>FROM:</b> Title/Classification		Step	Hourly Rate	Annual Salary	Department/Division/Estate			Ext.	<b>COST CENTER</b>		
<b>TO:</b> Title/Classification		Step	Hourly Rate	Annual Salary	Department/Division/Estate			Ext.	<b>COST CENTER</b>		

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **BUDGET MANAGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED: (DEPT/DIV/ESTATE)** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PERSONNEL OFFICER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EXECUTIVE DIRECTOR** \_\_\_\_\_ **DATE:** \_\_\_\_\_

left message  
1-12

Cahoga Metropolitan Housing Authority  
PERSONNEL TRANSACTION

City 381-7816  
881-2204

NAME: Last First Middle <b>STYLES PAUL</b>			SOCIAL SECURITY NO. [REDACTED]			DATE OF BIRTH Month Day Year <b>7 5 63</b>			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> other		SEX <input checked="" type="checkbox"/> M / <input type="checkbox"/> F
ADDRESS: Street City State Zip [REDACTED]										Resident <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
DEPARTMENT / DIVISION / ESTATE <b>Police Div.</b>			COST CENTER <b>844-210</b>			REQUEST DATE Month Day Year <b>1 11 93</b>			EFFECTIVE DATE Month Day Year <b>1 12 93</b>		
<b>APPOINTMENT:</b> <input checked="" type="checkbox"/> 1 Full Time <input type="checkbox"/> 2 Part Time <input type="checkbox"/> 3 Temporary, Ends _____ <input type="checkbox"/> 4 Trainee _____ to _____ <input type="checkbox"/> 5 Former Employee Last Year Worked _____ BARGAINING UNIT <u>Yes</u> UNION NAME <u>NOPBA</u> LOCAL NO. _____ DATE CLEARED BY POLICE <u>1/9/93</u>				<b>CHANGE:</b> <input type="checkbox"/> 1 Promotion <input type="checkbox"/> 2 Demotion <input type="checkbox"/> 3 Lateral Change <input type="checkbox"/> 4 Transfer within Agency From _____ <input type="checkbox"/> 5 Reinstatement From _____ <input type="checkbox"/> 6 Change in Status From _____ <input type="checkbox"/> 7 Name Change from _____ <input type="checkbox"/> 8 Work out of Classification, and date _____ <input type="checkbox"/> 9 Other (Specify) _____				<b>SEPARATION:</b> <input type="checkbox"/> 1 Resignation, Reason _____ <input type="checkbox"/> 2 Retirement <input type="checkbox"/> 3 Deceased <input type="checkbox"/> 4 Dismissal <b>1-15-93</b> <input type="checkbox"/> 5 Probationary <b>0730</b> <input type="checkbox"/> 6 Lay Off <input type="checkbox"/> 7 Job Abolishment <input type="checkbox"/> 8 Disability <input type="checkbox"/> 9 Military Leave to _____ <input type="checkbox"/> 10 Leave of Absence <input type="checkbox"/> 11 Suspension <input type="checkbox"/> 12 Other (Specify) _____			
<b>POSITION:</b> <input checked="" type="checkbox"/> 1 New <input type="checkbox"/> 2 Reclassification <input type="checkbox"/> 3 Replacement (Last Held By) _____ DATE _____				Date of Last Evaluation _____ Date of Last Wage Increase _____				Evaluation Score _____ Percent of Last Increase _____			
FROM: Title/Classification		Step	Hourly Rate	Annual Salary	Department/Division/Estate			Ext.	COST CENTER		
TO: Title/Classification		Step	Hourly Rate	Annual Salary	Department/Division/Estate			Ext.	COST CENTER		
Non-Comm. Sec. Officer			\$5.60	\$11,648.00	Police Div.			361-3700	210		

NOTES: (1) Attach Copy of Termination or Resignation

(2) Justify Position

REMARKS: Funding Source: Comp-Mod Grant, To replace Garrison Security.

844-140800-107000-210-000 4/11/93

RECOMMENDED: YES  NO

Chief of Personnel

1/12/93  
Date

RECOMMENDED: YES  NO

Department/Division/Estate

1/12/93  
Date

RECOMMENDED: YES  NO

Budget Manager

1/12/93  
Date

RECOMMENDED: YES  NO

Department/Division/Estate

Date

APPROVED:

EXECUTIVE DIRECTOR

1/12/93  
Date

1 - Employee / white

2 - MIS / blue

3 - Payroll / green

4 - Personal File / canary

5 - Budgets / pink

6 - Department / goldenrod

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

NAME: Last First Middle STYLES, PAUL			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month Day Year 07 09 63			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX M/F M
ADDRESS: Street City State Zip [REDACTED]					PHONE NO. [REDACTED]		RESIDENT Y/N Y		
DEPARTMENT/DIVISION/ESTATE Police Div.		COST CENTER 853-210	REQUEST DATE Month Day Year 01 06 98			EFFECTIVE DATE Month Day Year 01 04 98			

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____			<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase _____ <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____			<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____		
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ DATE _____			Date of Last Evaluation _____ Date of Last Wage Increase _____			Evaluation Score _____ Percent of Last Increase _____		

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN 3		\$11.30	\$23,088.00	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN 3		\$12.02	\$25,001.00	Police Div.	3700	210

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: \_\_\_\_\_  
FUNDING SOURCE: COMP MOD GRANT 853-140800-107000-210-000

REQUESTED BY: \_\_\_\_\_ DATE: 1/8/98 BUDGET MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE: 1-8-98 PERSONNEL OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_  
EXECUTIVE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Cuyahoga Metropolitan Housing Authority**  
**REQUEST FOR PERSONNEL TRANSACTION**

NAME: Last First Middle <b>STYLES, PAUL</b>			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month Day Year <b>07 05 90</b>			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX M/F <b>M</b>
ADDRESS: Street City State Zip [REDACTED]					PHONE NO. [REDACTED]			RESIDENT Y/N <b>Y</b>	
DEPARTMENT/DIVISION/ESTATE <b>Police Div.</b>		COST CENTER <b>853-210</b>		REQUEST DATE Month Day Year <b>07 27 96</b>			EFFECTIVE DATE Month Day Year <b>07 29 96</b>		

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____			<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input checked="" type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____			<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____		
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  DATE _____								

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department / Division / Estate	Ext.	COST CENTER
PATROLMAN		\$9.38	\$19,510.40	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_

TEMPORARY REDUCTION AT SPECIAL POLICE RATE PURSUANT TO THE UNION AGREEMENT. FUNDING SOURCE: CONF-MOD GRANT 853-140800-10/000-210-000

REQUESTED BY: \_\_\_\_\_ DATE: 7/27/96 BUDGET MANAGER: Paula Jones DATE: 7/19/96

APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE: \_\_\_\_\_ PERSONNEL OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_



**Cuyahoga Metropolitan Housing Authority**  
**REQUEST FOR PERSONNEL TRANSACTION**

<b>NAME:</b> Last First Middle <b>Styles Paul A.</b>	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month Day Year <b>7 5 63</b>	<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> <b>(N)/F</b>
---------------------------------------------------------	------------------------------------------	---------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

<b>ADDRESS:</b> Street City State Zip	<b>PHONE NO.</b>	<b>RESIDEN</b> Y/N
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<b>DEPARTMENT / DIVISION / ESTATE</b> <b>Police Division</b>	<b>COST CENTER</b> <b>844-210</b>	<b>REQUEST DATE</b> Month Day Year <b>3 23 93</b>	<b>EFFECTIVE DATE</b> Month Day Year <b>3 15 93</b>
-----------------------------------------------------------------	--------------------------------------	---------------------------------------------------------	-----------------------------------------------------------

**APPOINTMENT:**

1. Full Time

2. Part Time

3. Temporary, Ends \_\_\_\_\_

4. Trainee \_\_\_\_\_ to \_\_\_\_\_

5. Former Employee

Last Year Worked \_\_\_\_\_

Bargaining Unit \_\_\_\_\_

Union Name \_\_\_\_\_

Local No. \_\_\_\_\_

Date Cleared \_\_\_\_\_

Employment Screening \_\_\_\_\_

**CHANGE:**

1. Promotion

2. Demotion

3. Detail

4. Transfer within Agency

5. Reinstatement

From \_\_\_\_\_

6. Change in Status

7. Salary Increase

8. Work out of Classification

9. Other (Specify) **Pay Increase**

**SEPARATION:**

1. Resignation. Reason \_\_\_\_\_

2. Retirement

3. Deceased

4. Dismissal

5. Probationary

6. Reduction in Force

7. Job Abolishment

8. Disability

9. Military Leave

10. Leave of Absence

11. Suspension

12. Other (Specify) \_\_\_\_\_

**POSITION:**

1. New (attach position description)

2. Reclassification

3. Replacement

(Last Held By) \_\_\_\_\_

Date of Last Evaluation \_\_\_\_\_

Date of Last Wage Increase \_\_\_\_\_

Evaluation Score \_\_\_\_\_

Percent of Last Increase \_\_\_\_\_

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Non-Comm. Sec. Officer		\$5.60	\$11,648	Police Division	3500	
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Comm. Sec. Officer		\$7.60	\$15,808	Police Division	361-3700	

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** Has met all qualifications to be placed in an armed status.

**REQUESTED BY:** \_\_\_\_\_ **DATE:** 3/23/93 **BUDGET MANAGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED: (DEPT/DIV/ESTATE)** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PERSONNEL OFFICER:** \_\_\_\_\_ **DATE:** 3/25/93

**EXECUTIVE DIRECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

1 — Employee / white    2 — MIS / blue    3 — Payroll / green    4 — Personal File / canary    5 — Budgets / pink    6 — Department / goldenrod

**Cuyahoga Metropolitan Housing Authority**  
**REQUEST FOR PERSONNEL TRANSACTION**

<b>NAME:</b> Last First Middle Styles Paul A.	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month Day Year 7 5 63	<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F
--------------------------------------------------	------------------------------------------	--------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

<b>ADDRESS:</b> Street City State Zip [REDACTED]	<b>PHONE NO.</b> [REDACTED]	<b>RESIDENT</b> Y/N
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<b>DEPARTMENT/DIVISION/ESTATE</b> Police Division	<b>COST CENTER</b> 844-210	<b>REQUEST DATE</b> Month Day Year 3 23 93	<b>EFFECTIVE DATE</b> Month Day Year 3 15 93
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<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input checked="" type="checkbox"/> 8. Work out of Classification <input checked="" type="checkbox"/> 9. Other (Specify) <b>Pay Increase</b>	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ <b>DATE</b> _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Non-Comm. Sec. Officer		\$5.60	\$11,648	Police Division	3610	
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Comm. Sec. Officer		\$7.60	\$15,808	Police Division	3610	

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** Has met all qualifications to be placed in an armed status.

REQUESTED BY: _____ <i>Melvin P. Cobble</i> APPROVED: (DEPT/DIV/ESTATE)	DATE 3/23/93	BUDGET MANAGER <i>Melvin P. Cobble</i> PERSONNEL OFFICER	DATE 3/24/93
_____ EXECUTIVE DIRECTOR		_____ DATE	

## PERSONNEL TRANSACTION FORM



EMPL ID 1784	Request Date 1/13/2015	Effective Date 1/1/2015
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	ATB	Across the Board	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2014	17033	Police Sergeant - Nopba	33.4	69472	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2015	17033	Police Sergeant - Nopba	34.068	70861.44	Police Administration	210000

**COMMENTS:**  
Contractual Increase effective January 1, 2015

Requested By: *Paul Styles* Date: 1/13/2015

Director of Human Resources: *M. Ch...* Date: 1/14/15

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budgetary Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Executive Officer: *[Signature]* Date: 1-15-15

PERSONNEL TRANSACTION FORM

7073



EMPL ID 1784	Request Date 1/8/2015	Effective Date 1/6/2015
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
		Secondary Employment	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		

COMMENTS:  
Please find attached, request for Secondary Employment with American Communications Network. eff. 1/2/15.

Requested By: [Signature] Date: 1/9/2015

Director of Human Resources: [Signature] Date: 1/22/15

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budgetary Approval: [Signature] Date: 1-2015

Chief Executive Officer: [Signature] Date: 1-16-15

# PERSONNEL TRANSACTION FORM



EMPL ID 1784	Request Date 12/14/2015	Effective Date 12/10/2015
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
		Secondary Employment	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2015	17033	Police Sergeant - Nopba	34.068	70861.44	Police Administration	210000

**COMMENTS:**  
Please find attached, request for secondary employment with American Communications Network eff. 12/10/15

Requested By:   
Date: 12/15/2015

Director of Human Resources:  Date: 12-29-15

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budgetary Approval:  Date: 12-21-15

Chief Executive Officer:  Date: 12-21-15

**PERSONNEL TRANSACTION FORM**



EMPL ID 1784	Request Date 1/22/2014	Effective Date 1/1/2014
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			07/05/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	ATB	Pay Rate Change	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2013	17033	Police Sergeant - Nopba	32.7451	68109.81	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2014	17033	Police Sergeant - Nopba	33.4	69472	Police Administration	210000

**COMMENTS:**  
Contractual Increase effective January 1, 2014

Requested By: \_\_\_\_\_ Date \_\_\_\_\_  
 Director of Human Resources: [Signature] Date 1/22/14

Department Director: \_\_\_\_\_ Date \_\_\_\_\_  
 Budgetary Approval: \_\_\_\_\_ Date \_\_\_\_\_  
 Chief Executive Officer: [Signature] Date 1-23-14



EMPL ID	Request Date 3/8/2012	Effective Date 1/1/2012
SOCIAL SS# (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

**PERSONNEL TRANSACTION FORM**

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	

Mailing Address 1	Address 2	City	State	Zip Code

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MER	MERIT		

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			30.8653	\$64,200.00	POLICE	210 210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			31.7913	\$66,126.00	POLICE	210 210000

COMMENTS:  
 Correction: Salary increase is effective 1/1/12.

Requested By: [Signature] Date 3/12/2012

[Signature] 3/13/12  
 Director of Human Resources Date

Department Director Date

[Signature] 3/14/12  
 Budgetary Approval Date

[Signature] 3-14-12  
 Chief Executive Officer Date

3/14/12  
 P.I.



**PERSONNEL TRANSACTION FORM**

EMPL ID	Request Date 12/30/2011	Effective Date 1/7/2012
SOCIAL SS# (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	

Mailing Address 1	Address 2	City	State	Zip Code

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MER	MERIT		

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			30.8653	\$64,200.00	POLICE	210	210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			31.7913	\$66,126.00	POLICE	210	210000

COMMENTS:  
 | Contractual Increase

Requested By: [Signature] Date 1/3/2012  
 Department Director Date

[Signature] 1/10/12  
 Director of Human Resources Date  
[Signature] 1/11/12  
 Budgetary Approval Date

[Signature] 1-11-12  
 Chief Executive Officer Date

[Handwritten]  
 1/24/12  
 OT





**PERSONNEL TRANSACTION FORM**

EMPL ID	Request Date 1/13/2011	Effective Date 1/1/2011
SOCIAL SS (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]				

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MERIT	MERIT	210	

FROM:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			29.966	\$62,330.10	POLICE	210	210000

TO:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #	
			Hrly	Salary			
SERGEANT			30.865	\$64,200.00	POLICE	210	210000

COMMENTS:  
CONTRACTUAL INCREASE

Requested By: [Signature] Date: 1/14/2011  
Department Director

[Signature] 1/26/11  
Director of Human Resources Date  
[Signature] 2/1/11  
Budgetary Approval Date

[Signature] 2-8-11  
Executive Director Date



**CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY**

**PERSONNEL TRANSACTION RM**

EMPL ID 1784	Request Date 11/23/2010	Effective Date 11/24/2010
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Styles	Paul			7/5/1963	M	Single	Black	Y

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MER	Pay Rate Change	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2009	17033	Police Sergeant - Nopba	29.0935	60514.48	Police Administration	210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
11/24/2010	17033	Police Sergeant - Nopba	29.9664	62330.11	Police Administration	210000

**COMMENTS:**  
Salary increase effective 1/1/2010

*Paul Styles* 12/7/10  
Requested By: \_\_\_\_\_ Date

*Paul Styles* 12/7/10  
Department Director: \_\_\_\_\_ Date

*Markant* 12/9/10  
Director of Human Resources: \_\_\_\_\_ Date

*Be 2* 12/8/10  
Budgetary Approval: \_\_\_\_\_ Date

*[Signature]* 12-21-10  
Chief Executive Officer: \_\_\_\_\_ Date



**PERSONNEL TRANSACTION FORM**

EMPL ID	Request Date 12/8/2008	Effective Date 1/1/2009
SOCIAL SS (mask- last 4 digits)	Employee Status ACTIVE	FLSA Status

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
STYLES	PAUL			7/5/1963	M		BLACK	

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]				

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MERIT	MERIT	210	

FROM:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			28.178	\$58,609.84	POLICE	210

TO:	Job Code	Job Desc	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
SERGEANT			29.094	\$60,514.66	POLICE	210

COMMENTS:  
CONTRACTUAL INCREASE

*Paul Styles* 12/5/08  
Requested By: \_\_\_\_\_ Date

*Michael* 12/15/08  
Director of Human Resources Date

*Paul Styles* 12/8/08  
Department Director \_\_\_\_\_ Date

*[Signature]* 12/15/08  
Budgetary Approval \_\_\_\_\_ Date

*[Signature]* 12-03-08  
Executive Director \_\_\_\_\_ Date

**City of a Metropolitan Housing Authority**  
**REQUEST FOR PERSONNEL TRANSACTION**

7073

NAME: Last First Middle STYLES Paul			SOCIAL SECURITY NO. [REDACTED]	DATE OF BIRTH Month 07 Day 05 Year 63			SEX MM
ADDRESS: Street City State Zip [REDACTED]				PHONE NO. [REDACTED]			RESIDE Y/N
DEPARTMENT / DIVISION / ESTATE POLICE		COST CENTER 210	REQUEST DATE Month 04 Day 07 Year		EFFECTIVE DATE Month 01 Day 01 Year 08		

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  DATE _____		

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$27.2909	\$56,764.98	POLICE		
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$28.1778	\$58,609.84	POLICE		

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** CONTRACTUAL INCREASE

<i>DC David Plomon</i>	<i>12/11/07</i>		
REQUESTED BY:	DATE	BUDGET MANAGER	DATE
<i>DC David Plomon</i>	<i>12/11/07</i>	<i>[Signature]</i>	<i>12/24/07</i>
APPROVED: (DEPT/DIV/ESTATE)	DATE	PERSONNEL OFFICER	DATE
	<i>[Signature]</i>	<i>[Signature]</i>	<i>12/27/07</i>

## Cuyahoga Metropolitan Housing Authority REQUEST FOR PERSONNEL TRANSACTION

NAME: Last First Middle <b>STYLES PAUL</b>			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month <b>07</b> Day <b>05</b> Year <b>63</b>			- Black - White - Hispanic - Asian - Other	SEX M/F
ADDRESS: Street City State Zip				PHONE NO.				RESIDE Y/N	
DEPARTMENT / DIVISION / ESTATE Police		COST CENTER 210		REQUEST DATE Month <b>12</b> Day <b>05</b> Year			EFFECTIVE DATE Month <b>01</b> Day <b>06</b> Year		

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$25.47	\$52,991.96	Police		210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$26.49	\$55,111.63	Police		210

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: CONTRACTUAL INCREASES

REQUESTED BY: <u>[Signature]</u> DATE: <u>15 DEC 05</u>	BUDGET MANAGER: <u>[Signature]</u> DATE: <u>12/20/05</u>	
APPROVED: (DEPT/DIV/ESTATE) <u>[Signature]</u> DATE: <u>12-15-05</u>	PERSONNEL OFFICER: <u>[Signature]</u> DATE: <u>12/19/05</u>	
<u>[Signature]</u> EXECUTIVE DIRECTOR		DATE: <u>1-12-06</u>



# Cuyahoga Metropolitan Housing Authority

## Personnel Transaction Form



NAME: Last First Middle STYLES, PAUL			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH 07/05/63	SEX M
ADDRESS: Street City State Zip [REDACTED]					RACE CODE C-BLACK	
PHONE NO. [REDACTED]	COST CENTER 210 POLICE & SECURITY		CMHA RESIDENT? Y	REQUEST DATE 03/02/04		EFFECTIVE DATE 01/01/04

APPOINTMENT: -----	CHANGE: -----  ST - SALARY INCREASE	SEPARATION: -----
POSITION: -----		LEAVE: -----

FROM: Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project
POLICE SERGEANT - NOPBA		24.0144	49,950	POLICE & SECURITY	210
TO: Title/Classification	Pay Range	Hourly Rate	Annual Salary	Project Description	Project
POLICE SERGEANT - NOPBA		24.7348	51,448	POLICE & SECURITY	210

REMARKS:  
2004 CONTRACTUAL SALARY INC

AX

<p><u>D. J. [Signature]</u> 3/2/04 REQUESTED BY DATE</p> <p><u>[Signature]</u> 6/2/04 DEPARTMENT DIRECTOR DATE</p> <p><u>[Signature]</u> EXECUTIVE DIRECTOR DATE</p>	<p><u>[Signature]</u> 6-15-04 DIRECTOR OF HUMAN RESOURCES DATE</p> <p><u>[Signature]</u> 6/2/04 BUDGET MANAGER DATE</p>
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#61

**Cuyahoga Metropolitan Housing Authority  
REQUEST FOR PERSONAL TRANSACTION**

<b>NAME:</b> Last First Middle STYLES PAUL			<b>SOCIAL SECURITY NO.</b> [REDACTED]		<b>DATE OF BIRTH</b> Month 07 Day 05 Year 63			<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> MM		
<b>ADDRESS:</b> Street City State Zip				[REDACTED]					<b>PHONE NO.</b> [REDACTED]		<b>RESIDE</b> Y/N
<b>DEPARTMENT / DIVISION / ESTATE</b> POLICE		<b>COST CENTER</b> 210		<b>REQUEST DATE</b> Month 01 Day 03 Year 03			<b>EFFECTIVE DATE</b> Month 01 Day 01 Year 03				

**APPOINTMENT:**

\_\_\_ 1. Full Time  
\_\_\_ 2. Part Time  
\_\_\_ 3. Temporary, Ends \_\_\_\_\_  
\_\_\_ 4. Trainee  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_ 5. Former Employee  
Last Year Worked \_\_\_\_\_  
Bargaining Unit \_\_\_\_\_  
Union Name \_\_\_\_\_  
Local No. \_\_\_\_\_  
Date Cleared \_\_\_\_\_  
Employment Screening \_\_\_\_\_

**CHANGE:**

\_\_\_ 1. Promotion  
\_\_\_ 2. Demotion  
\_\_\_ 3. Detail  
\_\_\_ 4. Transfer within Agency  
\_\_\_ 5. Reinstatement  
From \_\_\_\_\_  
\_\_\_ 6. Change in Status  
 7. Salary Increase  
\_\_\_ 8. Work out of Classification  
\_\_\_ 9. Other (Specify) \_\_\_\_\_

**SEPARATION:**

\_\_\_ 1. Resignation. Reason \_\_\_\_\_  
\_\_\_ 2. Retirement  
\_\_\_ 3. Deceased  
\_\_\_ 4. Dismissal  
\_\_\_ 5. Probationary  
\_\_\_ 6. Reduction in Force  
\_\_\_ 7. Job Abolishment  
\_\_\_ 8. Disability  
\_\_\_ 9. Military Leave  
\_\_\_ 10. Leave of Absence  
\_\_\_ 11. Suspension  
\_\_\_ 12. Other (Specify) \_\_\_\_\_

**POSITION:**

\_\_\_ 1. New (attach position description)  
\_\_\_ 2. Reclassification  
\_\_\_ 3. Replacement  
(Last Held By) \_\_\_\_\_  
\_\_\_\_\_

**DATE** \_\_\_\_\_

Date of Last Evaluation \_\_\_\_\_  
Date of Last Wage Increase \_\_\_\_\_

Evaluation Score \_\_\_\_\_  
Percent of Last Increase \_\_\_\_\_

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$23.0903	\$48,028	POLICE		201
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$24.0144	\$49,950	POLICE		201

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)  
**REMARKS:** CONTRACTUAL INCREASE

AA 12/17/02

*Michael J. Collins* 12/12/02  
REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_ BUDGET MANAGER \_\_\_\_\_ DATE \_\_\_\_\_  
*Anthony Jackson, chief* 12/16/02  
APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE \_\_\_\_\_ PERSONNEL OFFICER \_\_\_\_\_ DATE 12-17-02  
*Terri Brown Brown* 12/19/02

*Lead MGS*  
*11/14/03*

## Cuyahoga Metropolitan Housing Authority

### REQUEST FOR PERSONNEL TRANSACTIC

NAME: Last First Middle <b>STYLES, PAUL</b>			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month Day Year <b>7 5 63</b>			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX: M/ M
ADDRESS: Street City State Zip [REDACTED]					PHONE NO. [REDACTED]				RESIDEN Y/ Y
DEPARTMENT / DIVISION / ESTATE <b>POLICE</b>		COST CENTER <b>210</b>	REQUEST DATE Month Day Year <b>5 10 02</b>		EFFECTIVE DATE Month Day Year <b>1 1 02</b>				

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <b>CONTRACTUAL</b> <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  DATE _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTE
SERGEANT		\$21.34	\$44,405	POLICE		210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTE
SERGEANT		\$23.0903	\$48,028	POLICE		210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUESTED BY: Michelle T. Cobb      DATE: 5/10/02      BUDGET MANAGER: Bo Jim To      DATE: 5/14/02  
 APPROVED: (DEPT/DIV/ESTATE) Anthony Jacobson      DATE: 5-10-02      PERSONNEL OFFICER: [Signature]      DATE: 5/15/02  
 EXECUTIVE DIRECTOR: Tim Arrush      DATE: 5/16/02



# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONAL TRANSACTION

FILE COPY

<b>NAME:</b> Last First Middle STYLES PAUL	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month Day Year 07 05 1963	- Black - White - Hispanic - Asian - Other	<b>SEX</b> M/F M
<b>ADDRESS:</b> Street City State Zip [REDACTED]			<b>PHONE NO.</b> [REDACTED]	

<b>DEPARTMENT / DIVISION / ESTATE</b> Police Div	<b>COST CENTER</b> 210	<b>REQUEST DATE</b> Month Day Year 02 02 1999	<b>EFFECTIVE DATE</b> Month Day Year 01 01 1999
-----------------------------------------------------	---------------------------	-----------------------------------------------------	-------------------------------------------------------

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input checked="" type="checkbox"/> 9. Other (Specify) <u>Contractual Increase</u>	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ <b>DATE</b> _____		Date of Last Evaluation _____ Date of Last Wage Increase _____ Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Sergeant		19.7379	41,054.83	Police Div	3700	210
<b>TO:</b> Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Sergeant		20.5274	42,696.99	Police Div	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: 2-8-99 BUDGET MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE: \_\_\_\_\_ PERSONNEL OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR

DATE

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle STYLES PAUL	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month Day Year 07 05 63	Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F M
<b>ADDRESS:</b> Street City State Zip [REDACTED]		<b>PHONE NO.</b> [REDACTED]		<b>RESIDEN</b> Y/N Y
<b>DEPARTMENT/DIVISION/ESTATE</b> Police Div.	<b>COST CENTER</b> 859-210	<b>REQUEST DATE</b> Month Day Year 12 06 98	<b>EFFECTIVE DATE</b> Month Day Year 12 12 98	

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input checked="" type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  DATE _____		

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN 3		\$13.8586	\$28,825.88	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
SERGEANT		\$19.7379	\$41,055.00	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_

FUNDING SOURCE: COMP-MOD GRANT 859-140800-107000-210-000

REQUESTED BY: <u>[Signature]</u>	DATE: <u>12/14/98</u>	BUDGET MANAGER: <u>[Signature]</u>	DATE: <u>12/22/98</u>
APPROVED: (DEPT/DIV/ESTATE) <u>[Signature]</u>	DATE: <u>12.8.98</u>	PERSONNEL OFFICER: <u>[Signature]</u>	DATE: <u>28 Nov 98</u>
EXECUTIVE DIRECTOR: <u>[Signature]</u>		DATE: _____	

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

NAME: Last First Middle			SOCIAL SECURITY NO.		DATE OF BIRTH Month Day Year			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX M/F
ADDRESS: Street City State Zip					PHONE NO.			RESIDE Y/N	
DEPARTMENT/DIVISION/ESTATE		COST CENTER		REQUEST DATE Month Day Year			EFFECTIVE DATE Month Day Year		
POLICE DIV.		858-210		11 22 87			01 04 88		

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <i>Annual</i> <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation: Reason _____  <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  <b>DATE</b> _____		

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN 2		\$12.85	\$33,920.00	Police Div.		10
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN 3		\$14.82	\$39,828.00	Police Div.		10

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: \_\_\_\_\_

FUNDING SOURCE: COMP-MOD GRANT 858-140800-107000-210-000

REQUESTED BY: _____	DATE: 11/23/87	BUDGET MANAGER: _____	DATE: 11/23/87
APPROVED: (DEPT/DIV/ESTATE) _____	DATE: _____	PERSONNEL OFFICER: _____	DATE: 11/23/87
EXECUTIVE DIRECTOR		DATE	

**Cuyanoga Metropolitan Housing Authority**  
**REQUEST FOR PERSONNEL TRANSACTION**

**FILE COPY**

NAME: Last First Middle <b>STYLES PAUL A.</b>			SOCIAL SECURITY NO. [REDACTED]		DATE OF BIRTH Month Day Year <b>07 05 63</b>			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX <b>M/F</b>	
ADDRESS: Street City State Zip [REDACTED]					PHONE NO. [REDACTED]					RESIDEN <b>Y/N</b>
DEPARTMENT / DIVISION / ESTATE <b>Police Div.</b>		COST CENTER <b>853-210</b>		REQUEST DATE Month Day Year <b>11 04 96</b>			EFFECTIVE DATE Month Day Year <b>11 04 96</b> *			

**APPOINTMENT:**

1. Full Time

2. Part Time

3. Temporary. Ends \_\_\_\_\_

4. Trainee \_\_\_\_\_ to \_\_\_\_\_

5. Former Employee

Last Year Worked \_\_\_\_\_

Bargaining Unit \_\_\_\_\_

Union Name \_\_\_\_\_

Local No. \_\_\_\_\_

Date Cleared \_\_\_\_\_

Employment Screening \_\_\_\_\_

**CHANGE:**

1. Promotion

2. Demotion

3. Detail

4. Transfer within Agency

5. Reinstatement KE

From \_\_\_\_\_

6. Change in Status

7. Salary Increase

8. Work out of Classification

9. Other (Specify) \_\_\_\_\_

**SEPARATION:**

1. Resignation. Reason \_\_\_\_\_

2. Retirement

3. Deceased

4. Dismissal

5. Probationary

6. Reduction in Force

7. Job Abolishment

8. Disability

9. Military Leave

10. Leave of Absence

11. Suspension

12. Other (Specify) \_\_\_\_\_

**POSITION:**

1. New (attach position description)

2. Reclassification

3. Replacement

(Last Held By) \_\_\_\_\_

DATE \_\_\_\_\_

**RECEIVED**  
 NOV - 7 1996  
**HUMAN RESOURCES**

Date of Last Evaluation \_\_\_\_\_

Date of Last Wage Increase \_\_\_\_\_

Evaluation Score \_\_\_\_\_

Percent of Last Increase \_\_\_\_\_

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department / Division / Estate	Ext.	COST CENTER
PATROLMAN		\$9.38	\$19,510.40	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department / Division / Estate	Ext.	COST CENTER
PATROLMAN		\$11.10	\$23,088	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** REINSTATED TO THE POSITION OF FULL TIME POLICE OFFICER

FUNDING SOURCE: COMP-MOD GRANT 853-140800-107000-210-000

Replacement 10/96

REQUESTED BY: [Signature] 11/5/96 DATE

BUDGET MANAGER: [Signature] 11/6/96 DATE

APPROVED: (DEPT/DIV/ESTATE) [Signature] 11-5-96 DATE

PERSONNEL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle STYLES PAUL A.			<b>SOCIAL SECURITY NO.</b> [REDACTED]		<b>DATE OF BIRTH</b> Month Day Year 07 05 63			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F
<b>ADDRESS:</b> Street City State Zip [REDACTED]					<b>PHONE NO.</b> [REDACTED]			<b>RESIDENT</b> Y/N	
<b>DEPARTMENT / DIVISION / ESTATE</b> Police Div.		<b>COST CENTER</b> 853-210		<b>REQUEST DATE</b> Month Day Year 11 04 96			<b>EFFECTIVE DATE</b> Month Day Year 11 04 96		

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input checked="" type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  DATE _____		

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN		\$9.38	\$19,510.40	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN		\$11.10	\$23,088	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** REINSTATED TO THE POSITION OF FULL TIME POLICE OFFICER

FUNDING SOURCE: COMP-MOD GRANT 853-140800-107000-210-000

*Reduce m. it 10/96*

REQUESTED BY: <u><i>[Signature]</i></u> DATE: <u>11/5/96</u>	BUDGET MANAGER: <u><i>[Signature]</i></u> DATE: <u>11/6/96</u>
APPROVED: (DEPT/DIV/ESTATE) <u><i>[Signature]</i></u> DATE: <u>11/5/96</u>	PERSONNEL OFFICER: <u><i>[Signature]</i></u> DATE: <u>11/8/96</u>

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle			<b>SOCIAL SECURITY NO.</b>			<b>DATE OF BIRTH</b>			- Black - White - Hispanic - Asian - Other	<b>SEX</b> M/F
Styles Paul						Month 7	Day 5	Year 63		
<b>ADDRESS:</b> Street City State Zip			<b>PHONE NO.</b>			RESIDENT Y/N				
DEPARTMENT/DIVISION/ESTATE			COST CENTER	REQUEST DATE			EFFECTIVE DATE			
Police & Security			210	Month 3	Day 25	Year 96	Month 3	Day 29	Year 96	
<b>APPOINTMENT:</b>			<b>CHANGE:</b>			<b>SEPARATION:</b>				
<input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____			<input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____			<input type="checkbox"/> 1. Resignation, Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input checked="" type="checkbox"/> 6. Reduction in Force ** Lay Off <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____				
<b>POSITION:</b>			Date of Last Evaluation _____			Evaluation Score _____				
<input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____			Date of Last Wage Increase _____			Percent of Last Increase _____				
<b>FROM:</b> Title/Classification		Step	Hourly Rate	Annual Salary		Department/Division/Estate		Ext.	COST CENTER	
Police Officer			11.10	23,088		Police & Security			210	
<b>TO:</b> Title/Classification		Step	Hourly Rate	Annual Salary		Department/Division/Estate		Ext.	COST CENTER	

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \*\* Lay-Off due to lack of funding.

REQUESTED BY: [Signature] DATE: 3/25/96 BUDGET MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE: \_\_\_\_\_ PERSONNEL OFFICER: [Signature] DATE: 3/27/96  
 EXECUTIVE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle ETYLES, PAUL			<b>SOCIAL SECURITY NO.</b> [REDACTED]		<b>DATE OF BIRTH</b> Month Day Year 07 05 63			<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> M/F M
<b>ADDRESS:</b> Street City State Zip [REDACTED]				<b>PHONE NO.</b> [REDACTED]		<b>RESIDENT</b> Y/N N			
<b>DEPARTMENT / DIVISION / ESTATE</b> Police Div.		<b>COST CENTER</b> 848-210		<b>REQUEST DATE</b> Month Day Year 11 94			<b>EFFECTIVE DATE</b> Month Day Year		

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input checked="" type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Voluntary Termination <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____	
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ <b>DATE</b> _____		Date of Last Evaluation _____ Date of Last Wage Increase _____ Evaluation Score _____ Percent of Last Increase _____	

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
ARMED SPECIAL OFF.		\$9.06	\$18,844.80	Police Div.	3700	210
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
PATROLMAN ENTRY		\$10.19	\$21,195.00	Police Div.	3700	210

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE \_\_\_\_\_ BUDGET MANAGER \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVED: (DEPT/DIV/ESTATE) \_\_\_\_\_ DATE \_\_\_\_\_ PERSONNEL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTIVE DIRECTOR

DATE

# Cuyahoga Metropolitan Housing Authority

## REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle	SOCIAL SECURITY NO.	DATE OF BIRTH Month Day Year	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	SEX M/F
<b>ADDRESS:</b> Street City State Zip			PHONE NO.	
DEPARTMENT / DIVISION / ESTATE	COST CENTER	REQUEST DATE Month Day Year	EFFECTIVE DATE Month Day Year	

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase ANNUAL <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____  Date of Last Evaluation _____ Date of Last Wage Increase _____	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____  Evaluation Score _____ Percent of Last Increase _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____  DATE _____		

<b>FROM:</b> Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
<b>TO:</b> Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUESTED BY: _____	DATE _____	BUDGET MANAGER _____	DATE _____
APPROVED: (DEPT/DIV/ESTATE) _____	DATE _____	PERSONNEL OFFICER _____	DATE _____





## Cuyahoga Metropolitan Housing Authority

### REQUEST FOR PERSONNEL TRANSACTION

<b>NAME:</b> Last First Middle Styles Paul A.	<b>SOCIAL SECURITY NO.</b> [REDACTED]	<b>DATE OF BIRTH</b> Month Day Year 5 63	<input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>SEX</b> (M/F)
<b>ADDRESS:</b> Street City State Zip		<b>PHONE NO.</b>		<b>RESIDENT</b> Y/N

<b>DEPARTMENT / DIVISION / ESTATE</b> Police Division	<b>COST CENTER</b> 844-210	<b>REQUEST DATE</b> Month Day Year 3 23 93	<b>EFFECTIVE DATE</b> Month Day Year 3 15 93
----------------------------------------------------------	-------------------------------	--------------------------------------------------	----------------------------------------------------

<b>APPOINTMENT:</b> <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____	<b>CHANGE:</b> <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input checked="" type="checkbox"/> 9. Other (Specify) <u>Pay Increase</u>	<b>SEPARATION:</b> <input type="checkbox"/> 1. Resignation, Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____
<b>POSITION:</b> <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ <b>DATE</b> _____	Date of Last Evaluation _____ Date of Last Wage Increase _____	Evaluation Score _____ Percent of Last Increase _____

FROM: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Non-Comm. Sec. Officer		\$5.60	\$11,648	Police Division	3510	
TO: Title/Classification	Step	Hourly Rate	Annual Salary	Department/Division/Estate	Ext.	COST CENTER
Comm. Sec. Officer		\$7.60	\$15,808	Police Division	361-3700	

**NOTES:** (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

**REMARKS:** Has met all qualifications to be placed in an armed status.

REQUESTED BY: <i>[Signature]</i>	DATE 3/23/93	BUDGET MANAGER <i>[Signature]</i>	DATE 3/24/93
APPROVED: (DEPT / DIV / ESTATE)	DATE	PERSONNEL OFFICER	DATE

EXECUTIVE DIRECTOR

DATE



# PERSONNEL FILE

**CMHA Police Department  
Personnel File**

Name: PAUL STYLES SSN# \_\_\_\_\_ EOD: 1/15/93

<i>Section 1</i>	<i>Section 2</i>
Personnel Transaction Form (PTF)	Employment Application/Resume Employee Personal Data Profile Employee Reference Checks Address Change Forms
<i>Section 3</i>	<i>Section 4</i>
Oath of Office Certifications	Performance Evaluations Career Counseling Forms
<i>Section 5</i>	<i>Section 6</i>
Letter of Commendation/Awards Secondary Employment Disciplinary related memos (if appl.)	Pay Option Forms Miscellaneous Memos Equipment Issued

**SEPARATE FILES:**

*Medical:*

Psychological Evaluations  
Injury to Person Reports  
Pre-Employment Physical Questionnaire  
Drug Screens – MVA's/Injuries

*Training:*

Police Department Orientation  
In-service Training Documents  
Training Certifications

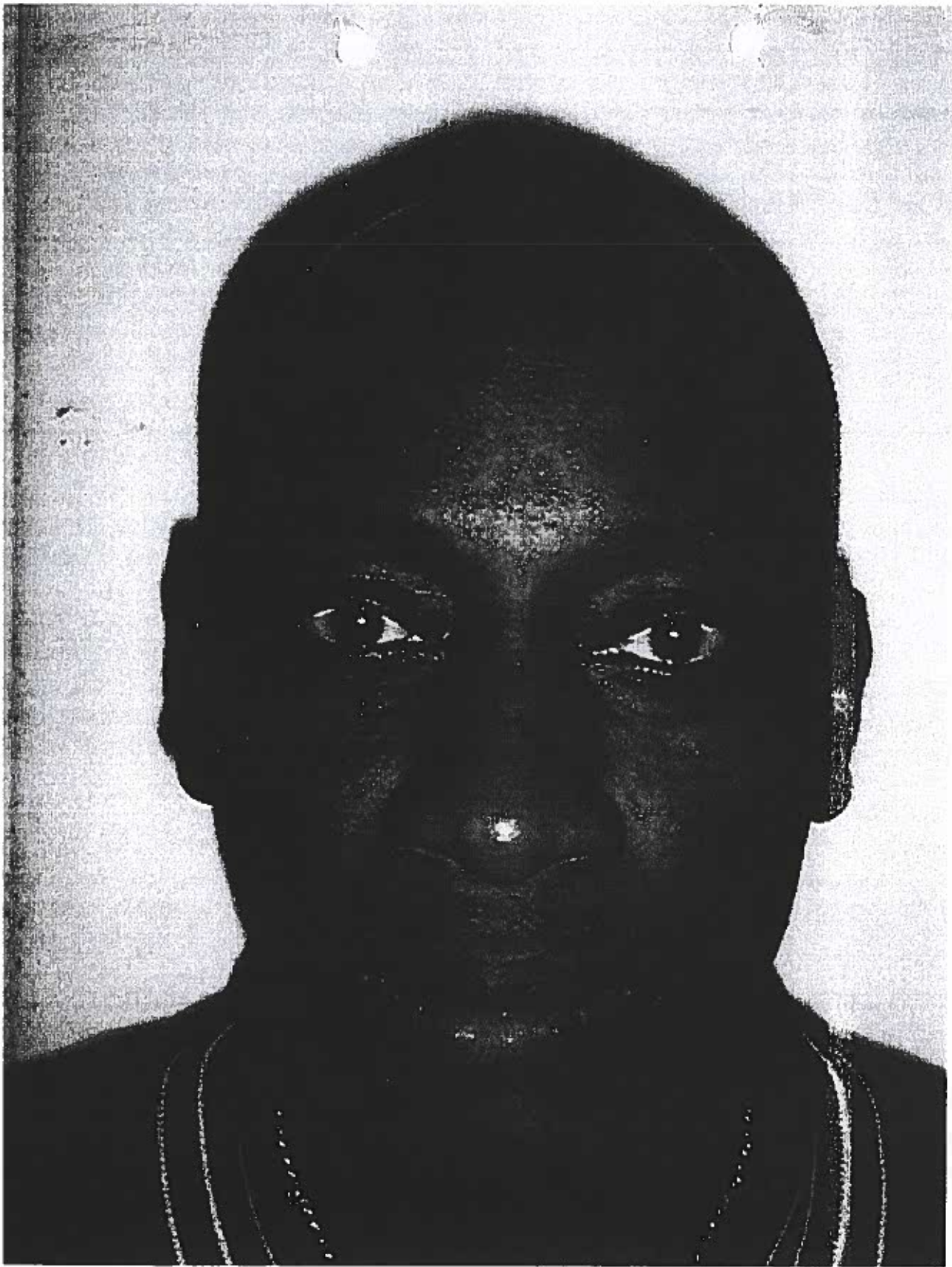
*Confidential:*

Background Investigation Composite-  
Criminal History & Driving Record  
Home Visit  
Neighbor Interviews  
Credential Verification  
Prior Work History  
Application Form Information Verification  
Personal References

*Discipline:*

All disciplinary actions placed in one (1) main alphabetic file that is purged periodically to remove documentation that is over two (2) years old

Voice Stress Analysis Results  
BCI Fingerprint Card



styles.  
P.

APPLICATION FOR EMPLOYMENT

NAME STYLES PAUL (Last) (First) TELEPHONE: HOME [REDACTED] BUS. 241-1494

ADDRESS [REDACTED] CITY & ZIP [REDACTED]

ARE YOU BETWEEN THE AGES OF 18 AND 70? YES  NO

SOCIAL SECURITY NO. [REDACTED]

TYPE OF POSITION DESIRED POLICE OFFICER MINIMUM SALARY 7.00 Per hr DATE AVAILABLE FOR EMPLOYMENT 11/5/92  
SECURITY OFFICER but NEGOTIABLE

DO YOU HAVE A CHAUFFEUR'S LICENSE? NO OTHER LICENSES? [REDACTED]

*Call 10:00 AM*

EDUCATION: (Circle number of years completed)

Name of Grade School & City	Name of High School & City	Name of College & City
AUDUBON CLEVELAND	JOHN HAY CLEVELAND	Degree _____ Major _____
Years 1 2 3 4 5 6 7 8	Years 1 2 3 4	Years 1 2 3 4

OTHER SPECIAL TRAINING MARTIAL ARTS, CQBTA TRAINING

IF UNION MEMBER, GIVE NAME N/A

WORK HISTORY (Complete for 5 years. Show periods of unemployment, if any)

Name and Address of Employer	Dates	Job Title	Supervisor	Salary	Reason for Leaving
Present or Last Position	From			Started	
<u>SALVATION ARMY</u>	<u>6/92</u>	<u>COUNSELOR</u>	<u>JOHN PIERSON</u>	<u>\$16 Per hr</u>	<u>LACK-OF-WORK</u>
	To			Left	
	<u>9/92</u>			<u>\$16 Per hr</u>	
Second Last	From			Started	
<u>Cleveland Ymca</u>	<u>8/80</u>	<u>PHYSICAL DIRECTOR</u>	<u>TOM MEYROSE</u>	<u>\$13.10 Per hr</u>	<u>LAYED-OFF</u>
	To			Left	
	<u>1/92</u>			<u>\$6.75 hr</u>	
Third Last	From			Started	
	To			Left	
Fourth Last	From			Started	
	To			Left	

FURTHER DETAILS REGARDING YOUR WORK EXPERIENCE N/A

OTHER EXPERIENCE THAT QUALIFIES YOU FOR THE POSITION HAND GUN, SHOT GUN TRAINING, CPR, FIRST AID.

CAN ABOVE EMPLOYERS BE CONTACTED FOR REFERENCES? YES  NO  WHY NOT? \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR FAMILY WORKED FOR C.M.H.A.? YES  NO

WHO \_\_\_\_\_ WHERE \_\_\_\_\_

ARE YOU PRESENTLY OR HAVE YOU EVER BEEN A RESIDENT OF PUBLIC HOUSING? YES  NO

WHERE \_\_\_\_\_ HOW LONG \_\_\_\_\_

THE FOREGOING ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

DATE 11/30/92 APPLICANT'S SIGNATURE Paul A Styles

Cuyahoga Metropolitan Housing Authority is an equal employment opportunity employer. An appointment is conditioned upon satisfactory results from the pre-employment physical examination and background investigation.

TYPING W.P.M. N/A STENO. W.P.M. 17  
DICTAPHONE OR OTHER OFFICE MACHINES N/A  
LANGUAGES N/A SPEAK \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

APPLICATION FOR MAINTENANCE POSITIONS

Can Operate Automobile \_\_\_\_\_ Truck \_\_\_\_\_ Tractor \_\_\_\_\_ Power Motor \_\_\_\_\_  
Power Sweeper \_\_\_\_\_ Heating Plant \_\_\_\_\_ Other Equipment \_\_\_\_\_  
SPECIAL SKILLS: Bricklaying \_\_\_\_\_ Carpentry \_\_\_\_\_ Plastering \_\_\_\_\_ Tiling \_\_\_\_\_  
Cement Work \_\_\_\_\_ Electrical \_\_\_\_\_ Heating \_\_\_\_\_ Landscaping \_\_\_\_\_  
Painting \_\_\_\_\_ Plumbing \_\_\_\_\_ Other \_\_\_\_\_  
(Certain maintenance positions may require that the employee possess a valid Ohio  
Chauffeur's License.)

PROFESSIONAL AND COMMUNITY AFFILIATIONS:

\_\_\_\_\_  
\_\_\_\_\_

HOBBIES & INTERESTS:

\_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER WORK:

Organization _____	Kind of Work _____
Organization _____	Kind of Work _____

PERSONAL REFERENCES:

NAME <u>MIKE CRAWFORD</u>	ADDRESS <u>Chv, Oh</u>	TEL <u>621-8095</u>
	(City & State)	
NAME <u>Joe mueller</u>	ADDRESS <u>3145. W 46 ST</u>	TEL <u>631-5962</u>
	(City & State)	
NAME <u>GREG MAYO</u>	ADDRESS <u>2108 PAYNE AVE</u>	TEL <u>241-1494</u>
	(City & State)	

(Applicant: Please Complete Third Page)

(THIS SECTION FOR AGENCY USE ONLY)

INTERVIEWER'S RECOMMENDATION

APPEARANCE _____	PERSONALITY _____
SELF CONFIDENCE _____	INTELLIGENCE _____
ABILITY TO EXPRESS SELF _____	POISE _____
AMBITION _____	EDUCATION _____

OTHER REMARKS: \_\_\_\_\_  
\_\_\_\_\_

SHOULD BE CONSIDERED \_\_\_\_\_ SALARY \_\_\_\_\_  
NOT SUITABLE FOR POSITION APPLIED \_\_\_\_\_

DATE \_\_\_\_\_ INTERVIEWER'S SIGNATURE \_\_\_\_\_





# EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: Paul A. Styles \_\_\_\_\_

Social Security Number (Last 4 digits): [REDACTED] \_\_\_\_\_

Department: Police & Security \_\_\_\_\_

New Name: \_\_\_\_\_  
(Please attach appropriate documentation)

New Address: [REDACTED] \_\_\_\_\_  
Street

[REDACTED] \_\_\_\_\_  
City/State/Zip Code

Telephone Number: [REDACTED] \_\_\_\_\_

Effective Date: \_\_09AUG17\_\_\_\_\_

*Paul A. Styles*  
\_\_\_\_\_  
Employee Signature

*24AUG17*  
\_\_\_\_\_  
Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

CMHA  
Attention: Human Resources Department  
8120 Kinsman Road  
Cleveland, Ohio 44104  
Fax: (216) 348-8236

TX Result Report

P 1  
 08/24/2017 16:09  
 Serial No. A79K011003554  
 TC: 58963

Addressee	Start Time	Time	Prints	Result	Note
HR	08-24 16:08	00:00:14	001/001	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,  
 PGS:Page Separation TX, MIX:Mix Original TX, CALL:Manual TX, CSAC:CSAC,  
 FWD:Forward, PC:PC-FAX, BND:Double-sided Binding Direction, SP:Special Original,  
 FCODE:F-code, RTX:Re-TX, RLY:Relay, MFC:Confidential, BUL:Bulletin, SIP:SIP Fax,  
 IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,  
 TEL: Rx from TEL, NG: Other Error, CONT: Continue, No Ans: No Answer,  
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length over,  
 ROUR:Receiving page over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,  
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,  
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.



**EMPLOYEE  
 CHANGE OF NAME OR  
 ADDRESS FORM**

Name: Paul A. Styles \_\_\_\_\_

Social Security Number (Last 4 digits): [REDACTED] \_\_\_\_\_

Department: Police & Security \_\_\_\_\_

New Name: \_\_\_\_\_  
 (Please attach appropriate documentation)

New Address: [REDACTED] \_\_\_\_\_  
 Street

[REDACTED] \_\_\_\_\_  
 City/State/Zip Code

Telephone Number: [REDACTED] \_\_\_\_\_

Effective Date: 09AUG17 \_\_\_\_\_

*Paul A. Styles*  
 Employee Signature

24AUG17  
 Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

CMHA  
 Attention: Human Resources Department  
 8120 Kinsman Road  
 Cleveland, Ohio 44104  
 Fax: (216) 348-8236

CMHA

Cuyahoga Metropolitan Housing Authority

1241 West 25th Street • Cleveland, Ohio 44113  
Phone: 216/348-5000 • Fax: 216/396-2536

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: PAUL STYLES  
SOCIAL SECURITY #: [REDACTED]  
NEW ADDRESS: SAME  
STREET CITY/STATE/ZIP CODE  
TELEPHONE NUMBER: [REDACTED]

Paul Styles  
EMPLOYEE SIGNATURE

7-5-95  
DATE

cc: Seabury  
R: 1/9

Board of Commissioners

John H. Brown • Karen Coakley • Robert G. Brown  
Dorothy Browder • Dr. Consuelo Sousa • Robert Williams  
Charles Freeman • [REDACTED]





# EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: PAUL STYLES

Social Security Number (Last 4 digits): [REDACTED]

Department: POLICE

New Name: \_\_\_\_\_  
(Please attach appropriate documentation)

New Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip Code

Telephone Number: [REDACTED]

Effective Date: 03/NOV/14

Paul Styles  
Employee Signature

03/NOV/14  
Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

CMHA  
Attention: Human Resources Department  
8120 Kinsman Road  
Cleveland, Ohio 44104  
Fax: (216) 348-8236

# CMHA

## Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113

Phone: 216/348-5000 • Fax: 216/696-0636

### CHANGE OF ADDRESS FORM

EMPLOYEE NAME: Paul A. STYLES  
SOCIAL SECURITY #: [REDACTED]  
NEW ADDRESS: [REDACTED]  
STREET CITY/STATE/ZIP CODE  
TELEPHONE NUMBER: N/A

Paul A. Styles  
EMPLOYEE SIGNATURE

1-26-96  
DATE

Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman  
Dwayne Browner • Dr. Consuelo Sousa • Robert Townsend  
Claire E. Freeman, Executive Director



*Done 25*

REQUEST FOR INFORMATION

TO: \_\_\_\_\_ RE: \_\_\_\_\_

You are hereby authorized to release and give to the Cuyahoga Metropolitan Housing Authority any and all information in your possession.

I hereby waive any privilege I may have to said information and to said Cuyahoga Metropolitan Housing Authority.

NOV. 30 1992

x Paul A. Styles

HAVE YOU EVER SERVED IN THE MILITARY? YES \_\_\_\_\_ NO

DATE: FROM N/A TO N/A

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO

CIRCUMSTANCES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N O T I C E

THIS COMPANY COMPLIES WITH THE IMMIGRATION REFORM & CONTROL ACT OF 1986.

APPLICANTS WHO ARE OFFERED EMPLOYMENT WILL BE REQUIRED TO PRESENT CERTAIN DOCUMENTS ESTABLISHING THEIR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES OF AMERICA.

1. YOUR SOCIAL SECURITY CARD OR BIRTH CERTIFICATE AND A VALID STATE ISSUED DRIVER'S LICENSE OR OTHER STATE ISSUED I.D. CARD WILL SUFFICE.
2. IF THE ABOVE DOCUMENTS ARE NOT AVAILABLE, IT IS POSSIBLE TO SATISFY THE REQUIREMENTS OF THE LAW WITH OTHER SPECIFIED DOCUMENTS. ASK YOUR EMPLOYMENT INTERVIEWER ABOUT THESE OTHER DOCUMENTS IF YOU DO NOT HAVE THOSE LISTED IN #1 ABOVE.

WE WILL MAKE A RECORD OF THE DOCUMENTS YOU PROVIDE AND MAINTAIN COPIES OF SUCH RECORDS IN OUR FILES. IN ADDITION, THE IMMIGRATION AND NATURALIZATION SERVICE (INS) REQUIRES YOU TO COMPLETE INS FORM I-9, ATTESTING UNDER PENALTY OF PERJURY THAT THE DOCUMENTS YOU SUBMIT ARE GENUINE.

By Authority of the Board of Education of the  
City of Cleveland, Ohio

# John Hay High School

has awarded this

## Diploma

to

Paul A. Styles

who has satisfactorily completed the requirements prescribed for graduation  
from the Public High Schools of the City of Cleveland, Ohio

June 18th, 1982

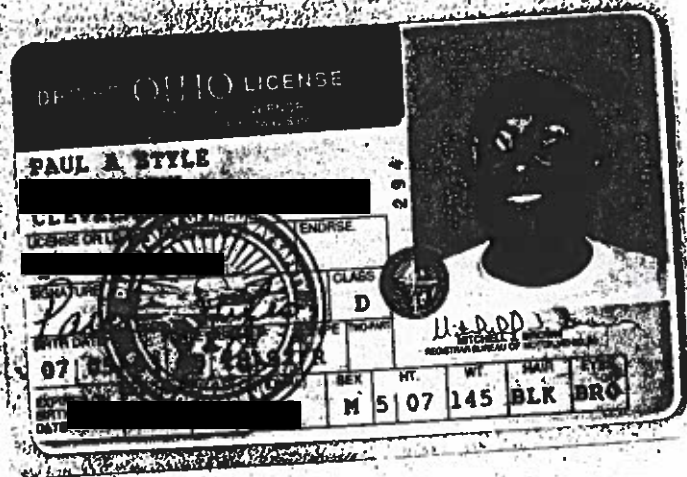
*Peter F. Carlini*  
Superintendent of Schools

*Richard L. Norton*  
Principal



*Alva T. Borda*  
President, Board of Education

*Paul Jacobian*  
Treasurer





**Patrol Security Institute**  
Cleveland, Ohio

This 240 Hour Certificate is Awarded to

Paul Styles

For Satisfactory Completion of  
**Private Security Officer Training**

This 04 Day of December 19 92  
in Cleveland, Ohio



*Joseph A. Shanon*  
President

# Safeguard Security Institute

"Professional Private Security Training"

Date 12/04/98

To: Whom it may concern  
Re: Private Security

This letter will serve to introduce Paul Styles  
as a graduate of Safeguard Security Institutes 120 hour Ohio  
Peace Officers Training Council course.

This graduate also completed all of the training, exams, and  
qualifications for fire/arms.

This letter will be in effect until said graduate has received  
his/her certificate from the Ohio Peace Officers Training  
Council in London Ohio.

Respectfully,  
*Sandee K. Gleason*  
Sandee K. Gleason  
Program Director

P.S. Transcripts available upon request.

PHYSICAL AGILITY  
TEST  
SCORESHEET



DATED: 1/9/93  
TIME: 12:00pm

NAME OF APPLICANT: PAUL STYLES  
SIGNATURE OF APPLICANT: Paul Styles  
SSN: [REDACTED] DOB: 7/5/62

- |                            |             |                                      |
|----------------------------|-------------|--------------------------------------|
| 1. TIMED ON - MILE RUN     | <u>PASS</u> | FAIL                                 |
| 2. THREE FLIGHT STAIRCLIMB | <u>PASS</u> | FAIL TIME: <u>      </u> : <u>32</u> |
| 3. SEDAN PUSH              | <u>PASS</u> | FAIL                                 |
| 4. DUMMY EXTRACTION, CARRY | <u>PASS</u> | FAIL                                 |

MILE RUN, LAP TIMES

- 1. 1:41
- 2. 3:43
- 3. 5:46
- 4. 7:41

TESTING OFFICER NAME AND BADGE #.  
PTLV SPIGNER, M.A. 67

WITNESSED BY: Fred [unclear] 622

CC: PERSONNEL DEPT.  
DIVISION FILES

DATE: 9 January 1993

TO: PROSPECTIVE EMPLOYEE

FROM: James E. Tufts, Lieutenant  
Police Division

SUBJECT: PHYSICAL AGILITY TEST

I understand that I must report to Cuyahoga Metropolitan Housing Authority Police Headquarters on the date specified if I wish to be considered for Employment by the Police Division of the Cuyahoga Metropolitan Housing Authority.

I have been informed that the date that I must take the Physical Agility Test is Saturday, January 9, 1993 at 1200 hours (noon).

Wear the appropriate clothing as the test will be held outside regardless of the weather and consists of (but is not limited to):

1. A timed One (1) Mile Run (13 Minutes Maximum).
2. A timed Stair Climb (45 Seconds, 3 Flights of Stairs, Up/Down).
3. A Vehicle Push.
4. A Dummy Extraction and Carry.

About 1 1/2 hours of time is expected to be required for the testing.

Paul Styles / 1/9/93 12:00 PM  
Signature Date/Time

Michael A. Sigler #67  
Witnessed by

JET:jh

Please read the following before signing:

AUTHORIZATION TO DO BACKGROUND CHECK, FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF PRIVACY RIGHTS

\_\_\_\_\_, hereby authorize the City of Cleveland and its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in granting this application, hereby specifically WAIVES any right to PERSONAL PRIVACY or she might have in the above information and RELEASES the City of Cleveland and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

NOTE: Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. ROUTINE INQUIRIES MAY INCLUDE PERSONAL INTERVIEWS WITH FRIENDS, NEIGHBORS, REFERENCES AND PAST EMPLOYERS. Upon written request, additional information as to the nature and scope of a resulting report, if one is made, will be provided.

My signature below certifies that my responses on the Application for Employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

- 1. Interviews
- 2. Urine drug screen
- 3. Provision of proof of identify and employment eligibility for work in the U.S.
- 4. Educational and reference checking
- 5. Testing (if applicable to the position for which you are applying).

In addition, I understand that any offer of employment will be contingent upon the results of a physical examination by authorized medical personnel of or for the City of Cleveland.

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, including I-9 forms, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

4-19-96  
Date

Paul A. Styles  
Signature

# EMPLOYMENT VERIFICATION FORM

Date: 4-14 1998

Employer Name: CMHA

Employer Address: 1441 W. 25

Employer City, State, Zip: CLEVELAND, OH 44113

Dear \_\_\_\_\_

I, PAUL STYLES, (please print) am authorizing you to release any and all information requested by Dollar Financial Group, Inc. concerning my employment.

X Paul Styles  
Signature

[Redacted]  
Social Security Number

4-14-98  
Date

Please provide the following information:

Date of hire: 01/15/93

Date of most recent pay: 04/10/98

Number of paydays per month: 2

[Signature]  
Signature of representative completing this form

361-3700  
Phone number

Deputy Chief  
Title

4-14-98  
Date

Please return this information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

Eligibility List # IG EMPLOYMENT LEAD Date \_\_\_\_\_

LOCATION: 2685 E 79<sup>th</sup>

NAME OF EMPLOYER: C.M.H.A. Police Dept.

NAME OF APPLICANT: Paul A. Styles

DATE OF BIRTH: 7-5-63 S.S. NUMBER: [REDACTED]

CURRENT EMPLOYMENT: ( ) DATE HIRED: \_\_\_\_\_ POSITION: Police Officer

PRIOR EMPLOYMENT: (X) FROM: 1-93 TO: 3-96

SUPERVISOR: Lt. Dawkins / Sgt. [Signature]

=====

ADDRESS OF RECORD AT PLACE OF EMPLOYMENT. \_\_\_\_\_

DATE OF EMPLOYMENT: 01/15/93 POSITION HELD: Police Officer

TERMINATED ON: 03/29/96 REASON FOR TERMINATION: layoff

ELIGIBLE FOR REHIRE: YES ( ) NO ( ) COMPANY POLICY: \_\_\_\_\_

REHIRE DATE: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_ SALARY: \_\_\_\_\_

QUALITY OF WORK: \_\_\_\_\_

DEPENDABILITY: \_\_\_\_\_

PAS Days Missed: 1

Tardiness: 2

REMARKS: HARD WORKER PROFESSIONAL WORKED WELL WITH OTHERS

VERY DEDICATED

INTERVIEWED: \_\_\_\_\_ POSITION OR DEPT: \_\_\_\_\_

Investigator: [Signature]

Ident. Number: 424

FILE



CMHA  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY

POLICE DIVISION - OFFICE OF THE PATROL COMMANDER

2685 E. 79th St.

Cleveland, Ohio 44104

(216) 361-3709

Secured FAX: (216) 361-2392

TYPE: FAX TRANSMITTAL FORM

TO: Keith Lauerhaus, Lieutenant, Cleveland Police Department  
3rd District Detective Bureau O.I.C.

FROM: Stanley C. Murrey, Patrol Commander

DATE: 18 MAR 99

SUBJECT: CMHA Police Report re: Arrest of Jermaine D. Davis

=====

NUMBER OF PAGES INCLUDED IN THIS FACSIMILE: (10)

=====

Lt. Lauerhaus:

The following is the report regarding the arrest of Jermaine D. Davis. Also, confirmation records of two FAXES to the Cleveland Police Department to lines 5705 and 5355 on 18 MAR 99 at 0946 hrs.

*— SGT. STYLES #656*  
The newly promoted supervisor merely overlooked faxing the material due to the amount of work he was doing at the time. However, he does understand the importance of faxing the reports as soon as possible in the future.

As a result of your complaint, I have discovered that the report was sent to the 3rd District Strike Force (5705) instead of the 3rd District Detective Bureau (5315).

Should you have a future problem receiving reports, contact me so that I can take the necessary steps to prevent re-occurrences.

Stanley C. Murrey  
Patrol Commander



# CMHA

## Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113

Phone: 216/348-5000 • Fax: 216/696-0636

POLICE DIVISION

2685 E. 79th Street, Cleveland, OH 44104

Dear Sirs:

\_\_\_\_\_ has applied for the position of \_\_\_\_\_  
\_\_\_\_\_ within this Department and has given your name as a  
former employer. We would appreciate your cooperation in completing the  
questionnaire on the backside of this letter.  
Your reply will assist us in determining the applicant's suitability for  
employment and will impose no responsibility on you.  
All responses will remain strictly confidential and will not be shared with  
the applicant.

Sincerely,

Darlice S. Ogletree

Chief of Police



Miles T. Cobbs

Deputy Chief of Police

### AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the recipient of this letter to release and provide  
any and all pertinent information regarding my employment history to the  
Cuyahoga Metropolitan Housing Authority Police Department.

Date: 12/4/92 Signature of Applicant: Paul A. Styles  
Date: 1-9-93 Witness to signature: [Signature]

Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman  
Dwayne Browder • Dr. Consuela Sousa • Robert Townsend, II  
Claire E. Freeman, Executive Director



DATES EMPLOYED: \_\_\_\_\_ DATE SEPARATED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

WOULD YOU REHIRE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE STATE REASONS: \_\_\_\_\_

PERFORMANCE APPRAISAL

	EXCELLENT	GOOD	FAIR	POOR
QUALITY OF WORK				
QUANTITY OF WORK				
LEARNING ABILITY				
COOPERATION WITH SUPERVISORS				
COOPERATION WITH FELLOW EMPLOYEES				
INITIATIVE				
ATTENDANCE				
PUNCTUALITY				
ABILITY TO WORK WITHOUT CLOSE SUPERVISION				

ADDITIONAL COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ALL INFORMATION PROVIDED IS STRICTLY

\*\*\*\*\*CONFIDENTIAL\*\*\*\*\*

# CMHA

## Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113

Phone: 216/348-5000 • Fax: 216/696-0636

POLICE DIVISION

2685 E. 79th Street, Cleveland, OH 44104

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Chief of Police



Miles T. Cobbs

Deputy Chief of Police

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any and all pertinent information regarding my employment history to the  
Cuyahoga Metropolitan Housing Authority Police Department.

Date: 12/9/92 Signature of Applicant: Paul A. Styles

Date: 1-9-93 Witness to signature: [Handwritten Signature]

#### Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman  
Dwayne Browder • Dr. Consuela Sousa • Robert Townsend, II  
Claire E. Freeman, Executive Director



DATES EMPLOYED: \_\_\_\_\_ DATE SEPARATED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

WOULD YOU REHIRE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE STATE REASONS: \_\_\_\_\_

PERFORMANCE APPRAISAL

EXCELLENT

GOOD

FAIR

POOR

QUALITY OF WORK

QUANTITY OF WORK

LEARNING ABILITY

COOPERATION WITH SUPERVISORS

COOPERATION WITH FELLOW EMPLOYEES

INITIATIVE

ATTENDANCE

PUNCTUALITY

ABILITY TO WORK WITHOUT  
CLOSE SUPERVISION

ADDITIONAL COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ALL INFORMATION PROVIDED IS STRICTLY

\*\*\*\*\*CONFIDENTIAL\*\*\*\*\*

APPLICANT STATUS SHEET

NAME: PAUL A. STYLES

ITEM	DATE COMPLETED
1. APPLICATION PACKET	12. 4. 92 jh
2. INTERVIEW	1-8-93
3. PSYCHOLOGICAL TESTING	1-8-93
4. PHYSICAL EXAMINATION	1-8-93
5. PHYSICAL AGILITY TEST	1-9-93
6. BACKGROUND INVESTIGATION	
7. COMMITTEE RECOMMENDATION	
FORWARDED FOR HIRE	
REJECTED/LETTER SENT	

COMMITTEE CHAIRMAN SIGNATURE \_\_\_\_\_

SEB:cg  
103090cg

ow hold pending  
traffic warrant  
removal  
Warrant cleared  
1-8-93

DATE \_\_\_\_\_

BACKGROUND AND RECORDS RELEASE STATEMENT

connection with an investigation for employment and/or crime, \_\_\_\_\_, hereby authorize and request any and all agencies having information and/or records pertaining to the undersigned to furnish full and complete information to any duly authorized representative of the Cuyahoga Metropolitan Housing Authority who presents this authorization. This authorization specifically includes authority to release for examination and reproduction pertinent records and reports, and specifically includes the request that any law enforcement agency, doctors, hospitals with knowledge of my background freely furnish their records, evaluations and/or opinions. This authorization is valid for the period in which the aforementioned is under the employ of the Cuyahoga Metropolitan Housing Authority.

PAUL A. STYLES  
NAME (TYPED/PRINT)

Paul A. Styles  
SIGNATURE

NICKNAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

DOB: 7/5/63 SSN: \_\_\_\_\_ ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_  
COL: B SEX: M  
HGT: 5 FT WGHT: 8" EYES: BROWN HAIR: BLACK

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC - SIGNATURE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEAL MUST BE AFFIXED

BIOGRAPHICAL INFORMATION

NAME:

PAUL A. STYLES

PRESENT ADDRESS:

[REDACTED]

FORMER ADDRESS:

[REDACTED]

MARITAL STATUS:

Single

SPOUSE'S NAME:

\_\_\_\_\_

SPOUSE'S SS#:

/ /

DATE OF BIRTH:

/ /

SPOUSE'S EMPLOYMENT:

\_\_\_\_\_

NUMBER OF DEPENDENTS:

2

DEPENDENT'S NAME/DATE OF BIRTH:

PAUL A. STYLES JR

7/2/92

LIST YOUR MOST SIGNIFICANT ACCOMPLISHMENTS DURING THE PAST FIVE (5) YEARS:

I WENT BACK TO SCHOOL TO FURTHER MY EDUCATION.

DRIVER'S LICENSE NUMBER:

[REDACTED]

HAVE YOU RESIDED IN THE STATE OF OHIO FOR AT LEAST 12 MONTHS?

YES  NO

IF NO, WHERE? \_\_\_\_\_

I certify to the best of my knowledge the above statements concerning my biographical background are true.

Applicant's Signature

Paul A. Styles

POLYGRAPH (LIE DETECTOR) EXAMINATION RELEASE

In consideration of my being considered for employment by the Cuyahoga Metropolitan Housing Authority, I hereby agree to take any pre-employment polygraph and/or lie detector examination required by the Authority and to take such additional polygraph and/or lie detector examination as may be required by the Authority at any time.

I further agree that my refusal to take any such examination when requested by the Authority will constitute grounds for my dismissal.

DATE:

12/4/92

Signature

Paul A. Styles

Witness

GSM



State of Ohio )  
 ) §  
County of Cuyahoga )

PHYSICAL AGILITY EXAMINATION  
RELEASE FORM

I certify that I have no medical problems which would be aggravated by my participation in the C.M.H.A. Physical Agility Examination.

I further certify that I am presently in good health.

I hereby release C.M.H.A. from any claims of personal injury resulting from my participation in the Agility Examination.

Paul A. Styles 12/4/92  
Signature Date

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

(SEAL MUST BE AFFIXED)

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DEPARTMENT OF SAFETY and SECURITY

HAVE YOU EVER SERVED IN THE MILITARY? . . . . YES: \_\_\_\_\_ NO:

DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

HONORABLE DISCHARGE: \_\_\_\_\_

STILL ACTIVE: \_\_\_\_\_

OTHER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? . . . . YES: \_\_\_\_\_ NO:

CIRCUMSTANCES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED? \_\_\_\_\_ YES: \_\_\_\_\_ NO:

CIRCUMSTANCES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Paul A. Styles* 12/4/82  
SIGNATURE DATE

CMHAPD:11 February 1980  
Revised

DSO:JER:jh



**STOP**

Do not fill out this application until you have completely read these instructions.

**READ AND SIGN BELOW**

This application packet is to be completed at this time.

This application and all parts thereof must be printed or typed in black ink, except the signatures that also must be in black ink.

All sections must be completed.

All documents that are to be notarized must be notarized.

Addresses for all PAST EMPLOYERS and PERSONAL REFERENCES must include CITY and ZIP CODE.

Prior to your application being processed, you must submit photocopies of:

- a. High School Diploma or Equivalent
- b. Basic Police Training Certificate
- c. Valid Ohio Drivers License

Finally, I attest that all the facts set forth-in this application for employment are true and complete.

Further, I understand that any missing items, false statement or deliberate misleading information may cause this application to be rejected or not processed at all. I also understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Paul A. Styles 12/11/92  
Signature of Applicant      Date

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE AND SECURITY

SELECTION PROCESS

1. APPLICATION:

An application shall be required to complete an application packet of forms provided by C.M.H.A. Such application packet shall be retained by C.M.H.A. in the applicant's personnel file should he/she become an employee of C.M.H.A. If an applicant has not been hired by C.M.H.A. within six (6) months of the submission date of his/her written application, the application shall be deemed null and void and shall be discarded. Such applicants may reapply at anytime.

At no time shall application packets be issued until after advertisement in the local major newspaper of Cuyahoga County, and only for one (1) week subsequent to the date of the advertisement.

2. SCREENING:

- A. Upon receipt of the application packets, they shall be screened by a committee, appointed by the Deputy Chief, for completeness and possession of the minimum qualifications.
- B. Those applicants passing Section A shall then be scheduled for an interview and applicants shall be informed to bring verification of Educational and Training possessed. Any unverified item will be omitted and may result in a candidate failing to meet the minimum requirements.
- C. Next shall be the Physical Agility Test consisting of the following events:
  1. Weigh In (Weight must be in proportion to height, overweight shall result in disqualification).
  2. Sign a Release in order to participate in exercise portion. (Failure to sign shall result in disqualification).
  3. Report to the Test Site, upon notification, and pass the following Agility Tests:
    - a. 1 Mile Run - 13 minute maximum
    - b. Stair Climb, up and down, three (3) flights of stairs.

- c. Vehicle Push, 100' distance.
  - d. Extract a 100 lb. Dummy from front passenger seat of a vehicle, carry dummy 100 ft., without dropping same.
- D. Applicants passing Section C shall then be scheduled for a written examination, consisting of a General Aptitude Appraisal, conducted by an outside contractor.
- 1. Individuals passing the written examination shall be placed on an eligibility list consisting of a ranking by test score.
  - 2. Such list shall be held valid for a period of twelve (12) months.
  - 3. For every position to be filled, the top five (5) names shall be drawn from the list, and notified as to continued interest. For every declination, one (1) additional name shall be drawn from the list.
  - 4. A complete investigation into the background and family life of each individual drawn from the list shall be instituted; i.e., Arrest, School, Health and Financial Records.
- E. Applicants from the eligibility list shall again be scheduled for the Physical Agility Examination as outlined in Section C, if more than sixty (60) days has elapsed since initial testing.
- F. All applicants must pass a Physical Examination by a C.M.H.A. Physician prior to appointment.
- G. Applicants passing all phases of the screening process shall then receive a probationary appointment.

Paul A. Styles      12/4/92  
Applicant Signature      Date

From:

07/19/2018 10:52

#737 P.001/001



## EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: Paul Styles

Social Security Number (Last 4 digits): ██████

Department: Police

New Name: N/A  
(Please attach appropriate documentation)

New Address: ████████████████████  
Street

████████████████████  
City/State/Zip Code

Telephone Number: \_\_\_\_\_

Effective Date: 19JUL18

Paul Styles  
Employee Signature

19 JUL 18  
Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

CMHA  
Attention: Human Resources Department  
8120 Kinsman Road  
Cleveland, Ohio 44104  
Fax: (216) 348-8236

7073

**Employee Acknowledgement**

**Non-Exempt Employee** (*paid hourly, eligible for overtime*):

**Timekeeping Policy-**

I acknowledge that I have received a copy of and read the Timekeeping Policy. I understand the Timekeeping Policy and agree to comply with its requirements.

As a non-exempt employee I understand that I cannot work off-the-clock. I understand that it is my responsibility to report all hours that I actually worked and to seek pre-approval of any anticipated overtime, report any missed swipes, and report any additional hours worked using the procedures and forms described in the Timekeeping Policy.

I understand that failure to accurately report all time worked or asking another employee to work "off the clock" is a violation of CMHA policy. I understand that if anyone tells me to report less than all of my working time, or if I become aware of other employees who are told not to report or who do not report all of their working time for any reason, I am required to report this violation of CMHA policy to Human Resources immediately.

If I forget to properly report my working time, I will immediately inform my supervisor, complete the required forms, and submit them to payroll or human resources.

I understand that failure to comply with this Timekeeping Policy may result in disciplinary action.

**Exempt Employee** (*paid salary, NOT eligible for overtime*):

**Pay Deductions for Partial Day Absences Policy-**

I acknowledge that I have received a copy of and read the Pay Deductions for Partial Day Absences Policy. I understand the Pay Deductions for Partial Day Absences Policy and agree to comply with its requirements.

As an exempt employee I understand that it is CMHA's policy that when a salaried employee is absent from work for less than one work day and the employee does not use accrued leave for such absence, a deduction from compensation will be made or the employee will be placed on leave without pay for a period of time which is equal to the employee's absence from the employee's regularly scheduled hours of work on that day.

I understand that it is my responsibility to report all use of accrued paid leave on my timecard. I understand that failure to accurately report my time is a violation of CMHA policy. If an employee believes that an improper deduction has been made, the employee should immediately report this information to the Human Resources Department for investigation. If it is determined that an improper deduction has been made, the employee will be promptly reimbursed for any such improper deduction.

I understand that failure to comply with this Pay Deductions for Partial Day Absences Policy may result in disciplinary action.

Full Name (please print):	Paul Styles	Date:	12-1-15
Signature:	<i>Paul A. Styles</i>		
Department:	Police	Job title:	Sergeant



## HazCom Employee Training Quiz

Name: PAUL STYLES Date: 12-1-15

SSN: XXX-XX-[REDACTED]

- 1) How many pictograms are recognized by the Globally Harmonized System?
  - a) 8
  - b) 9
  - c) 12
  - d) 16
  
- 2) The "Exclamation Mark" pictogram describes:
  - a) Irritant to skin and eyes; skin sensitizer; and, narcotic effects
  - b) Carcinogens; respiratory sensitizers; and, target organ toxicity
  - c) Explosives; self-reactives; and, organic peroxides
  - d) Oxidizers
  
- 3) The only two (2) signal words found on a label are:
  - a) Danger and Hazard
  - b) Hazard and Warning
  - c) Danger and Warning
  - d) Toxic and Harmful
  
- 4) Which of the following statements is a good example of a Precautionary Statement?
  - a) Keep container tightly closed
  - b) Wear splash protection for face
  - c) Wash hands after handling
  - d) All of the above
  
- 5) How many sections are found in a Safety Data Sheet?
  - a) 8
  - b) 9
  - c) 12
  - d) 16
  
- 6) Section 4 of a Safety Data Sheet is reserved for:
  - a) Hazard Identification
  - b) Handling and Storage
  - c) Fire Fighting Measures
  - d) First Aid Measures
  
- 7) Section 1 of a Safety Data Sheet is reserved for:
  - a) Identification
  - b) Composition/Information on Ingredients
  - c) Accidental Release Measures
  - d) Other Information

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

ACKNOWLEDGMENT FORM

I acknowledge receipt of the following Cuyahoga Metropolitan Housing Authority Policy from the Administrative Order 11, section B-VI. The Policy was approved August 5, 2009 and replaces the former section B-VI, Electronic Mail and Internet Access.

- Computer Usage Policy

Paul A. Style

Employee Name (Please Print)

Paul A. Style 7073

Employee Signature

06 DEC 09

Date

Original: Personnel File

## RECEIPT OF CMHA EMPLOYEE MANUAL

I have received a copy of the CMHA Employee Manual. I understand that the Manual is intended to be informative only, and that the policies, procedures, and benefits that affect my employment.

I further understand that CMHA's policies, procedures and benefits may be changed, disregarded, or terminated by CMHA in its discretion, at any time and with or without notice, except in areas specifically addressed in the collective bargaining agreement.

I agree that I have the responsibility to read and understand the Manual, including CMHA's policies regarding General Harassment and Sexual Harassment. I understand that this Manual supersedes all other employee manuals.

12 JUN 08  
Date

Sgt - PAUL A. STILES  
Employee Name (Print)

POLICE SECURITY  
Department

Sgt. Paul A. Stiles  
Signature

[REDACTED]  
Last 4 digits of SS#

Cuyahoga Metropolitan Housing Authority

ACKNOWLEDGEMENT OF

**PARTICIPATION IN ANTI-HARASSMENT SUPERVISORY TRAINING**

By signing this form in the space provided below you are acknowledging that you have participated in Cuyahoga Metropolitan Housing Authority's Anti-Harassment Supervisory Training, on 5/9, 2003. The training covered topics including harassment, sexual harassment and workplace violence policies, procedures, and law.

  
\_\_\_\_\_  
Signature of Employee

5/9/03  
\_\_\_\_\_  
Date

**EMPLOYEE NOTIFICATION: REVISED AGENCY POLICIES PER  
VOLUNTARY COMPLIANCE AGREEMENT**

**ACKNOWLEDGEMENT FORM**

I, PAUL A. STYLES, have received a copy of the letter dated April 13, 2009  
(print name)

describing the following revised policies/forms and how CMHA will implement these revised policies/forms: Preliminary Housing Application, Reasonable Accommodation Policy/Procedures, Admission and Transfer Policy/Procedures, Lease Addendum, Effective Communication Policy, and Pet Policy. I understand that I can review a copy of these policies on CMHA's Intranet. I further understand this acknowledgment form will remain in my personnel file for the remainder of the Voluntary Compliance Agreement.

x Paul A. Styles  
(Employee Signature)

19 Apr 09  
(Date)

[REDACTED]  
(Last 4 digits of social security number)

**VOLUNTARY COMPLIANCE AGREEMENT LETTER**

**ACKNOWLEDGEMENT FORM**

I, PAUL STYLES, have received a copy of the letter dated August 14, 2008  
(print name)

describing the terms of the Voluntary Compliance Agreement between the Cuyahoga Metropolitan Housing Authority and the U.S. Department of Housing and Urban Development. I understand this acknowledgment form will remain in my personnel file for the remainder of the Voluntary Compliance Agreement.

x   
(Employee Signature)

22 Aug 08  
(Date)

  
(Last 4 digits of social security number)

296  
6/17/03

### RECEIPT OF CMHA EMPLOYEE MANUAL

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I agree that I have the responsibility to read and understand the Manual, including CMHA's policies regarding General Harassment and Sexual Harassment. I understand that this Manual supersedes all other employee manuals.

12 JUL 04  
Date

PAUL A. STYLES  
Employee Name (Print)

POLICE  
Department

Paul Styles  
Signature

**CMHA**

Inter Office Memorandum

# CHANGE OF NAME OR ADDRESS

EMPLOYEE NAME:

Paul A. Styles

SOCIAL SECURITY #:

[REDACTED]

NEW NAME:

(PLEASE ATTACH APPROPRIATE DOCUMENTATION)

NEW ADDRESS:

[REDACTED]

STREET

[REDACTED]  
CITY/STATE/ZIP CODE

TELEPHONE NUMBER:

[REDACTED]

*OPD  
2-27-02*

EMPLOYEE SIGNATURE

Paul A. Styles

CMHA  
FEB 22 2002  
PERSONNEL DEPT



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

CONFLICT OF INTEREST STATEMENT

I have read the attached Conflicts of Interest summary (as extracted from Administrative Order #11.11). I have no financial interests nor have I participated in any such activities; and to the best of my knowledge and belief, same is true of all of my close relatives. (Mark either statement [A] or [B], but not both.)

[A] The foregoing statement is true, without exception. [A] ✓

[B] The foregoing statement is true, except for the situations described in full detail in an accompanying letter. [B] \_\_\_\_\_

I understand that if, at any time hereafter, there is any change in my circumstances which would make the foregoing statement incorrect, I will make a full report describing such change to the Chief of Personnel.

Paul A. Styles                      1/25/93  
EMPLOYEE SIGNATURE                      DATE

PAUL A. STYLES  
EMPLOYEE NAME (PLEASE PRINT OR TYPE)

CMHA  
DEPARTMENT NAME

Please return this form to:

CMHA-Personnel Department  
Attn: Chief of Personnel  
1441 West 25th Street  
Cleveland, Ohio 44113

022691.2

# CMHA

## Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland Ohio 44113  
Phone: 216/348-5000 • Fax 216/696-0636

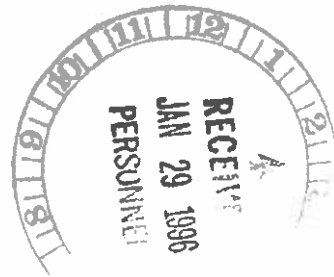
### CHANGE OF ADDRESS FORM

EMPLOYEE NAME: Paul A. STYLES  
SOCIAL SECURITY #: [REDACTED]  
NEW ADDRESS: [REDACTED]  
STREET CITY/STATE/ZIP CODE  
TELEPHONE NUMBER: N/A

FILE COPY

Paul A. Styles  
EMPLOYEE SIGNATURE

1-26-96  
DATE



#### Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman  
Dwayne Browder • Dr. Consuelo Sousa • Robert Townsend  
Claire E. Freeman, Executive Director



*Done 25*

# CMHA

## Cuyahoga Metropolitan Housing Authority

1241 West 25th Street • Cleveland, Ohio 44113  
Phone: 216/348-5000 • Fax: 216/396-2536

FILE COPY

### CHANGE OF ADDRESS FORM

EMPLOYEE NAME: PAUL STYLES  
SOCIAL SECURITY #: [REDACTED]  
NEW ADDRESS: SAME  
STREET CITY/STATE/ZIP CODE  
TELEPHONE NUMBER: [REDACTED]

Paul Styles  
EMPLOYEE SIGNATURE

7-5-95  
DATE

cc: Scherby  
File

Board of Commissioners

John H. Brown, Chairman • Karen Cook, Vice-Chairman  
Dorothy Brown • Dr. Consuelo Sousa • Fred Williams  
Dore E. Freeman, Executive Director



1993 CMHA POLICE DIVISION

PAY OPTION

FILE COPY

NAME Styles Paul 254  
(PRINT) LAST FIRST BADGE #

TODAYS DATE 1/22/93

PURSUANT TO THE OPTIONS AFFORDED ME BY THE AGREEMENT BETWEEN CMHA AND THE OHIO PATROLMEN'S BENEVOLENT ASSOCIATION, I MAKE THE FOLLOWING SELECTIONS FOR 1993.

OVERTIME

OVERTIME PAY Styles 254 COMPENSATORY TIME \_\_\_\_\_

RANGE/COURT TIME

STRAIGHT PAY Styles 254 COMPENSATORY TIME \_\_\_\_\_

SIGNATURE Paul A. Styles #254

cc: Personnel  
Payroll  
O.P.B.A.

FILE COPY

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**

**ACKNOWLEDGMENT FORM**

I acknowledge receipt of the new employee orientation material including the following Cuyahoga Metropolitan Housing Authority Polices:

- Administrative Order 11 (Parts I and II)
- Exempt and Non-Exempt Policy
- Family and Medical Leave Policy
- Sexual Harassment Policy
- Education Assistance Policy

Paul STILES  
Employee Name (Please print)

Paul Stiles  
Employee Signature

4-2-01  
Date

Debra McBar  
Witness Signature

4-2-01  
Date

Original: Personnel File  
Copy: Employee

# CMHA

## Interoffice Memorandum

MAR 02 2001

STANLEY C. MURREY  
DEPUTY CHIEF

DATE: March 2, 2001

CMHA

TO: LENA HAYES  
PAYROLL MANAGER

MAR 02 2001  
PERSONNEL DEPT.

FROM: POLICE DIVISION

Lt. Ronald J. Morenz  
(PRINT: SHIFT SUPERVISOR NAME)

SUBJECT: PAYROLL DISCREPANCIES

RE: Paul A. Styles  
(PRINT: EMPLOYEE'S NAME)

SOC. SEC. # [REDACTED]  
EMPLOYEE'S SOC. SEC. #

\*\*\*\*\*  
THE ABOVE EMPLOYEE, DURING THE PAY PERIOD ENDING: 3-2-01  
DID NOT RECEIVE THE FOLLOWING: He was paid through the end of the pay  
period due to early timecard submission. He called off the remaining 3 days in the pay  
period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
(SUPERVISOR'S SIGNATURE)

A COPY OF THE TIME CARD AND PAY STUB MUST BE ATTACHED.

CC: PAYROLL <sup>2 MAR 02</sup> *forward to payroll + H.R.*

CC: FILES  


Board of Commissioners  
Bracy Lewis, Chairman \* Dwayne Browder, Vice-Chairman  
Louise Harris \* Mae Stewart \* Robert C. Townsend II  
Terri Hamilton Brown, Executive Director



CONFIRMATION REPORT - MEMORY SEND

Time : JAN-25-01 13:44  
Fax number: 2163488236  
Name : CMHA HUMAN RESOURCES

Job : 466  
Date : JAN-25 13:39  
To : 93488239  
Doc. pages : 01  
Start time : JAN-25 13:39  
End time : JAN-25 13:44  
Pages sent : 01

FILE COPY

Job:466 \*\*\* SEND SUCCESSFUL \*\*\*

01/19/01 11:24 FAX 216 361 2382

CMHA POLICE DEPT ... PERSONNEL

10102



CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT

RECEIVED IN THE OFFICE OF  
JAN 19 2001  
STANLEY G. MURPHY  
DEPUTY CHIEF



To: Ronald J. Moranz  
Lieutenant- Third Platoon Watch Commander

From: Paul A. Styles  
Sergeant- Third Platoon

Date: January 18, 2001

Subject: Request to use accumulated time in lieu of sick time

Sir,

I am aware that my sick time balance is at or near zero. As a result, I respectfully request and authorize CMHA to use any and all of my accumulated time, as necessary in lieu of sick time, to cover days or hours that I may take off sick. When I report off sick, I request that the necessary accumulated time be taken in the following order: Sick Time; Personal Days; Annual Time.

This will be in effect for the pay periods ending January 19, 2001

Approved  
*[Signature]*

Respectfully Submitted,  
*Paul A. Styles* (SG)  
Paul A. Styles, Sergeant

30 JAN 01

LT. MORANZ

I faxed this to H.R. for the pay ending 19 JAN 01.  
He will have to submit a report for each pay period.  
that is needed in the future.

*A. Murphy*

Faxed to  
payroll  
1/19/01  
J.S.



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**

RECEIVED IN THE OFFICE OF  
JAN 19 2001  
STANLEY C. MURREY  
DEPUTY CHIEF



To: Ronald J. Morcnz  
Lieutenant- Third Platoon Watch Commander

From: Paul A. Styles  
Sergeant- Third Platoon

Date: January 18, 2001

Subject: Request to use accumulated time in lieu of sick time

Sir,

I am aware that my sick time balance is at or near zero. As a result, I respectfully request and authorize CMHA to use any and all of my accumulated time, as necessary in lieu of sick time, to cover days or hours that I may take off sick. When I report off sick, I request that the necessary accumulated time be taken in the following order: Sick Time; Personal Days; Annual Time.

This will be in effect for the pay periods ending January 19<sup>th</sup> [redacted]

*Approved*  
*[Signature]*

Respectfully Submitted,  
*Paul A. Styles* (56)  
Paul A. Styles, Sergeant

10 JAN 01

*LT. MORCENZ*

*I faxed this to H.R. for the pay ending 19 JAN 01  
He will have to submit a report for each pay period.  
that is needed in the future.*

*S. Murrey*



CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT

2685 East 79th Street \* Cleveland, Ohio 44104  
Phone: (216) 361-3700 \*Fax: (216) 361-3728



**FACSIMILE DOCUMENT TRANSMITTAL COVER**

TO: Human Resources

DATE: 19 JAN 01

FAX #: 348-8236

PAGES: 6 Including this  
cover sheet.

FROM: Police Division

SUBJECT: Leave Donation & Benefit Time usage

**COMMENTS:**

The attached Leave Donation Forms are being forwarded for Processing, along with the attached request from Sgt. Paul Styles #656 to use any available benefit time to cover his injury leave.

**WARNING**

" The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you. "

# CMHA

## Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113  
Phone: 216/348-5000 • Fax: 216/696-0636

**DATE:** MAY 10, 1995  
**TO:** THE PERSONNEL FILE

As of this date, May 10, 11, 12, 1995 (Circle One), I acknowledge receipt of the

**Following Documents:**

1. **Sexual Harassment Policy**
2. **Drug Abuse Policy**
3. Work Place Tips. (Yellow)
4. Tips on What You should Know if injured on the job. (White)
5. Vacation accrual Reminder. (Blue)
6. **Pre Tax Health Benefit Information (Flex Pro)** (Pink)

PAUL STYLES  
Print Name

Paul Styles  
Signature

**Board of Commissioners**

Karen H. Coats, Chairwoman • Dwayne Browder, Vice-Chairman  
Louise Harris • Dr. Consuelo Sousa • Robert C. Townsend II  
Claire E. Freeman, Chief Executive Officer





# EMPLOYEE INFORMATION WORKSHEET

X Employee Number (Social Security Number): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## (1) NAME Name/Address/Position Class/Hire Information/Dept/Emp #

X First name PAUL Middle name ANTHONY Last name STYLES

X Address line 1: \_\_\_\_\_

X Address line 2: \_\_\_\_\_

X City, State: \_\_\_\_\_ X Zip code: \_\_\_\_\_ Pay loc: \_\_\_\_\_

X Home phone numb. \_\_\_\_\_ Unlisted? \_\_\_ Y-Rated? \_\_\_ X CMHA Resident? NO

X Date of birth <u>7/5/63</u>	Work Schedule _____	Position class _____
EEOC function _____	Retirement date _____	
Ethnic group ___ Sex ___	Lve abs date _____	Position cntrl _____
Employee number _____	Lve abs code _____	Salary step _____
Part time % _____	Lve abs rtn date _____	Pay period _____
Current status _____	Accrue/benefits? _____	Department _____
Current hire dt _____	Termination date _____	Vac Accrual date _____
Probation date _____	Termination code _____	Anniversary date _____

## (15) TAX Federal and State Tax Information

State marital status \_\_\_\_\_

State regular allowances \_\_\_\_\_

State itemized deductions \_\_\_\_\_

State of taxation \_\_\_\_\_

State filing status \_\_\_\_\_

Federal marital status \_\_\_\_\_

Federal regular allowances \_\_\_\_\_

Actual marital status \_\_\_\_\_

# CUYAHOGA METROPOLITAN HOUSING AUTHORITY



Board of Commissioners  
 Louise Harris, Chairwoman  
 Karen Coats, Vice-Chairwoman  
 Dwayne Browder  
 Dr. Consuela Sousa  
 Robert Townsend, II  
 Claire E. Freeman, Executive Director

1441 West 25th Street Cleveland, Ohio 44113 216-348-5000

**EMPLOYEE PERSONAL DATA PROFILE (PLEASE PRINT CLEARLY)**

NAME STYLES PAUL A RACE B MALE  FEMALE   
Last First Mi  
 ADDRESS [REDACTED] PHONE [REDACTED] WORK # 3  
 SOC. SEC. NO. [REDACTED] DATE OF BIRTH 7/5/63

**FAMILY DATA**

MARITAL STATUS S MAIDEN NAME \_\_\_\_\_  
 NUMBER OF DEPENDENTS 1

	FULL NAME OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	SOC. SEC. NO.
1.	PAUL ANTHONY STYLES JR	SON	7/2/92	296-64-70
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**EMERGENCY CONTACT INFORMATION**

NAME THELMA WILSON RELATION MOTHER  
 ADDRESS [REDACTED]  
 PHONE NUMBER [REDACTED]  
 ARE YOU A CMHA RESIDENT?  YES  NO

# Certificate of Attendance

This certificate states that the employee signed below has attended and received training on the following topics:

- Updated Administrative Order #11: Personnel Policies and Procedures Manual (including the Education Assistance, Outside Employment, Leave of Absence, Drug and Alcohol, Absence Abuse, and Court Leave/Jury Duty Policy Updates)
- Conflict of Interest Policy
- Reasonable Accommodations Processes
- Performance Management System
- Injury/Incident Reporting

In attending this training, the employee agrees that this session, and the associated manual, is intended to be informative and explain policies, procedures, and benefits that effect his/her employment.

PAULA STYLES

Print Name

Paul A. Styles

Employee Signature

10-11-16

Training Date (M/DD/YR)

7073

Last 4 SSN

# Gans, Gans & Associates Certificate of Training Completion

is hereby granted to:

PAUL A. STYLES

(Print Name)

to certify satisfactory completion of

CMHA Harassment-Free Workplace Training

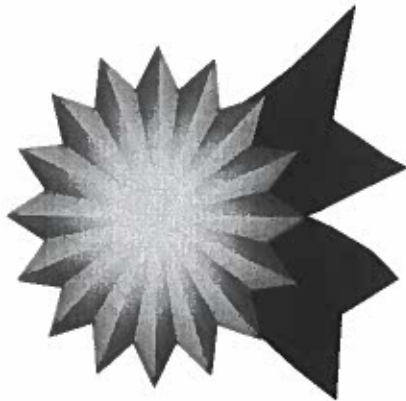
Paul A. Styles 02/07/07

Signature Paul A. Styles / 10105 Date

Police

Department

Last 4 digits of SS#



CERTIFICATE OF

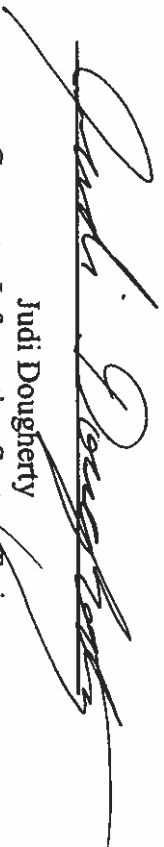
# Completion

The undersigned has successfully completed

*Word Advanced Training*

March 16, 2006

# Paul Styles



Judi Dougherty

Computer Information System Trainer

Certified By Microsoft

Master Instructor, Microsoft Office User Specialist

# CWHA

CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

CERTIFICATE OF

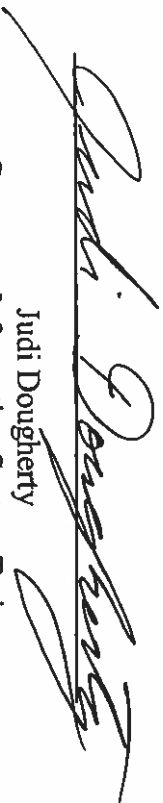
# Completion

The undersigned has successfully completed

*Excel Intermediate Training*

March 9, 2006

*Excel Styles*



Judi Dougherty  
Computer Information System Trainer  
Certified By Microsoft  
Master Instructor, Microsoft Office User Specialist

**CWHA**  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY



CERTIFICATE OF

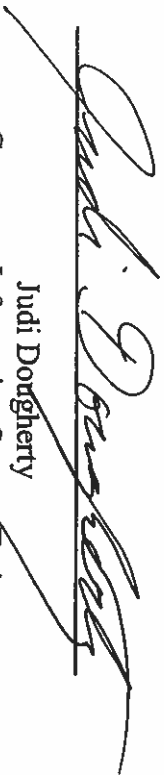
# Completion

The undersigned has successfully completed

*Word Intermediate Training*

March 9, 2006

*Paul Styles*



Judi Dougherty

Computer Information System Trainer

Certified By Microsoft

Master Instructor, Microsoft Office User Specialist

**CWHA**  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

CERTIFICATE OF

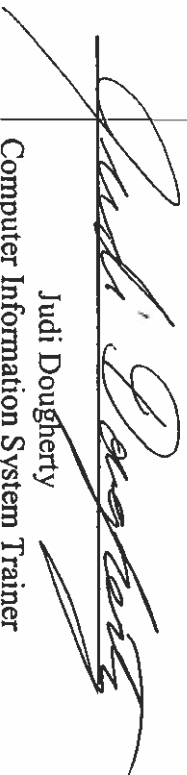
# Completion

The undersigned has successfully completed

*Word Basic Training*

February 9, 2006

# Paul Styles



Judi Dougherty

Computer Information System Trainer

Certified By Microsoft

Master Instructor, Microsoft Office User Specialist

# CMIHA

CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

CERTIFICATE OF

# Completion

The undersigned has successfully completed

*Excel Basic Training*

February 9, 2006

# Paul Styles



Judi Dougherty

Computer Information System Trainer

Certified By Microsoft

Master Instructor, Microsoft Office User Specialist

# CMIHA

CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

# City of Cleveland

## Police



## Academy

*To all who shall see these presents, greeting:*

*This is to certify that*

S.P.O. PAUL STYLES

**HAS COMPLETED A COURSE OF INSTRUCTION IN**

**HUMAN RELATIONS TRAINING PROGRAM**

*George B. Smith*

COMMANDING OFFICER

*P.O. James J. Kulevskii*

COURSE COORDINATOR

February 16 - 18, 1993

DATE

**LAY-OFF CHECK LIST**

- \_\_\_\_\_ LAY-OFF LETTER
- \_\_\_\_\_ EMPLOYEE COPY OF PTF
- \_\_\_\_\_ CLEARANCE FOR SEPARATION FORM
- \_\_\_\_\_ PERS REFUND APPLICATION
- \_\_\_\_\_ COBRA PACKET
- \_\_\_\_\_ UNEMPLOYMENT SUMMARY

I Paul Styles, have received all of the above materials.

Paul Styles  
Signature

3-28-76  
Date

RECEIPT

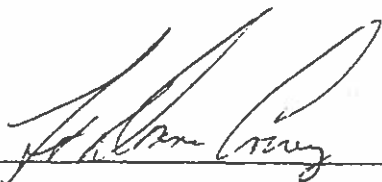
Cuyahoga Metropolitan Housing Authority Police

Received 28 Day Of MARCH 19 96 From PAUL Styles

X= RECEIVED

- 1). BREAST BADGE (X)
- 2). HAT BADGE (X)
- 3). PHOTO IDENTIFICATION (X)
- 4). SWIPE CARD (X)
- 5). DOOR KEY # 215 (X)
- 6). RADIO CASE (X)
- 7). NIGHT STICK (X)

3 / 28 / 96  
Date

  
Signature Of Receiptient

O.k.

**Styles, Paul attendance record for 2014** LOAD USER'S MATRIX

(click a cell in the **Key:** Code Used Payday Past Sick Event AWOL Unexcused No punch in grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	H			X	X	H					X	X						X	X						X	X					
Feb	X	X			V 1.0		X	X							X	X						X	X								
Mar	X	X					X	X		V	V	V	V	V	X	X						X	X						X	X	
Apr		V 8.0	V 8.0	V 8.0	X	X				F 8.0	F 8.0	X	X	F 8.0	F 8.0	F 8.0			X	X						X	X				
May			X	X						X	X						X	X						X	X						
Jun	X						X	X						X	X						X	X						X	X		
Jul					X	X						X	X						X	X						X	X				
Aug		X	X			V	V	X		X	V					X	X					X	X							X	X
Sep						X	X	N	N	N	N	X	X								X	X						X	X	N 3.0	
Oct				X	X						X	X	N	N	N	N	N	X	X						X	X					
Nov	X	X					X	X							X	X	N	N	N	N	N	N	X	X		V			X	X	
Dec						X	X					X	X							X	X						X	X			

Total Attendance Points during 2014: 0

Current Attendance Points: 0

Current Attendance Point Status: Safe

Current Sick Abuse Events: 0

Current Event Status: Safe

Abuse Points Calculated Range: N/A

Date	Comment
1/7/2014	HR Training
2/5/2014	Approved by 640
4/2/2014	Approved by 640
9/8/2014	PELC Week one
9/29/2014	VCA Training 0700-1000
10/13/2014	PELC Week 2
11/17/2014	PELC

12/9/2015

EAR Reports

**Styles, Paul attendance record for 2015** **LOAD USER'S MATRIX**

(click a cell in the **Key:** Code Used Payday Current Sick Event Past Sick Event Time AWOL LWOP Unexcused No punch in 40 punch out grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan			X	X						X	X						X	X					X	X								X
Feb	X						X	X				V 8.0	V 8.0	X	X						X	X						X	X			
Mar	X						X	X						X	X						X	X						X	X			
Apr				X	X					X	X							X	X					X	X							
May	X	X							X	X						X	X						X	X						X	X	
Jun					X	X							X	X				V	V	X	X	V					X	X				
Jul			X	X						X	X							X	X					X	X							
Aug	X	X						X	X				V 3.0 S	P 8.0	X	X						X	X						X	X		
Sep					X	X				V 3.0	P	X	X						X	X					X	X						
Oct		X	X							X	X						X	X	N				X	X							X	
Nov	X						X	X					V 8.0	X	X	P 8.0	V 8.0	V 8.0			X	X				H	H	X	X			
Dec		V 8.0	V 8.0	X	X	V 8.0						X	X						X	X					X	X						

Attendance Point Information	
Current Attendance Points:	0
Current Attendance Point Status:	Safe

Sick Abuse Event Information	
Current Sick Abuse Events:	0
Current Event Status:	Safe
Abuse Points Calculated Range:	N/A

Comments		Total Comments: 5
Date	Comment	
2/12/2015	Approved TB603	
6/18/2015	Approved TB603	
8/13/2015	Approved by 603	
8/14/2015	Approved by 603	
10/19/2015	Range 0900-1700	



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
 Office of Safety Management  
 5715 Woodland Ave.  
 Cleveland, Ohio 44104  
 Vox: 426-7765 Fax: 426-7766

**DATE:** October 1, 2002 X-02-0109  
**TO:** Stanley Murray  
 Police Department  
**ATTN:** Sgt. Paul Styles  
**FROM:** Anthony Jackson, Chief  
 Division of Police and Security  
 Robert L. Kucera  
 Chief Safety Officer *[Signature]*  
**SUBJECT:** Motor Vehicle Accident Determination

FILE COPY

Based on the facts presented concerning the motor vehicle accident involving Sgt. Paul Styles which occurred on September 17, 2002, the following determination has been made:

**THIS MOTOR VEHICLE ACCIDENT WAS DETERMINED TO BE PREVENTABLE.**

Per the CMHA Vehicle Operations Manual and Administrative Order 11.14, the above named individual is placed on a probationary driving status for 12 months from the date of the accident. Further Preventable motor vehicle accidents during this probationary driving period may result in the suspension or revocation of their privilege to operate CMHA vehicles.

<input type="checkbox"/>	First Preventable Motor Vehicle Accident - 12 month probationary period.
<input checked="" type="checkbox"/>	Second Preventable Motor Vehicle Accident within the 12 month probationary Period: 30 days temporary suspension of Vehicle Operator's Permit and an additional 12 month probationary period. You may not operate an CMHA vehicle or privately owned vehicle on CMHA business during this suspension period.
<input type="checkbox"/>	Third Preventable Motor Vehicle Accident within the 24 month probationary Period: permanent suspension of Vehicle Operators Permit. You may not operate any CMHA vehicle or privately owned vehicle on CMHA business.

IF THIS BOX IS CHECKED, THE ACCIDENT REPORTING PROCEDURES AS OUTLINED IN THE VEHICLE OPERATIONS MANUAL WERE NOT FOLLOWED, CONSEQUENTLY, SAFETY MANAGEMENT HAS NO ALTERNATIVE THAN TO CONSIDER THIS ACCIDENT PREVENTABLE.

If you wish to appeal this determination, you may do so through the Personnel or Legal Departments.  
**ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledgment receipt of this determination.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REIMBURSEMENT AGREEMENT**

I, \_\_\_\_\_, agree to reimburse CMHA \$125.00 or the cost of repair, whichever is less, for damages incurred in this accident. Repayment will be made through Cash Payment (Checks made out to CMHA Accounts Payable) or Payroll Deduction (Minimum of \$25.00 per pay, to be paid within 6 months of accident). I select the following means of payment:

Cash Payment or  Payroll Deduction ay \$ \_\_\_\_\_ per pay.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

CMHA

Area Manager 10/4/2002

PERSONNEL DEPT.

CC: Transportation Dep't.      Personnel/Legal Dep't.      Risk Management      Area Manager

**SUPERVISOR MUST RETURN A SIGNED COPY OF THIS DOCUMENT TO SAFETY MANAGEMENT WITHIN 5 DAYS OF RECEIPT.**





NAME STYLES PAUL DEPARTMENT POLICE  
 LAST FIRST MIDDLE  
 DATE OF BIRTH 7-5-63 DATE OF HIRE 1/5/93  
 SOCIAL SECURITY NUMBER [REDACTED] SICK DAYS DUE \_\_\_\_\_  
 BADGE NUMBER 856  
 VACATION TIME DUE \_\_\_\_\_

### EMPLOYEE ATTENDANCE RECORD

	ABSENCE SUMMARY																																																						
	A	B	C	D	E	F	M	O	P	S	W	S																					YEARLY TOTALS																						
JAN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																								
FEB																																																							
MAR																																																							
APR																																																							
MAY																																																							
JUN																																																							
JUL																																																							
AUG																																																							
SEP																																																							
OCT																																																							
NOV																																																							
DEC																																																							

Printed in U.S.A.







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

**PERSONAL HISTORY RECORD**

All sections of this Form must be completed in full including the certification by your payroll officer and the affidavit. All statements are to be made under oath and may require substantiating proof. Proof of date of birth will be required to obtain retirement and other benefits. Be accurate when entering your Social Security number; copy it from your card. All signatures must be in ink; other entries may be typewritten or printed clearly. A refund of accumulated contributions, retirement allowances, disability benefits, or survivor benefits may only be paid if this Form is properly completed.

**SECTION I PERSONAL INFORMATION**

Full Name STYLES PAUL ANTHONY  
Last First Middle

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Sex M Date of Birth 7/5/63 Place of Birth JAMAICA Marital Status:  Single  Married  Widowed  Divorced  Separated  
Month/Date/Year Town and State or Foreign Country

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

	NAME	DATE OF BIRTH		
		Month	Date	Year
Spouse				
Children	1. PAUL ANTHONY STYLES JR.	7	2	92
	2.			
	3.			
	4.			
	5.			
Father	RENFORD STYLES			
Mother	THELMA WILSON			

**SECTION II SERVICE INFORMATION**

1. Give date of first service as an employee in any public employment in Ohio \_\_\_\_\_

2. Have you been a member of any of the following retirement systems?

a) Ohio Police & Firemen's Disability and Pension Fund (PFDPF)  yes  no

b) Cincinnati Retirement System (CRS)  yes  no

c) State Highway Patrol Retirement (HPRS)  yes  no

d) School Employees Retirement System (SERS)  yes  no

e) State Teachers Retirement System (STRS)  yes  no

*If you answered "yes" to any of the above, provide the following information for each system marked:*

Membership date(s) from \_\_\_\_\_ to \_\_\_\_\_ System(s) \_\_\_\_\_

Retired?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

Refunded Account?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

3. Are you presently or have you been receiving disability retirement benefits from any state or municipal retirement system in Ohio?  yes  no

If "yes", which system? \_\_\_\_\_

Social Security Number
DO NOT WRITE IN THE FOLLOWING SPACES FOR PERS OFFICE USE ONLY
Previous PERS Number
Employer Code
Received for Record Date Stamp



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

**PERSONAL HISTORY RECORD**

All sections of this Form must be completed in full including the certification by your payroll officer and the affidavit. All statements are to be made under oath and may require substantiating proof. Proof of date of birth will be required to obtain retirement and other benefits. Be accurate when entering your Social Security number; copy it from your card. All signatures must be in ink; other entries may be typewritten or printed clearly. A refund of accumulated contributions, retirement allowances, disability benefits, or survivor benefits may only be paid if this Form is properly completed.

**SECTION I PERSONAL INFORMATION**

Full Name STYLE PAUL ANTHONY  
Last First Middle

Home Address \_\_\_\_\_  
Street City State Zip

Sex m Date of Birth 7/5/63 Place of Birth JAMAICA Marital Status:  Single  Widowed  
Month/Date/Year Town and State or Foreign Country  Married  Divorced  
 Separated

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

	NAME	DATE OF BIRTH		
		Month	Date	Year
Spouse				
Children	1. <u>PAUL ANTHONY STYLES JR</u>	<u>7</u>	<u>2</u>	<u>92</u>
	2.			
	3.			
	4.			
	5.			
Father	<u>RENFORD STYLES</u>			
Mother	<u>TREMA WILSON</u>	<u>11</u>	<u>11</u>	<u>45</u>

\_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Previous PERS Number \_\_\_\_\_

Employer Code \_\_\_\_\_

Received for Record Date Stamp \_\_\_\_\_

**SECTION II SERVICE INFORMATION**

1. Give date of first service as an employee in any public employment in Ohio \_\_\_\_\_

2. Have you been a member of any of the following retirement systems?

a) Ohio Police & Firemen's Disability and Pension Fund (PFDPF)  yes  no

b) Cincinnati Retirement System (CRS)  yes  no

c) State Highway Patrol Retirement (HPRS)  yes  no

d) School Employees Retirement System (SERS)  yes  no

e) State Teachers Retirement System (STRS)  yes  no

If you answered "yes" to any of the above, provide the following information for each system marked:

Membership date(s) from \_\_\_\_\_ to \_\_\_\_\_ System(s) \_\_\_\_\_

Retired?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

Refunded Account?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

3. Are you presently or have you been receiving disability retirement benefits from any state or municipal retirement system in Ohio?  yes  no

## CAD Narrative

PSM 2000 Plus! LEIS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / CAD Narrative - Williams #007, Roxsann - 04/01/2000

Case Report 2000-1578

- Person
  - Arrested Person
    - Conway, John - B
    - Glass, David - B
- Property
  - Evidence
    - 1 bag suspected m
    - 3 bags of suspecte
- Vehicle
- Offense
  - Possession of Drugs
- Relationship Matrix
- Related Reports
- Photos
- Narrative
  - CAD Narrative - Willam
  - Narrative - Hopkins #8

Narrative

Type: CAD Narrative      Status: Reviewed

Author: Williams #007, Roxsann      Date: 04/01/2000

Reviewed By: Burton #634, Tom      Review Date: 04/01/2000

Narrative

04/01/2000 19:13:02 Williams #007, Roxsann  
 Taylor, Annelitia A / 051377 [REDACTED] "clears"  
 04/01/2000 19:25:33 White #008, Gloria  
 Conway, John Dob/081084 "cls through Jdc" Cmha Arrested for Drug Abuse Marijuana  
 Mother, Michelle Conway  
 Johnson, Marcus Dob/041083 "Cls through Jdc" Cmha Arrested for Drug Abuse Marijuana  
 Mother, Sherill Johnson  
 4401/32685 to H.Q.  
 5500/40599 to H.Q. 19:19

Spell Check

## Report Narrative

PSM 2000 Plus! LEIS - C.M.H.A. Police Department / Case Report 2000-1578

C.M.H.A. Police Department / Narrative - Hopkins #88, Ronald - 04/01/2000

Case Report 2000-1578

- Person
  - Arrested Person
    - Conway, John - B
    - Glass, David - B
- Property
  - Evidence
    - 1 bag suspected m
    - 3 bags of suspecte
- Vehicle
- Offense
  - Possession of Drugs
- Relationship Matrix
- Related Reports
- Photos
- Narrative
  - CAD Narrative - Willam
  - Narrative - Hopkins #8

Narrative

Type: Narrative      Status: Reviewed

Author: Hopkins #88, Ronald      Date: 04/01/2000

Reviewed By: Burton #634, Tom      Review Date: 04/01/2000

Narrative

Sa,

On April 1, 2000 while assigned to the SWAT Unit 5500, in the company of PO Stringfellow #71, and assisting TAC Unit 4401 PO Kleinhenz #08 in the company of PO Kold #70, we had the occasion to arrest John Conway Jr. 8/M/15 and David Glass 8/M/16 for Drug Abuse Marijuana. The following are the facts related to the arrests.

At 1910 on a C2 check at Belleair Gardens drug activity area of 4235 W 123rd smelled a strong odor of marijuana. The parties that were in the area, were one Black female identified as Annelitia A. Taylor, and two black males identified as John Conway Jr. and David Glass. John Conway has been arrested numerous times by this unit for drug offenses, a routine wants and warrants check was requested, and all parties cleared. The two juveniles were patted down for officer safety. David Glass had in his right front pants pocket a small bag later found to be one bag of marijuana, and John Conway also had two bags of marijuana in his right front coat pocket. Taylor Annelitia was not patted down because we did not have a female officer with us, she was advised to leave the area and warned and sent.

Radio was advised of the arrest and both juveniles were transported to CHHAPD for booking. Unit 5500 transported David Glass and Unit 4401 transported John Conway. At 1935 hrs. we arrived at Police headquarters; John Conway's father was notified at phone #941-4349, Mr. John Conway, of 13101 St James Avenue arrived for pick up.

John Conway was released to father at headquarters. David Glass was transported to 2600 Loop Drive #203 and released to his mother Chanel Glass. The evidence was turned over to Sgt. Smith #630 for processing. Charges to be filed by the Juvenile Officer, Detective Brian Salomone.

Spell Check

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CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



TO: John Law, Lieutenant #621, Watch Commander  
3<sup>rd</sup> Platoon

FROM: Sam Sneed, Sergeant #699, 3<sup>rd</sup> Platoon supervisor

PAGE	SUBJECT	DATE
1 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

[Part 1-INTRODUCTION]

On 01JAN03 at 0200 hrs., while assigned to car 555 supervising 3<sup>rd</sup> platoon sector 1 personnel, I received this assignment via land line from (Sergeant Joe Dokes of the Complaint Investigation Unit)

[Part 2-SYNOPSIS]

The assignment alleged that Sgt. Dokes' reliable informant advised him that one of the patrol officers assigned to the 3<sup>rd</sup> platoon was intoxicated and asleep in a zone car in the rear of 1441 W. 25<sup>th</sup> Street.

[Part 3-INVESTIGATION]

I arrived at the location at 0215 hours and observed zone car 299A parked in the rear of 1441 W. 25<sup>th</sup> Street at the extreme southern part of the lot. Being that the area was dimly lit, I was unable to see any occupant in the zone car from my vehicle. I exited and approached zone car 299A finding P.O. Majors apparently asleep slumped in the driver's seat. I observed an open partially empty 40 oz. bottle of Iron City Beer between P.O. Majors legs. In the passenger seat I observed a full, unopened 40 oz. bottle of Iron City beer. I opened the passenger door of the zone car, removed the two bottles of beer, then attempted to wake P.O. Majors. After three tries P.O. Majors awoke and was ordered out of the vehicle. P.O. Majors eyes were dilated, speech slurred and staggered as he walked.

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PAGE	SUBJECT	DATE
2 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

He surrendered his weapon and cigarettes to me, then got into my vehicle as ordered. I advised RCC to send car 399 to assist me and requested the Watch Commander be notified to call me on the Departmental cell phone assigned to me.

P.O. John Smith #2 and P.O. Jane Doe #3 on car 399 arrived at 0235 hrs. I instructed them to inventory car 299A for unauthorized property and damage then drive it back to HQ. I also advised them to remove P.O. Majors personal property and secure it at HQ.

After conferring with Lt. Law by cell phone, I conveyed P.O. Majors to St. Vincent Charity Hospital (SVCH), arriving at 0240 hrs. At my instruction Mary Jones, R.N. administered a B.A.T. and urinalysis to P.O. Majors at 0255 hrs. The B.A.T. results were .20%. Urinalysis results pending. I conferred with Lt. Law via land line at SVCH and advised him of the B.A.T. results. He ordered that I convey P.O. Majors back to HQ for a conference with him.

Upon arrival at HQ at 0330 hrs., I attended the conference with Lt. Law and P.O. Majors. Lt. Law then ordered that P.O. Majors be relieved from duty pursuant to G.P.O. 01-001, Emergency Relief from Duty at 0350 hrs. Lt. Law then conferred with John Wayne, Patrol Commander, who set a Hearing date of 04JAN03 at 0900 hrs., in his office. P.O. Majors was verbally notified of the Hearing date and time. At the order of Lt. Law I conveyed P.O. Majors to his place of residence. P.O. Majors' personal vehicle was secured at HQ.

I placed the two 40 oz. bottles of beer confiscated into evidence as per procedures. I turned over the CMHA P.D. Glock Model 21 bearing serial #111111, assigned to P.O. Majors, to Lt. Law in HQ at 0345 hrs.

[Part 4-SUMMARY]

This investigation determined that P.O. Majors was intoxicated while armed and on duty thereby creating a hazardous condition endangering himself and others.

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PAGE	SUBJECT	DATE
3 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

[Part 5-CONCLUSION]

As a result, P.O. Majors was in violation the Manual of Rules and Regulations and Policy and Procedures of the Department as well as the Administrative Orders of CMHA. I respectfully request preference of the following Departmental Charges against P.O. Majors:

*RULE: The 1<sup>st</sup> rule violation listed would not be necessarily the most important violation, but the one that actually defines the particular primary violation. In this case, for example, it might be:*

*RULE: 1.2.1.04-Drink alcoholic beverages while on duty or in uniform.*

*SPECIFICATION: On 01JAN03 at 0215 hrs., while in the rear parking lot at 1441 W. 25<sup>th</sup>, in zone car 299A, was intoxicated and sleeping while on duty.*

*RULE: Now you would list the appropriate supporting charges in numerical order, for example: 1.1.2 Gross neglect of duty; 1.1.5 Failure to obey...; 1.1.6 Conduct unbecoming...; 1.1.8 Any other reasonable...; 1.1.9 This section incorporates...; etc.*

*NOTE: Once all of the Police Department Rules, Regulations, Policy and Procedure violations have been listed, then list the A.O. 11 violations. Usually A.O. 11.10.03 (violate any CMHA rules) will cover most of the situations encountered.*

*NOTE: When completing the "specification" section for each Rule violation, in most cases it is permissible to use the phrase, "as stated in above specification". However, if the next Rule violation you cite is not explained or related to the preceding specification, you will need a new explanation in the specifications. For Example: if you cite Rule 1.1.2, you need to explain how his action caused him to grossly neglect his duty.*

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PAGE	SUBJECT	DATE
4 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

You may state, *while P.O. Majors was intoxicated and asleep on duty and in his vehicle, he grossly neglected his sworn duties to protect the lives of CMHA residents and its property. He elected to be intoxicated thereby rendering him incapable of making life and death decisions.*

When citing the Rule about sleeping on duty you may state, *while P.O. Majors was asleep on duty and in his vehicle, he was incapable of responding timely to any threat or immediate necessary action that police officers encounter constantly.*

In another Rule or Policy you may show that what the officer did not only endangered the officer, but the residents, the public in general and police officers.

The above format continues until all charges are listed and specified. In this situation you would also need to address the violation of law. For example:

*Further, it appears that P.O. Majors may be in violation of ORC2923.15-Using weapons while intoxicated. I request that the Internal Affairs Unit investigate the possible violation of law. Lt. Law was notified of this request.*

**NOTE:** It is important that when you request another unit to investigate or perform some act, they must be notified. Usually, for example, in a LERS report you would send a copy of that report to the Detective Bureau O.I.C. when you're requesting the detectives to follow-up on the initial incident. Otherwise the report remains dormant without any follow-up. The same holds true for an investigation when you request follow-up.

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PAGE	SUBJECT	DATE
5 of 5	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

[Part 6-ATTACHMENTS]

Attachments:

- 1-CMHAPD94-001 Dated 01JAN03 from P.O. Smith #2
- 2-CMHAPD94-001 Dated 01JAN03 from P.O. Doe #3
- 3-CMHAPD94-016 Notification of urine test dated 01JAN03

Respectfully,

Sam Sneed, Sergeant

**DISCUSSION QUESTION:**

Are there points that would be important to this investigation that were left out? If so, what would they be?

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**\*\*\*FOR TRAINING USE ONLY\*\*\***

PAGE	SUBJECT	DATE
1 of 1	Assignment from the Complaint Investigation Unit: Regarding activities of P.O. Lee Majors #1	01JAN03

**DISCUSSION QUESTION:** [For supervisors' investigation]

I purposely left out some points that would be important to this investigation. What would they be?

1. "and request for preference of Departmental Charges" in subject box.
2. Was the officer interviewed? If not, explain why.
3. During the officer's interview, one of the 1<sup>st</sup> questions would be is he a diabetic.
4. Was there an odor of alcohol on his breath?
5. Were there any other persons on the scene?
6. If so, did you interview them? If not, explain why.
7. Did you contact the CIU OIC to advise what happened and if there was anymore information regarding the incident and obtain an investigation number?
8. What about ammunition, badge and identification swipe card. Were they also confiscated? If not explain why?
9. A report from members of car 399 as to what they did and observed while involved in the assignment.





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CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



TO: Sam Sneed, Sergeant #699, 3<sup>rd</sup> Platoon supervisor

FROM: John Smith, Patrol Officer #2

PAGE	SUBJECT	DATE
1 of 2	Activities in c/w assignment at 1441 W. 25 <sup>th</sup>	01JAN03

[Part 1-INTRODUCTION]

On 01JAN03 at 0400 hrs., I was ordered by Sgt. Sam Sneed to make a report on activities regarding an assignment handled at 1441 W. 25<sup>th</sup> St.

[Part 2-SYNOPSIS]

On 01JAN03 at 0225 hrs., while assigned to car 399, in company with P.O. Jane Doe #3, we received an assignment from RCC to assist car 699 in the rear of 1441 W. 25<sup>th</sup>. Upon arrival at 0235 hrs., we conferred with Sgt. Sam Sneed, who instructed us to record our observations, inventory car 299A for unauthorized property and damage then drive it back to HQ. Further, we were instructed to remove P.O. Majors personal property and secure it at HQ.

[Part 3-INVESTIGATION]

We inventoried car 299A on the scene, with the following results:

**Contraband seized-**

- 1) Three (3) 40oz. bottles of Iron City beer on the floor of the rear seat area behind the driver under a bullet proof vest;
- 2) Two (2) marijuana cigarettes (roaches) in the front ashtray; and,
- 3) One (1) case of 24, 12 oz. bottle of Iron City beer in the trunk.

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PAGE	SUBJECT	DATE
2 of 2	Activities in c/w assignment at 1441 W. 25 <sup>th</sup>	01JAN03

**Personal property removed for safe keeping-**

- 1) One(1) Armour Brand bullet proof vest bearing serial # 2222222 on the front panel and #2222223 on the rear panel. An identification tag on the inside front panel contained P.O. Majors' name and badge number. This was located on the floor in the rear seat compartment behind the driver.
- 2) One(1) brown 1'x 2' brief case (no brand name or serial number) found in the trunk. It only contained miscellaneous departmental forms. The identification card contained P.O. Majors' name.

Upon inventory, I did not view any interior or exterior damage to Car 299A. It was driven back to HQ by P.O. Doe #3 and secured in the police lot at 0345 hrs. P.O. Majors' personal vehicle, is a 1999 Ford Explorer, blue in color, bearing Ohio License #LM 1. I observed his vehicle was locked and secured in the HQ Police Lot.

The contraband and P.O. Majors' personal property was conveyed by us to HQ. There the contraband was tagged and entered into the property book and placed into the evidence safe by P.O. Doe #3. I secured P.O. Majors' personal property into his personal locker.

**[Part 4-SUMMARY]**

Upon completion of this assignment at 0430 hrs., we reported to Sgt. Sneed for further instructions. He advised us to return to our regularly assigned duties. RCC notified at 0435 hrs.

**[Part 5-CONCLUSION]**

If applicable

**[Part 6-ATTACHMENTS]**

If applicable

Respectfully,

John Smith, P.O.

**DISCUSSION QUESTION:**

Are there points that you would want the officer to put in, or that should be in the report? If so, what would they be?

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**DISCUSSION QUESTION:** [For subordinates' report]

Are there points that you would want the officer to put in, or should be in the report? If so, what would they be?

1. Was there an odor of alcohol and/or marijuana in car 299A?
2. The report from members of car 399 did not contain what they observed while involved in the assignment, in relation to seeing P.O. Majors on scene.
3. "I secured P.O. Majors' personal property into his personal locker." Is there a problem with that?

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**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Gregory Drew, Police Officer #04 – SWAT

**FROM:** Melvin I. Guinn, Sergeant #624 – SWAT OIC

PAGE <b>1 of 1</b>	SUBJECT <b>Step One Grievance Response</b>	DATE <b>04AUG04</b>
-----------------------	-----------------------------------------------	------------------------

On 28JUL04 I convened a Step One grievance hearing with you regarding a Written Reprimand that you were issued on 20JUL04. The reprimand resulted from Departmental Charges that Sgt. Paul J. Shaughnessy #654 forwarded against you for an incident regarding improper procedures during a prisoner transport on 13MAR04. You stated that you wished to have the reprimand removed from your file because PO Eric Rives #86 was the senior officer and was operating the vehicle, you already received a shift counseling from Sgt. Shaughnessy on 13MAR04, and you were never given a Pre-disciplinary hearing.

This grievance cannot be resolved at this level.

\_\_\_\_\_  
 Melvin I. Guinn, Sergeant

I have received a copy of this Step One Grievance.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



**TO:** Eric Rives, Police Officer #86 – Third Platoon

**FROM:** Thomas Imes, Lieutenant #628 - Third Platoon Watch Commander

PAGE 1 of 2	SUBJECT <b>Step One Grievance</b>	DATE <b>04AUG04</b>
----------------	--------------------------------------	------------------------

On 31JUL04 I conducted a Step One grievance hearing with you regarding a Written Reprimand that you received on 20JUL04 as a result of Departmental Charges that were levied against you by Sgt. Paul J. Shaughnessy #654 (ref X04-023). You stated that you wished to have the reprimand dismissed and removed from your file based on the following grounds:

1. You received a verbal shift counseling for the infraction on 13MAR04
2. You were verbally threatened, harassed, and intimidated on the same date
3. On 16MAR04 Sgt. Shaughnessy ordered you to write a report regarding the incident after he became aware that you forwarded a written complaint against him (ref X04-022) and the Written Reprimand was retaliation against you.
4. The offense was your first and a Written Reprimand was not progressive discipline based on Rules and Regulations (**RR**) Section 11.1.5.02B.
5. The Written Reprimand that you received was not the preferred method of discipline under **RR** 11.1.7.01
6. The violation was a minor infraction and did not fall under **RR** 11.1.3.01

It was your contention that the verbal shift counseling that you stated received on 13MAR04 and the Written Reprimand that you received on 20JUL04 constituted “double discipline” for the same infraction.

Upon my review, this grievance cannot be resolved at this level.

Attachments to this report:

- CMHA PD 94-001 report from PO Eric Rives #86 dated 28JUL04
- CMHA PD Manual of Rules and Regulation Section 11.1.3.01; 11.1.5.02B
- CMHA PD Manual of Rules and Regulation Section 11.1.7.01

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Thomas Imes, Lieutenant

PAGE <b>2 of 2</b>	SUBJECT <b>Step One Grievance</b>	DATE <b>04AUG04</b>
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I have received a copy of this Step One Grievance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

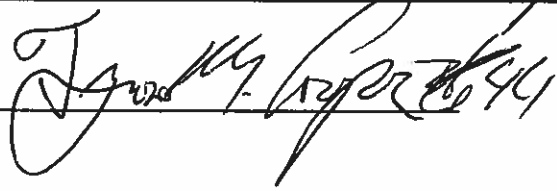


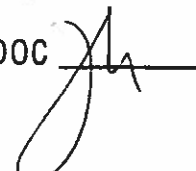
**TRAINING DOCUMENTATION**  
**Notification Protocols**

**This is to certify that I have received a copy of and training on the following topic:**

CMHA Police Department Manual of Rules and Regulations ref: Notification Protocols

SUPPLEMENTAL TRAINING ACKNOWLEDGEMENT		
NAME/BADGE #	SIGNATURE	DATE
Paul A. Styles	SGT. Paul A. Styles	03 May 05

Supervisor Issuing: 

MAY 03 2005  
COMDOC 

The CMHA Police Department is a nationally accredited agency as a result of demonstrating professional excellence through a national law enforcement credentialing program by the Commission on Accreditation for Law Enforcement Agencies. Accreditation is a coveted award that symbolizes professionalism, excellence, and competence. The accreditation award proves that the agency is committed to maintaining compliance with a broad-based set of internationally accepted professional standards that provide a proven management system of written directives, sound training, clearly defined lines of authority and routine reports that support decision making and resource allocation for the agency. The CMHA Police Department maintains a state of the art Radio Communications Control that is equipped with the latest innovation in communications technology. This allows for quick, efficient dissemination of up to date information to Command Staff and Outside Agencies as needed. Field Supervisors are connected with the RCC via cellular telephone as well as radio to allow them to provide RCC with first hand information for quick dissemination. All Command Staff members are issued Cellular telephone, Alpha-numeric pagers, and other wireless communications devices that allow them to receive information regardless of their locations. Field Supervisors are trained and provided with guidelines to assist them in determining when Command Staff members need to be notified of specific events and provided with information. This allows them to make decisions at the Command level on issues that require immediate attention.



Academy / Accreditation  
Training Manual  
Ref: Accreditation Chapter 33



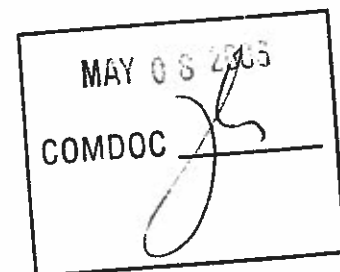
**TRAINING DOCUMENTATION**  
Supplemental Training

This is to certify that I have received a copy of and training on the following topic:

Departmental Notice #04-043 ref:  
Procedures for Filing Charges with the City of Cleveland Prosecutor's Office

SUPPLEMENTAL TRAINING ACKNOWLEDGEMENT		
NAME/BADGE #	SIGNATURE	DATE
Sgt. Paul Styles #656	<i>Sgt. Styles #656</i>	02SEP04

Supervisor Issuing: *[Signature]*



<b>PAGE</b> 1 of 1	<b>SUBJECT</b> Supplemental Training- Procedures for Filing Charges with the City of Cleveland Prosecutor's Office	<b>DATE</b> 02SEP04
-----------------------	--------------------------------------------------------------------------------------------------------------------------	------------------------

The Department has instituted procedures for the timely filing of criminal charges for those arrested for "fresh" charges. In order to insure that no one is taxed with additional work, everyone involved in the process must follow the procedures. If anyone fails to complete their responsibilities, someone else must complete the work before the criminal charges are filed. The officer completing the report must get it approved by a supervisor prior to compiling the court package. Once the report is approved, the officer generating the report must print copies of the LERS Case and Arrest reports, and attach it to a completed Statement of Facts sheet. The officer is then required to submit the entire package to the Watch Commander or Unit OIC. The Watch Commander or Unit OIC is to insure the package is complete, then place it in the box marked "Charges to be Filed." A detective will be assigned to file the charges with the City of Cleveland's Prosecutor's Office. If everyone involved in the process completes his or her responsibilities, the process will work smoothly. Failure to follow these procedures could delay the filing of charges, which could lead to legal difficulties for the individual officer, as well as the department.

The Department is confident that his training will help its Officers to better understand the reasons for Departmental Rules, Regulations, Policies and Procedures, and General Police Orders, and prevent further incidents from occurring in the future.

**No reports submitted in reference to the arrests of Jamaal Belser and Kelvin Whitaker. LERS Case Report 2004-4675 and Arrest Report 2004-950 should have been submitted. There was no Statement of Fact sheet submitted for the arrest of Kelvin Whitaker.**



**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DIVISION**



**TO:** All members of the Division of Police

**FROM:** Anthony H. Jackson, Chief of Police

**DATE:** May 26, 2004

Page 1 of 2	Procedures for Filing Charges with the City of Cleveland Prosecutor's Office	DN #04-043
-------------	------------------------------------------------------------------------------	------------

**I. Purpose**

The purpose of this policy is to establish departmental procedures for personnel filing charges with the City of Cleveland Prosecutor's Office in an efficient and timely manner. Implementation of this procedure reduces agency liability and decreases potential negative and/or harmful repercussions to the Authority. For the purpose of this departmental notice, a court package is specifically defined as the following documentation which has been attached together: 1) a *supervisor approved* LERS Case Report, 2) An Arrest Report, and 3) a completed Statement of Fact sheet.

**II. Policy**

It is the policy of the Cuyahoga Metropolitan Housing Authority Police Department to revise and/or update current procedures to maximize available resources as needed.

**III. Procedures for Filing Charges with the City of Cleveland Prosecutor's Office**

- A. Officers shall make every attempt to file charges with the City of Cleveland Prosecutor's Office during their regularly scheduled shift when an arrest is made.
- B. In the event an officer is unable to file criminal charges during his/her regularly scheduled shift, the following procedures shall be implemented:
  - 1. **Responsibilities of the Arresting Officer:**
    - a. Prior to reporting off duty, the arresting officer shall submit a completed court package to the On-Duty Watch Commander.
    - b. The court package shall contain an approved copy of the corresponding LERS Case and Arrest reports, and a completed statement of fact sheet.
    - c. After submitting a completed court package to the On-Duty Watch Commander and pursuant to procedures, the arresting officer shall cease any further action related to filing charges with the Prosecutor's Office and shall **NOT** appear in court to file charges with the prosecutor regarding the arrested person.

**2. Responsibilities of the On-Duty Watch Commander:**

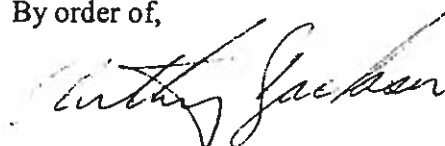
- a. Prior to the Arresting Officer reporting off-duty, the On-Duty Watch Commander shall inspect the court package to insure and verify the documentation has been completed accurately and properly.
- b. After reviewing the court package for completeness, the On-Duty Watch Commander shall immediately place the completed court package in the box visibly marked "Charges to be Filed". The "Charges to be Filed" box shall be located and remain in the Sergeants Office.

**3. Responsibilities of the General Investigations Unit:**

- a. A Detective shall be assigned by the Special Operations Unit OIC to handle the timely filing of any and all charges contained in the court package(s) with the City of Cleveland Prosecutor's Office.
- b. The assigned Detective shall file the appropriate charges with the first available City of Cleveland Prosecutor in accordance with established procedures.
- c. The assigned Detective shall complete a supplement to the original LERS Case and Arrest reports. The supplement shall provide documentation on whether charges were or were not issued and filed by the prosecutor. This shall include a listing of all charges that were filed.

**This procedure shall become effective on Tuesday, June 1, 2004.**

By order of,



Anthony H. Jackson,  
Chief of Police

CLEVELAND MUNICIPAL COURT  
STATEMENT OF FACTS

STATE OF OHIO  
CITY OF CLEVELAND  
PLAINTIFF

CASE NO. \_\_\_\_\_

CHARGE Criminal Trespassing

VS.

Jamaal Belser 18/b/m/s  
DEFENDANT

PROBABLE CAUSE DETERMINATION

STATE OF OHIO/COUNTY OF CUYAHOGA  
CITY OF CLEVELAND

SS:

PO Neal #35

being first duly sworn according to law, deposes and says that the probable cause that defendant committed the offense set forth in the complaint is as follows:

On 251AUG04 in the City of Cleveland, Belser did knowingly remain on the property of another CMHA Property with out permission.

The basis for this complaint is in whole or in part based upon the following evidentiary sources and information: Additional Page(s) Attached

CMHA Case Report 2004-4675

PO Neal #35  
Detective / Officer / Witness

Assistant Prosecutor

Sworn to and signed \_\_\_\_\_  
Date

Earle B. Turner,  
Cleveland Municipal Clerk of Courts

by: \_\_\_\_\_  
Deputy Clerk

I, \_\_\_\_\_, a deputy Clerk for the Cleveland Municipal Court, on behalf of Earl B. Turner, Cleveland Municipal Clerk Of Courts, have independantly examined the above statement and its evidentiary support thereof and find that there is a substantial basis for believing the source of the information to be credible and believe that there is a factual basis for the information furnished, providing probable cause to believe that an offense or offenses of ORC/MC \_\_\_\_\_ has or have been committed and that \_\_\_\_\_ has committed it or them.

Earle B. Turner,  
Cleveland Municipal Clerk of Courts

by: \_\_\_\_\_  
Deputy Clerk  
Date

JUDICIAL REVIEW OF INFORMATION

Upon review of the Statement of Facts and/or the complaint, I find that there:

Is probable cause at this time and the defendant is to remain in custody.

Is NOT probable cause at this time and the defendant is to be released from custody.

JUDGE

DATE

TIME

CLEVELAND MUNICIPAL COURT  
STATEMENT OF FACTS

STATE OF OHIO  
CITY OF CLEVELAND  
PLAINTIFF

CASE NO. \_\_\_\_\_

CHARGE Criminal Trespassing/AGG DC/ Resisting/ Giving  
False Info

VS.

Jamaal Belser 18/b/m/s

DEFENDANT

PROBABLE CAUSE DETERMINATION

STATE OF OHIO/COUNTY OF CUYAHOGA  
CITY OF CLEVELAND

SS:

PO Neal #35

, being first duly sworn according to law, deposes and says that the probable cause that defendant committed the offense set forth in the complaint is as follows:

On 251AUG04 in the City of Cleveland, Whitaker did knowingly remain on the property of another CMHA Property with out permission. Whitaker also engaged in a manner that caused an alarm and hazardous condition to the public and officers. While gather information Whitaker advised his name was Stephen Talley upon further investigation his real name was identified as Kelvin Whitaker. While trying to place Whitaker under arrest he interfered with the lawful arrest of himself.

The basis for this complaint is in whole or in part based upon the following evidentiary sources and information: Additional Page(s) Attached

CMHA Case Report 2004-4675

PO Neal #35 *PO Neal #35*  
Detective / Officer / Witness

Assistant Prosecutor

Sworn to and signed \_\_\_\_\_  
Date

Earle B. Turner,  
Cleveland Municipal Clerk of Courts

by: \_\_\_\_\_  
Deputy Clerk

I, \_\_\_\_\_, a deputy Clerk for the Cleveland Municipal Court, on behalf of Earl B. Turner, Cleveland Municipal Clerk Of Courts, have independantly examined the above statement and its evidentiary support thereof and find that there is a substantial basis for believing the source of the information to be credible and believe that there is a factual basis for the information furnished, providing probable cause to believe that an offense or offenses of ORC/MC \_\_\_\_\_ has or have been committed and that \_\_\_\_\_ has committed it or them.

Earle B. Turner,  
Cleveland Municipal Clerk of Courts

by: \_\_\_\_\_  
Deputy Clerk  
Date

JUDICIAL REVIEW OF INFORMATION

Upon review of the Statement of Facts and/or the complaint, I find that there:

- Is probable cause at this time and the defendant is to remain in custody.
- Is NOT probable cause at this time and the defendant is to be released from custody.

JUDGE

DATE

TIME



# OHIO PEACE OFFICER TRAINING COMMISSION

AND

## THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that


**Paul A. Styles**


has successfully completed the advanced training course


**05-060-06-03: Defensive Tactics Instructor**

at the Ohio Peace Officer Training Academy given

**September 18 - 22, 2006**

  
Jim Petro  
Attorney General

  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission

  
Steven W. Schierholt, Executive Director  
Ohio Peace Officer Training Commission



**CUYAHOGA COMMUNITY COLLEGE  
PUBLIC SAFETY TRAINING INSTITUTE  
LAW ENFORCEMENT TRAINING DIVISION**

*Certificate of Completion*

**Paul A. Styles**

*Has Successfully Completed 8 Contact Hours in*

**WMD/HazMat/PPE Awareness**

April 3, 2006



Douglas E. Dombroski  
Program Manager/Commander





Thomas J. Wieczorek  
Lead Instructor

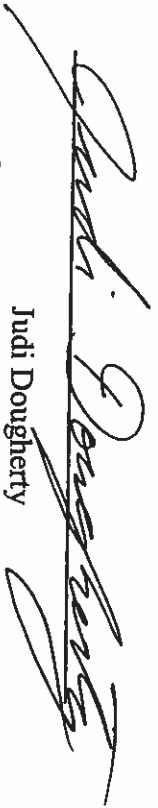
CERTIFICATE OF

# Completion

The undersigned has successfully completed

*Excel Intermediate Training*

March 9, 2006



Judi Dougherty  
Computer Information System Trainer  
Certified By Microsoft  
Master Instructor, Microsoft Office User Specialist

**CMIHA**  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

CERTIFICATE OF

# Completion

The undersigned has successfully completed  
*Excel Intermediate Training*

March 9, 2006



Judi Dougherty  
Computer Information System Trainer  
Certified By Microsoft  
Master Instructor, Microsoft Office User Specialist



**CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY**

CERTIFICATE OF

# Completion

The undersigned has successfully completed  
*Word Advanced Training*

March 16, 2006

# Paul Styles



Judi Dougherty  
Computer Information System Trainer  
Certified By Microsoft  
Master Instructor, Microsoft Office User Specialist

# CMIHA

CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

CERTIFICATE OF

# Completion

The undersigned has successfully completed  
*Word Intermediate Training*

March 9, 2006



Judi Dougherty  
Computer Information System Trainer  
Certified By Microsoft  
Master Instructor, Microsoft Office User Specialist

# CMIHA

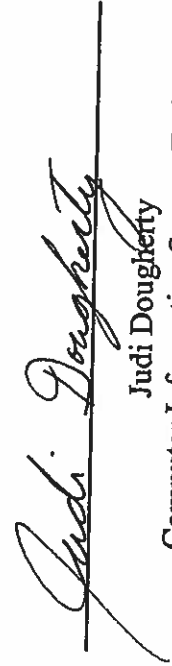
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY

CERTIFICATE OF

# Completion

The undersigned has successfully completed  
*Excel Basic Training*  
February 9, 2006

# Paul Styles



Judi Dougherty  
Computer Information System Trainer  
Certified By Microsoft  
Master Instructor, Microsoft Office User Specialist



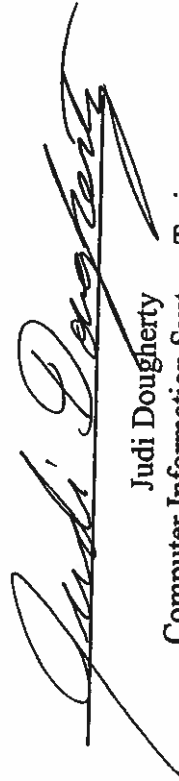
**CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY**

CERTIFICATE OF

# Completion

The undersigned has successfully completed  
*Word Basic Training*  
February 9, 2006

# Paul Styles



Judi Dougherty  
Computer Information System Trainer  
Certified By Microsoft  
Master Instructor, Microsoft Office User Specialist

# CMIHA

CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY



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

OHLEG

Request for Access to Investigative Tools

Requestor Name  
 First: PAUL Middle: ANTHONY Last: STYLES  
 Agency Address: [Redacted] City: [Redacted]  
 Email: PSTYLES@CMHAPD.ORG State: Ohio Zip Code: [Redacted]  
 Date of Birth: 7-5-1963 Non-Sworn:  Sworn:   
 SSN: [Redacted]

\*Notification of activation will be sent via email. If email is unavailable, please note fax number: 216-432-5956

Requesting Agency: Cuyahoga Metropolitan Housing Authority  
 ORI Number: OH0186800  
 Agency Phone Number: (216) 426-7760

**Terms and Conditions**

The undersigned is hereby requesting user access to the investigative tools within the Ohio Law Enforcement Gateway (OHLEG) established by the Attorney General of the State of Ohio. Participation in OHLEG is voluntary. The undersigned agrees that all information from this site is for law enforcement purposes ONLY. Any dissemination to the public is strictly prohibited. The Social Security Number (SSN) is required and used solely for the purpose of maintaining user authentication. SSN's will not be disclosed to individuals or agencies except in accordance with state and federal law, and policy of the Attorney General of the State of Ohio. Requests that are made without SSN or an authorizing signature will not be processed.

**For Office Use Only**

Director Approval: \_\_\_\_\_  
 Date: \_\_\_\_\_

Entered By: \_\_\_\_\_  
 Date: \_\_\_\_\_

Requestor's Signature  
Paul A. Styles  
 Date  
20 JAN 06

Chief / Sheriff or Designee Printed Name  
CHIEF  
ANTHONY H. JACKSON

Chief / Sheriff or Designee Signature  
Anthony Jackson, Chief  
 Date  
1-31-06



Ohio Law Enforcement Gateway

P.O. Box 365  
 London, OH 43140  
 Telephone: (866) 406-4534, or (866) 40-OHLEG  
 Facsimile: (740) 845-2021  
 www.ag.state.oh.us



# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that

**PAUL A. STYLES**

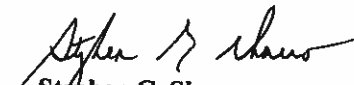
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00700**

**National Incident Management System  
(NIMS) an Introduction**

*Issued this 01st Day of September, 2005*

0.3 CEU

  
**Stephen G. Sharro**  
Director, Training Division

**From:** INDEPENDENT STUDY <INDEPENDENT.Study@dhs.gov>  
**To:** "rmorenz@cmhapd.org" <rmorenz@cmhapd.org>  
**Date:** 9/1/2005 12:54:46 PM  
**Subject:** Independent Study Course Information

Dear Paul Styles:

Congratulations! You have successfully passed the Independent Study Course "IS-00700" entitled "National Incident Management System (NIMS) an Introduction".

Due to the thousands of people completing independent study courses, we estimate it will take approximately eight weeks to issue your completion certificate. Please retain a copy of this email as proof of your completion until your certificate is received. We appreciate your patience.

Independent Study Program Office  
Emergency Management Institute  
National Emergency Training Center  
16825 S. Seton Ave  
Emmitsburg, MD 21727

On the Web: [www.training.fema.gov/emiweb/is](http://www.training.fema.gov/emiweb/is)  
Phone: (301) 447-1200  
FAX: (301) 447-1201

Paul A. Styles

**National Incident Management System (NIMS), An Introduction (IS-700)  
Posttest**

1. One of the chief benefits of NIMS is that it is:
  - a. Accompanied by Federal funding.
  - b. Applicable across jurisdictions and functions.
  - c. Based on an entirely new concept of response.
  
2. NIMS provides a \_\_\_\_\_ framework that applies to all phases of incident management regardless of cause, size, location, or complexity.
  - a. Rigid
  - b. Complicated
  - c. Straightforward
  - d. Flexible
  
3. The Incident Command System (ICS) is a proven incident management system that is based on organizational:
  - a. Best practices.
  - b. Strengths.
  - c. Structures.
  
4. Span of control may vary from \_\_\_\_\_.
  - a. Two to eight
  - b. Four to nine
  - c. Three to seven
  - d. Five to ten
  
5. The use of common terminology for ICS position titles helps to reduce confusion between a person's position on an incident and his/her:
  - a. Day-to-day position.
  - b. Level of authority.
  - c. Chain of command.
  - d. On-scene responsibilities.
  
6. Incident Action Plans (IAPs) depend on \_\_\_\_\_ to accomplish response tactics.
  - a. Integrated communications
  - b. Organizational resources
  - c. Management by objectives
  - d. Common terminology

7. A hazardous materials spill in which more than one agency has responsibility for the response is a good use for a(n):
- Emergency Operations Center (EOC).
  - Area Command.
  - Multiagency Coordination System.
  - Unified Command.
8. Public health emergencies that are not site specific are a good use for a(n):
- Emergency Operations Center (EOC).
  - Area Command.
  - Multiagency Coordination System.
  - Unified Command.
9. An Area Command organization does not include an Operations Section because:
- Operations are conducted on-scene.
  - Area Commands are not really commands.
  - Its authority is limited to obtaining resources.
  - The Planning Section handles operations in an Area Command.
10. One key responsibility of Multiagency Coordination Systems is to:
- Direct tactical operations for the incident.
  - Make resource allocation decisions based on incident priorities.
  - Control large-scale incidents from a common location.
  - Facilitate operations at incidents where there is no incident site.
11. \_\_\_\_\_ may support multiagency coordination and joint information activities.
- Incident Command structures
  - Area Commands
  - Unified Commands
  - Emergency Operations Centers
12. Public Information Officers operate within the parameters of a(n) \_\_\_\_\_, which establishes policies, procedures, and protocols for gathering and disseminating information.
- Multiagency Coordination System
  - Incident Command structure
  - Joint Information System
  - Emergency Operations Center
13. When a Joint Information Center is established as part of a Unified Command, agencies or organizations contributing to joint public information management:
- Work independently.
  - Clear all information with the Incident Commander.
  - Retain their organizational independence.
  - Report to the chief elected official.

14. When multiple JICs are established, all JICs must communicate and coordinate with each other on an ongoing basis using:
- a. Joint Information System protocols.
  - b. Agency protocols.
  - c. Area Command protocols.
  - d. Multiagency Coordination System protocols.
15. National-level preparedness standards related to NIMS will be maintained and managed through the NIMS:
- a. Integration Center.
  - b. Policy document.
  - c. Homeland Security Presidential Directive.
  - d. Presidential Decision Directive.
16. One responsibility of preparedness organizations at all levels is to:
- a. Specify response requirements for every type of incident.
  - b. Determine the role and responsibilities of Incident Commanders.
  - c. Delegate preparedness to responsible agencies.
  - d. Establish guidelines and protocols for resource management.
17. A plan based on lessons learned from actual incidents is a(n):
- a. Recovery Plan.
  - b. Corrective Action Plan.
  - c. Procedure.
  - d. Emergency Operations Plan.
18. One area of focus for the NIMS Integration Center is to:
- a. Track all resources on a regional basis.
  - b. Ensure compliance with all NIMS requirements.
  - c. Facilitate the definition of general training requirements and approved courses.
  - d. Maintain a database of personnel meeting credentialing requirements.
19. To help ensure that equipment performs to certain standards and is interoperable with equipment used by other jurisdictions, the NIMS Integration Center will:
- a. Review and approve lists of equipment meeting national standards.
  - b. Require jurisdictions to purchase equipment only if it meets established specifications.
  - c. Work directly with equipment suppliers to ensure interoperability.
  - d. Prescribe that all response equipment be interoperable.

20. Mutual aid agreements and Emergency Management Assistance Compacts help to:

- a. Spread the costs of emergency response.
- b. Facilitate the timely delivery of assistance during incidents.
- c. Coordinate full documentation of incidents.
- d. Establish the command structure for incidents.

21. Resource typing involves the categorizing of resources based on:

- a. Availability.
- b. Cost.
- c. Performance.
- d. Kind.

22. NIMS ensures that all personnel possess a minimum level of training, experience, fitness, capability, and currency by:

- a. Maintaining a database of personnel who have been trained for specific positions.
- b. Providing training to personnel who will be assigned to Command Staff positions.
- c. Overseeing a national training and exercise program.
- d. Establishing certification and credentialing standards for key personnel.

23. Requests for items that the Incident Commander cannot obtain locally must be submitted through the:

- a. Multiagency Coordination Entity.
- b. Area Commander.
- c. NIMS Integration Center.
- d. Department of Homeland Security.

24. Resource managers use established procedures to track resources continuously from \_\_\_\_\_ through demobilization.

- a. Mobilization
- b. Recovery
- c. Typing
- d. Purchase

25. NIMS standards for communications and information management are based on the principle that a common operating picture is required to:

- a. Avoid duplication of effort.
- b. Document the response fully.
- c. Maintain the command structure.
- d. Ensure consistency among all who respond.

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that

**PAUL A. STYLES**

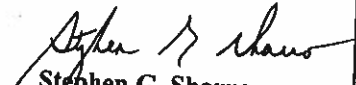
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00100**

**Introduction to the Incident Command System,  
(ICS 100)**

*Issued this 15th Day of August, 2005*

0.3 CEU

  
**Stephen G. Sharro**  
*Director, Training Division*

**From:** INDEPENDENT STUDY <INDEPENDENT.Study@dhs.gov>  
**To:** "rmorenz@cmhapd.org" <rmorenz@cmhapd.org>  
**Date:** 8/16/2005 1:52:59 PM  
**Subject:** Independent Study Course Information

Dear Paul Styles:

Congratulations! You have successfully passed the Independent Study Course "IS-00100" entitled "Introduction to the Incident Command System, (ICS 100)".

Due to the thousands of people completing independent study courses, we estimate it will take approximately eight weeks to issue your completion certificate. Please retain a copy of this email as proof of your completion until your certificate is received. We appreciate your patience.

Independent Study Program Office  
Emergency Management Institute  
National Emergency Training Center  
16825 S. Seton Ave  
Emmitsburg, MD 21727

On the Web: [www.training.fema.gov/emiweb/is](http://www.training.fema.gov/emiweb/is)  
Phone: (301) 447-1200  
FAX: (301) 447-1201



-1 Paul A. STYLES

**Posttest – Introduction to ICS (ICS-100)**  
**(Total of 25 questions)**

1. A basic ICS operating guideline is that the person at the top of the ICS organization is responsible until the:
  - a. Event or incident has demobilized.
  - b. Next operational period has begun.
  - c. Five management functions are activated.
  - d. Authority is delegated to another person.
  
2. Expansion of incidents may require the delegation of authority for the performance of Operations, Planning, Logistics, and Finance/Administration functions. The people who perform these four management functions are designated as the:
  - a. Deputy Staff.
  - b. Director Staff.
  - c. Command Staff.
  - d. General Staff.
  
3. At which Incident Facility are primary service and support activities, such as feeding and resupply, performed?
  - a. Base
  - b. Camp
  - c. Incident Command Post
  - d. Staging Area
  
4. Which position is the only one that is always staffed in ICS applications?
  - a. Operations Section Chief
  - b. Incident Commander
  - c. Information Officer
  - d. Branch Director
  
5. ICS has been used to manage incidents such as fires, earthquakes, hurricanes, and acts of terrorism. Which of the following situations represents another viable application for the use of ICS?
  - a. Central City is planning for their annual Labor Day celebration, including a parade and fair.
  - b. Mrs. Butler's 10<sup>th</sup> grade Biology class is preparing a lab experience involving the dissection of frogs.
  - c. Sam Brown, the office manager for a busy neurology practice, is planning to transfer the office records to a new computer database system.
  - d. The Brownsville library is planning to establish a volunteer program involving local high school students reading to children one to two afternoons a week.

6. Depending upon the size and type of incident or event, it may be necessary for the Incident Commander to designate personnel to provide information, safety, and liaison services for the entire organization. In ICS, these personnel make up the:
- a. Deputy Staff.
  - b. Director Staff.
  - c. Command Staff.
  - d. General Staff.
7. Every incident must have a verbal or written Incident Action Plan (IAP). The purpose of the IAP is to provide all incident supervisory personnel with direction for:
- a. Actions to be implemented during the operational period identified in the plan.
  - b. Maintaining documentation and tracking resources assigned to the incident.
  - c. Monitoring the number of resources that report to any one supervisor.
  - d. Obtaining and maintaining essential personnel, equipment, and supplies.
8. The ability to communicate within ICS is absolutely critical. To ensure efficient, clear communication, ICS requires the use of:
- a. Agency-specific codes.
  - b. Common terminology.
  - c. Radio codes.
  - d. Technical language.
9. There is no correlation between the ICS organization and the administrative structure of any single agency or jurisdiction. This is deliberate because:
- a. Every incident or event requires that certain management functions be performed.
  - b. On small incidents and events, one person, the Incident Commander, may accomplish all five management functions.
  - c. In ICS, the person at the top of the organization is responsible until the authority is delegated to another person.
  - d. Confusion over different position titles and organizational structures has been a significant stumbling block to effective incident management in the past.
10. Which General Staff position conducts tactical operations, develops the tactical objectives and organization, and directs all tactical resources?
- a. Finance/Administration
  - b. Logistics
  - c. Operations
  - d. Planning

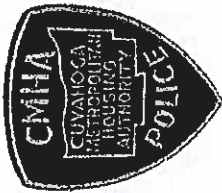
11. Which Command Staff position serves as the conduit for information to internal and external stakeholders, including the media, or other organizations seeking information directly from the incident or event?
- a. Information Officer
  - b. Liaison Officer
  - c. Resource Officer
  - d. Safety Officer
12. At each level of the ICS organization, individuals with primary responsibility positions have distinct titles. Using specific ICS position titles serves three important purposes:
- The use of distinct titles allows for filling ICS positions with the most qualified individuals rather than by rank.
  - Standardized position titles are useful when requesting qualified personnel.
  -
- 
- a. Titles provide a common standard across responders.
  - b. Distinct titles help clarify the activities undertaken by specific personnel.
  - c. Position titles help to maintain the normal lines of authority within agencies and jurisdictions.
  - d. Titles establish the rank, grade, and seniority used to select the Incident Commander.
13. Which General Staff position develops the Incident Action Plan, collects and evaluates information, maintains resource status, and maintains documentation for incident records?
- a. Finance/Administration
  - b. Logistics
  - c. Operations
  - d. Planning
14. Another basic operating guideline concerns the supervisory structure of the organization and pertains to the number of individuals or resources one supervisor can manage effectively on emergency response incidents. This operating guideline is referred to as:
- a. Delegation of authority.
  - b. Span of control.
  - c. Form follows function.
  - d. Unity of command.

15. Which General Staff position provides support, resources, and all other services needed to meet the operational objectives?
- a. Finance/Administration
  - b. Logistics
  - c. Operations
  - d. Planning
16. Which Command Staff position monitors safety conditions and develops measures for assuring the safety of all assigned personnel?
- a. Information Officer
  - b. Liaison Officer
  - c. Resource Officer
  - d. Safety Officer
17. Incident Action Plans include the measurable tactical operations to be achieved and are prepared around a timeframe called a(n):
- a. Incident Phase.
  - b. Event Stage.
  - c. Operational Period.
  - d. Tactical Interval.
18. Which Incident Facility is a temporary location at an incident where personnel and equipment are kept while waiting for tactical assignments?
- a. Base
  - b. Camp
  - c. Incident Command Post
  - d. Staging Area
19. Which General Staff position monitors costs related to the incident, and provides accounting, procurement, time recording, and cost analyses?
- a. Finance/Administration
  - b. Logistics
  - c. Operations
  - d. Planning
20. Which Incident Facility is positioned outside of the present and potential hazard zone, but close enough to the incident to maintain command?
- a. Base
  - b. Camp
  - c. Incident Command Post
  - d. Staging Area

21. Check-in officially logs you in at the incident. The check-in process and information helps to:
- Ensure personnel accountability.
  - Track resources.
  - Prepare personnel for assignments and reassignments.
  - Organize the demobilization process.
  -
- 
- a. Determine communications procedures for contacting your headquarters or home office.
- b. Identify purchasing authority and procedures.
- c. Determine how food and lodging will be provided.
- d. Locate personnel in case of an emergency.
22. Which Command Staff position serves as the primary contact for supporting agencies assigned to an incident?
- a. Information Officer
- b. Liaison Officer
- c. Resource Officer
- d. Safety Officer
23. After check-in, you should:
- a. Locate your incident supervisor and obtain your initial briefing.
- b. Determine your return mode of transportation.
- c. Arrange personal items needed for your estimated length of stay.
- d. Establish a clear understanding of your decisionmaking authority.
24. Designers of the Incident Command System recognized early that ICS must be interdisciplinary and organizationally flexible to:
- Meet the needs of incidents of any kind or size.
  - Allow personnel from a variety of agencies to meld rapidly into a common management structure.
  - Be cost effective by avoiding duplication of efforts.
  -
- 
- a. Allow for a preset organizational structure to be put in place for personnel who perform administrative and logistics functions in an emergency.
- b. Alleviate the management challenges faced by overloaded Incident Commanders.
- c. Be usable for routine events such as conferences, as well as large and complex emergency incidents.
- d. Compensate for incident response failures likely to result from a lack of resources.

25. At which Incident Facility are resources kept to support incident operations if a Base is not accessible to all resources?

- a. Base
- b. Camp
- c. Helibase
- d. Staging Area



CUYAHOGA  
METROPOLITAN HOUSING  
AUTHORITY  
POLICE DEPARTMENT



This is to certify that

*Paul Syles*

Has Completed an Intensified Course of Training in

*Emergency Vehicle Operations*

*Consisting of 16-Hours of Instruction  
On this 8th Day of October in the Year 2004.*

ANTHONY H. JACKSON  
CHIEF OF POLICE

GEORGE A. PHILLIPS  
SAFETY DIRECTOR

*George A. Phillips*  
INSPECTOR



**CMHA**  
**CUYAHOGA METROPOLITAN**  
**HOUSING AUTHORITY**  
**POLICE DEPARTMENT**



## EMERGENCY VEHICLE OPERATIONS

### Student Test

NAME: Paul Styles SCORE: 60%

DATE: 07 OCT 04

**Directions:** Choose the best answer to each question and circle the letter.

1. A "preventable crash" is defined as?
- a. An accident a driver shouldn't have gotten into.
  - b. An accident caused by the forces of nature.
  - c. An accident in which a driver failed to do everything that could reasonably be done.
  - d. A and C above.
  - e. A, B, and C above.

2. "Defensive driving" is defined as?
- a. Driving quickly through traffic
  - b. Driving to prevent crashes from occurring in spite of the actions of others or the presence of adverse driving conditions.
  - c. Driving to prevent crashes by traveling 5 mph under the posted speed limit.
  - d. A and B above.
  - e. A, B, and C above.



7. 4 factors to consider when initiating a pursuit are?
- a. Nature and seriousness of the offense; location of the offense; roadway and traffic conditions; amount of time before your lunch break.
  - b. Nature and seriousness of the offense; weather conditions; time of day and geographic location; availability of assistance.
  - c. Time left on your shift; type and condition of the police and suspect vehicle; rate of speed and evasive tactics of the vehicle's driver.
  - d. Location of the offense; gender of the driver; weather conditions; time of day.
  - e. None of the above.

8. Choose 2 of the 4 factors that must be considered when deciding to terminate a pursuit.
- a. The officer is a better driver than the suspect; weather/road conditions.
  - b. A supervisor terminates it; hazards are exposing the officer and the public to unwarranted risks.
  - c. The officer is closing ground on the suspect; time of day.
  - d. The officer really wants to apprehend the suspect; weather/road conditions.
  - e. None of the above.

9. The difference between the ORC requirements and Departmental Rules and Regulations regarding traveling through an intersection is?
- a. According to the ORC you are not required to slow down.
  - b. Neither the ORC or Departmental Rules and Regulations require the use of overhead lights and siren.
  - c. Departmental Rules and Regulations require you to come to a complete stop prior to entering an intersection against a red light.
  - d. According to the ORC any police vehicle can be involved in a pursuit.
  - e. None of the above.

10. The primary Officer involved in a pursuit must complete how many LERS Case Reports?
- a) 1
  - b. 2
  - c. 3
  - d. 4
  - e. None of the above.



CMHA  
CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
POLICE DEPARTMENT



## EMERGENCY VEHICLE OPERATIONS

### Student Test

NAME: PAUL STYLES SCORE: 100%  
DATE: 07 OCT 04

**Directions:** Choose the best answer to each question and circle the letter.

1. A "preventable crash" is defined as?
  - a. An accident a driver shouldn't have gotten into.
  - b. An accident caused by the forces of nature.
  - c. An accident in which a driver failed to do everything that could reasonably be done.
  - d. A and C above.
  - e. A, B, and C above.
  
2. "Defensive driving" is defined as?
  - a. Driving quickly through traffic
  - b. Driving to prevent crashes from occurring in spite of the actions of others or the presence of adverse driving conditions.
  - c. Driving to prevent crashes by traveling 5 mph under the posted speed limit.
  - d. A and B above.
  - e. A, B, and C above.

7. 4 factors to consider when initiating a pursuit are?
- THIS IS THE ANSWER*
- a. Nature and seriousness of the offense; location of the offense; roadway and traffic conditions; amount of time before your lunch break.
  - b. Nature and seriousness of the offense; weather conditions; time of day and geographic location; availability of assistance.
  - c. Time left on your shift; type and condition of the police and suspect vehicle; rate of speed and evasive tactics of the vehicle's driver.
  - d. Location of the offense; gender of the driver; weather conditions; time of day.
  - e. None of the above.
8. Choose 2 of the 4 factors that must be considered when deciding to terminate a pursuit.
- a. The officer is a better driver than the suspect; weather/road conditions.
  - b. A supervisor terminates it; hazards are exposing the officer and the public to unwarranted risks.
  - c. The officer is closing ground on the suspect; time of day.
  - d. The officer really wants to apprehend the suspect; weather/road conditions.
  - e. None of the above.
9. The difference between the ORC requirements and Departmental Rules and Regulations regarding traveling through an intersection is?
- a. According to the ORC you are not required to slow down.
  - b. Neither the ORC or Departmental Rules and Regulations require the use of overhead lights and siren.
  - c. Departmental Rules and Regulations require you to come to a complete stop prior to entering an intersection against a red light.
  - d. According to the ORC any police vehicle can be involved in a pursuit.
  - e. None of the above.
10. The primary Officer involved in a pursuit must complete how many LERS Case Reports?
- a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. None of the above.



# CMHA PD DRIVING EVALUATION



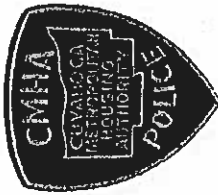
STUDENT: Paul Styles #656

DATE: October 08, 2004

INSTRUCTOR: Lt. Morenz #626 *PM 626*

EVENT	CONES HIT	CONES DOWN	DIRECTION CHANGE	TOTAL PENALTY	REMARKS/ACTUAL TIME	SCORE
STAR (60 Seconds)	1	0	0	5	00:33	95
PARALLEL PARK (LEFT) (30 Seconds)	0	0	0	0	00:19	100
PARALLEL PARK (RIGHT) (30 Seconds)	0	0	0	0	00:20	100
INTERCHANGE OF LANES (60 Seconds)	0	0	0	0	NOT USED FOR THIS CLASS	
LONG INTCHNG ON A CURVE (60 Seconds)	0	0	0	0	00:35	100
SERPENTINE ON A CURVE (70 Seconds)	0	0	0	0	00:63	100
PURSUIT TURNS (45 Seconds)	0	0	0	0	00:39	100
REVERSE CURVE (30 Seconds)	0	0	0	0	00:10	100

Additional Comments: \_\_\_\_\_



CUYAHOGA  
METROPOLITAN HOUSING  
AUTHORITY  
POLICE DEPARTMENT



This is to certify that

*Paul Styles*

Has Completed an Intensified Course of Training in

*OC/Pepper Foam Update*

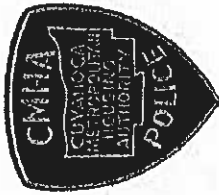
*Consisting of 4-Hours of Instruction  
On this 29th Day of June in the Year 2004.*

ANTHONY H. JACKSON  
CHIEF OF POLICE

GEORGE A. PHILLIPS  
SAFETY DIRECTOR



INSTRUCTOR



CUYAHOGA  
METROPOLITAN HOUSING  
AUTHORITY  
POLICE DEPARTMENT



This is to certify that

*Paul Styles*

Has Completed an Intensified Course of Training in

*Expandable Baton Update*

*Consisting of 4-Hours of Instruction  
On this 29th Day of June in the Year 2004.*

ANTHONY H. JACKSON  
CHIEF OF POLICE

GEORGE A. PHILLIPS  
SAFETY DIRECTOR



INSTRUCTOR

**COACHING  
THE EXPERIENCED  
DRIVER II**



*This is to certify that*

Sgt. PAUL A. STYLES

*has completed the*

**Coaching The Experienced Driver II™**  
*Course*

St. Paul Travelers

*Sponsoring Agency*

*Date*

22 Apr 04

*Instructor*

[Signature]



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ENTERED

# 25NOV03-SUPERVISORS' TRAINING by 603

(Page 1 of 3 pgs)

## I. HOUSEKEEPING:

1. Ensure specific medical information is not contained in other types of reports like MVAs or one officer's injury information being contained into another officer's injury report.
2. Send all paperwork forward in envelopes.
3. CONCENTRA-treatment v/s Hospital treatment:  
Substance testing at CONCENTRA during open hours (DISCUSSION)
4. Supervisors not sending up reports that request Detective or Narcotics Unit follow-up. Also, reports that should state "follow-up requested", are not. Supervisors need to make a determination of follow-up and have an addendum made. (MORENZ)
5. PURSUITS- Supervisors need to take control-find out why they are pursuing and "terminate" if appropriate. (policy passout)

## II. INVESTIGATIONS-

- (1) Injuries: Not preventable "because the suspect resisted". This is just one facet of why the injury occurred. What about other officers that are not injured during a resisting? What about preventative measures-distance from suspect (to close). Pepper spray-ASP etc. (Ask the officers why they didn't use other available tools) [DON'T ASSUME]
- (2) INTERVIEWING: In general you want to try to get as much information as possible to negate a 2<sup>nd</sup> or 3<sup>rd</sup> interview. This applies to complainants, victims, witnesses & suspects. If you need another interview: it may be perceived as inexperience; it may be denied; or the person may have moved out of town or to places unknown or, be dead. Always go into an interview with the idea that you may never see that person again.
- (3) COMPLAINANT: when they want to file a complaint, have them identify what actually is their complaint first, then have them relate what happened. This way you wouldn't need to read their statement of "what happened" and make your own conclusions of what is or is not proper, or is or is not offensive. For example: He said raise your hands or I'll blow your f-----ing head off. The language may or may not be his complaint. The actual complaint may be that the officer took his money or made him lay down in water and dirtied up his clothes.
- (4) Leave enough time for the interview. You wouldn't want to rush yourself or give the impression you're rushing the interview to the person being interviewed.



## 25NOV03-SUPERVISORS' TRAINING by 603

(Page 2 of 3 pgs)

- (5) YOU wouldn't want to go with a list of questions. It may be perceived as inexperience and also will inhibit your thoughts. Do your homework-know your investigation. This way you would be able to just write down general areas you want to cover. Also, you wouldn't want to let the person see your notes. (People can read upside down)
- (6) Make the person feel at ease-small talk that you're genuinely interested in. In you interview, get to the WWWWW & H – the who, what, where, when, why and how.
- (7) When interviewing you wouldn't want to look at each other or change facial expressions when the person answers a question. This telegraphs to a person that what they said was something of importance or of interest to you. If they have something to hide, you have just put them on the defensive. They will then be cautious when answering other questions, or simply shut down and not answer or provide information.
- (8) When corroborating statements, you wouldn't lead the person. For example: Sam's alibi was that he was at the Holiday Inn in Toledo on 01JAN03 with Joe and Mary, so he couldn't have committed the burglary in Cleveland on that date.
  - Leading Question:** Joe, were you with Sam and Mary at the Holiday Inn in Toledo on 01JAN03?
  - Some preferable questions to ask:**
  - Joe, where were you on 01JAN03?
  - How long were you there? (depending on how he answered)...
  - Where did you sleep?
  - How do you remember that particular day?
  - Were you by yourself? (or)
  - assume he was by himself and ask something like
  - what did you do in that strange city all by yourself?
- (9) Leave with something like: I may need to talk to you in the future about this matter, would that be okay? You're "bonding" with the person, making the closing remarks non-adversarial and this will make it harder for them to deny you another interview. Ex. After the other interview, you said it would be okay for me to talk to you again. This way you could inquire into why the sudden change of heart if they deny the interview.

# 25NOV03-SUPERVISORS' TRAINING by 603

(Page 3 of 3 pgs)

## III. COMPLAINT RESPONSE:

When answering a complaint, you wouldn't want to number or rephrase what the allegation stated. For example: the officer called me a f-----ing a-hole. He also forced me to lay on the ground in a puddle of water.

The officer wouldn't want to rewrite by: Question #1: Did I call him a f-----ing a-hole? Answer: No.

Question #2: Did I forcibly make him lay on the ground in a puddle of water? Answer: No.

Just ensure that the allegations were addressed in your statement.

I received the above training on 25NOV03.

PAUL STYLES #656  
(PRINT NAME AND BADGE NUMBER)

Paul Styles  
(SIGNATURE)

Michael C. Hubby, PC  
(PRESENTER'S SIGNATURE)

# Cuyahoga Metropolitan Housing Authority



## Police Department



*This is to certify that*

### Sergeant Paul Styles #656

*Has Successfully Completed An In-Service Course of Training In  
**Defensive Driving**  
(Sixteen Hours of Instruction)*

12 DEC 12

Date

**Andrés González**  
Chief of Police

A handwritten signature in black ink, appearing to read 'James Neal'.

Instructor

**Sergeant James Neal #668**  
Certification BAS22614



TASER X26  
Paul A. Styles  
Certified User

*This Certifies that*

**Paul A. Styles**

*is trained in the proper and safe use of the TASER® X26 Electronic Control Device and has passed the requirements of the Cuyahoga Metropolitan Housing Authority Police Department TASER X26 training program under the supervision of a Certified Instructor.*

*In Witness Whereof, Certified Instructor*

**Ronald J. Morenz**

*has certified the successful completion of the training requirements this day:*

**July 15, 2008**

*Certified Instructor:*

*Certified Instructor ID:*

**040914086011412871346C**



# TASER

PROTECT LIFE

## TASER® Non-Lethal Device User Certification Application

PRINT LEGIBLY AND CLEARLY PLEASE!

Which device were you certified in (check one or both):  M26  X26

Rank: Sergeant Name: PAUL A. STYLES

Agency: CMHA Police Department

Phone: (216) 361-3700 Fax: (216) 361-3728

Email: PSTYLES@cmha pd.org

Address/State/Zip: 5715 Woodland Ave.  
Cleveland, Ohio 44104

Number of answers correct: 37 out of 39 for X26 only test (80% minimum = 32), or out of 33 for M26 only test (80% minimum = 26), or out of 45 for M26/X26 user test (80% minimum = 36)

Instructor to initial that student has successfully completed the following practical application tests:

- Demonstration of proper finger positions for aiming and firing.
- Reload TASER device 5 times in 15 seconds (watch finger position, disqualify for fingers in front of blast doors).
- Officer can control unit adequately when commanded "Arm - Spark - Safe" at random.
- Officer can remove and reinstall battery correctly.
- Draw TASER device (select the unit most likely to be used in the field) hit target at 8 feet, reload, hit 2<sup>nd</sup> target at 12 feet with laser sight (time limit 10 seconds).

I hereby certify that the above named applicant has successfully completed a minimum of six hours of training, has passed the written test with a score of 80% or better, has passed the above functional tests, has demonstrated proficiency in the function and use of the TASER Electronic Control Device checked above and is hereby certified as a trained user of this system.

Attested by Certifying Instructor: Lt. Ronald J. Morenz [Signature]  
(Print Name) (Signature)

Date: 7-15-08

**Maintain a file copy of this certification in department records.**

-2



# TASER

PROTECT LIFE

17800 N 85<sup>th</sup> St., \* Scottsdale, AZ 85255 \* USA \* 800-978-2737 \* Fax 480-905-2034  
[www.TASER.com](http://www.TASER.com)

VERSION 14

## TASER<sup>®</sup> X26 User Certification Test

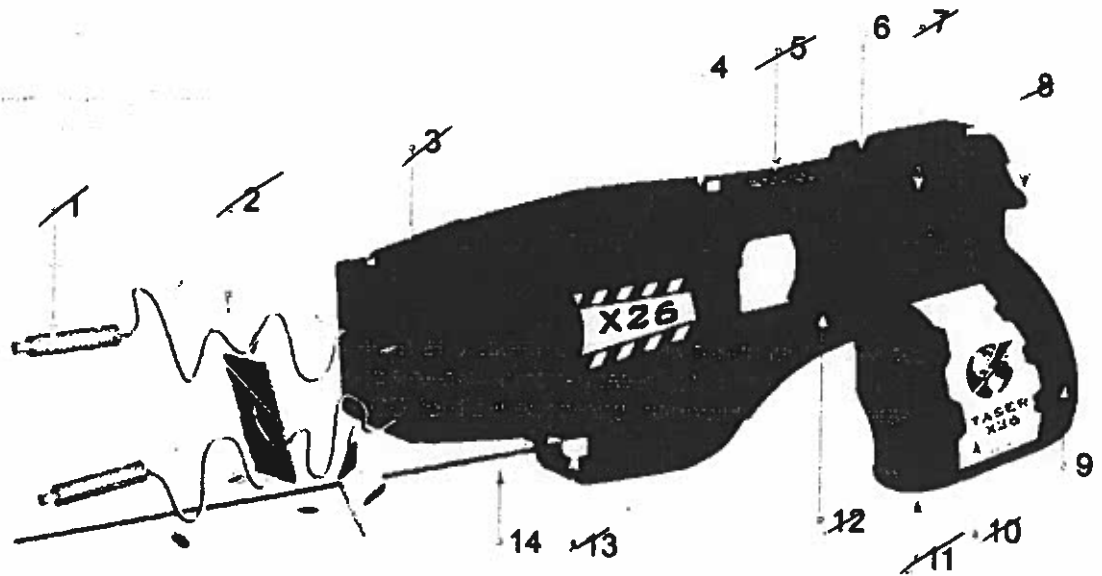
PRINT LEGIBLY AND CLEARLY PLEASE!

Name: Paul Styles Dept. / Company: CMHA Police Department  
Rank: Sergeant Email: pstyles@cmha-pd.org  
Phone: (216) 361-3700 Fax: (216) 361-3728  
Address: 5715 Woodland Ave. Cleveland, Ohio 44104  
Training Date: 15 Jul 08 Location: CMHA Police Department

1. What do the green blast doors indicate on a TASER cartridge?
  - a) 21 ft of line, extended probe needle, regular probe weight
  - b) 25 ft of line, regular probe needle, heavier probe weight
  - c) 25 ft of line, extended probe needle, heavier probe weight
  - d) 21 ft of line, regular probe needle, regular probe weight
  
2. Electricity follows;
  - a) The path of most resistance
  - b) From top to bottom following gravity
  - c) The path of least resistance between the probes
  - d) Or flows to any metal in contact
  
3. If you see a "P" on the CID of a TASER X26;
  - a) Immediately pull the DPM out
  - b) Turn on the device and spark test it
  - c) Pull DPM out during boot up sequence
  - d) Leave it alone until after it has finished the boot up sequence
  
4. According to TASER V14, the proper term to describe the TASER Devices is:
  - a) Propelled Energy Device
  - b) Conducted Energy Weapon
  - c) Electronic Control Device
  - d) Extended Stun Device

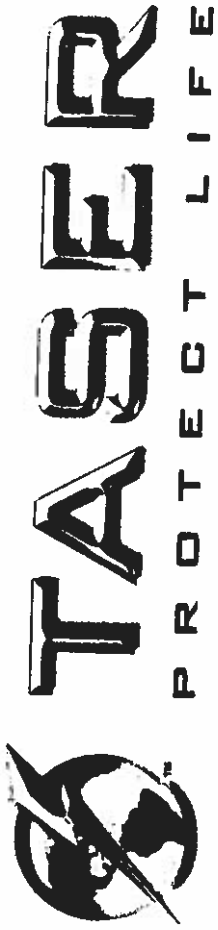
12. According to the TASER V14 training the term used for describing the incapacitating affects of the TASER ECD is;
- a) Electro-muscular disruption (EMD)
  - b) Electro-muscular incapacitation (EMI)
  - c) Neuro-muscular disruption (NMD)
  - d) Neuro-muscular incapacitation (NMI)
13. Which part of the human nervous system functions as the Command Center?
- a) Nerve Expressway
  - b) Motor nervous system
  - c) Sensory nervous system
  - d) Brain and Spinal cord
14. The TASER X26 ECD operates at a peak open gap 50,000 volts. A normal electrical wall outlet in the USA operates at about 110 volts and can be dangerous to a human. What is the main reason the electrical output of the TASER ECD is safer?
- a) Because the amps of the ECD are extremely low
  - b) Because the amps are extremely high
  - c) Because the wall outlet is pulsed energy
  - d) Because the joule output of the ECD is 300 times greater
15. While a violent subject is incapacitated by the affects of the TASER ECD and it is reasonably safe to do so, cover officer(s) should attempt to control/cuff the subject under power. Doing so may;
- a) Reduce the need for additional cycles
  - b) Reduce the likelihood the subject will roll during the cycle
  - c) Reduce the potential of injury to the officer(s) because the subject is incapacitated only during the cycle
  - d) All of the above
16. The probes are propelled from the TASER cartridge by:
- a) Primer propellant
  - b) Compressed Argon gas
  - c) Compressed Nitrogen
  - d) Compressed blended gas (proprietary secret blend)
17. The TASER X26 high peak arcing voltage of 50,000 volts only occurs when the arc is required to jump a gap such as between the electrodes on the end of the X26, or when a probe lodges in loose clothing and must jump the gap to the body. When traveling across the human body, the peak voltage drops to approximately;
- a) 20,000
  - b) 10,000
  - c) 5,000
  - d) 1,200
18. During TASER voluntary exposures which of the following are required safety rules?
- a) Always use two spotters when volunteer is standing
  - b) Spotters must hold volunteers under the armpit to avoid twisting their shoulder
  - c) The volunteer may be held up or carefully lowered to the ground
  - d) All of the above

**TASER® X26 NOMENCLATURE**  
**Identify the parts of the TASER X26**



- |                                      |                        |
|--------------------------------------|------------------------|
| A. Trigger                           | <u>12</u>              |
| B. Digital Power Magazine (DPM)      | <del>3</del> <u>11</u> |
| C. TASER Cartridge                   | <u>3</u>               |
| D. Mechanical Sight                  | <u>4</u>               |
| E. Safety Switch                     | <u>7</u>               |
| F. DPM Release Button                | <u>9</u>               |
| G. Stainless Steel Shock Plate       | <u>10</u>              |
| H. Built-in Laser (pointing to beam) | <u>14</u>              |
| I. Central Information Display (CID) | <u>8</u>               |
| J. Probes                            | <u>1</u>               |
| K. Low Intensity Lights              | <u>13</u>              |
| L. Serial Number Plate               | <u>5</u>               |
| M. Illumination Selector Switch      | <u>6</u>               |
| N. AFID Tags                         | <u>2</u>               |





TASER X26  
**Paul A. Styles**  
 Certified User

*This Certifies that*

**Paul A. Styles**

*is trained in the proper and safe use of the TASER® X26 Electronic Control Device and has passed the requirements of the Cuyahoga Metropolitan Housing Authority Police Department TASER X26 training program under the supervision of a Certified Instructor.*

*In Witness Whereof, Certified Instructor*

**Ronald J. Morenz**

*has certified the successful completion of the training requirements this day:*

**July 15, 2008**

*Certified Instructor:*

*Certified Instructor ID:*

**040914086011412871346C**

# City of Cleveland



## Police Academy

To all who shall see these presents, greeting:  
This is to certify that

**Sgt. Paul A. Styles #656**

HAS COMPLETED A COURSE OF INSTRUCTION IN

**8 hour Crisis Intervention Training**

July 9, 2008

DATE



COMMANDING OFFICER

*Mark D. ...*

COURSE OFFICER



**UNITED STATES DEPARTMENT OF TRANSPORTATION**  
**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**  
**NATIONAL TRAINING CENTER**  
**DRUG INTERDICTION ASSISTANCE PROGRAM**



*in partnership with the*



**Cuyahoga County Sheriff's Department**

*Certifies*

**Paul A. Styles**

*Attended and Participated in*

**Commercial Motor Vehicle Criminal Interdiction**

*Rapid Risk Recognition, Assessment, and Response*

Cleveland, Ohio ~ June 24 through June 26, 2008

  
 Shannon Chelf  
 Federal Motor Carrier Safety Administration  
 Drug Interdiction Assistance Program

  
 Captain Michael Jackson  
 Cuyahoga County Sheriff's Department  
 Training Facilitator



# TACTICAL BATON INSTRUCTOR

PAUL STYLES

Awarded in Recognition of technique, ability and knowledge that have been demonstrated  
and tested in a competency based instructor training program for the  
ASP Tactical Police Baton sanctioned by the  
Training and Certification Section of  
ARMAMENT SYSTEMS and PROCEDURES, INC

Awarded in Cleveland, Ohio

on March 6, 1994

*Donald L. Roegner*

DONALD L. ROEGNER  
President

*Samuel D. Fentler*

Certified Trainer  
ASP Tactical Baton

**I. Revised CMHAPD94-016**

**II. Investigations:**

1. Subject bar not containing enough information. In a request for Departmental Charges recently, I had to read (2) full pages before I found out who the supervisor wanted charges against. It should contain information similar to the following:
  - 1) What the investigation is about;
  - 2) Who is the investigation is about;
  - 3) Investigation or LERS number. Examples:
    - (1) Investigation #X00-0000: Request for Departmental Charges against P.O. Joe Smith #00 for conduct unbecoming.
    - (2) Investigation #X01-0000: Improper procedures complaint against P.O. Joe Smith #00
2. All reports contained in the investigation must be consistent on major points, especially the subject of the investigation. Examples:
  - 1) Was a key lost or stolen or just not issued;
  - 2) Who took photos or collected the evidence.
3. In citizen complaints, officers receive a copy of the written complaint. This written complaint can be a copy from the citizen or one of investigative units in the Department.
  - 1) Supervisors' reports must contain the fact that a copy was given to the officer for review prior to the officer making a report.
  - 2) Supervisors must advise the officers that all allegations on the complaint must be addressed in their report. If not, then the determination of the investigation will be made on the information at hand.
  - 3) Supervisors' reports must bring to the surface what allegations were not answered by the officer..

So basically, if an officer does not deny an allegation, for example, and the investigator cannot bring forth evidence that the allegation is untrue, then the allegation must be true.
4. If just reviewing officers 001 reports, it would only be necessary to state, for example,
  - 1) "In review of reports submitted by P.O. Smith, P.O. Jones and P.O. Doe, all are consistent with the fact that P.O. Miller did give Miranda to the suspect."; or
  - 2) "In review of reports submitted by P.O. Smith, P.O. Jones, they are consistent with the fact that P.O. Miller did give Miranda to the suspect. However P.O. Doe stated he did not hear P.O. Miller give Miranda to the suspect. Further investigation reveals that P.O. Doe had went to his patrol car to obtain a camera when Miranda was given to the suspect."
5. So you do not have to re-write what each officer stated in his report if consistent. But you must point out discrepancies and attempt to justify them.

**III. Complaints of sexual misconduct.**

1. Notify me immediately and directly.
2. If I don't respond in a timely manner (about 15 minutes) then make notification to Commander Barto.
3. **DO NOT** attempt to mediate a sexual misconduct issue.
4. If someone reports an incident or conversation that may have a sexual connotation to you, you are to refer to #1, 2 & 3 above.
5. Phrases to be cautious of: "off the record" conversation; "just for your information"; "just talk to him because I don't want any trouble", etc.

**IV. Time card and Matrix entries regarding SICK time usage.**

1. When an officer calls off sick, both the time card and Matrix is marked so even if the officer tells you or you're aware the officer does not have any sick time.
2. The proper procedure is the CMHAPD94-050 form is submitted either with the time card or forwarded through Official Channels if time cards have already been processed.

I received the above training on 9/24/03.

PAUL A. STYLES #656  
(PRINT NAME AND BADGE NUMBER)

Paul A. Styles #656  
(SIGNATURE)

A. Brown, LT.  
(PRESENTER'S SIGNATURE)

*Cuyahoga Metropolitan Housing Authority*

*Police Department*



This is to certify that

**Sergeant Paul Styles #656**

Has Successfully Completed An In-Service Course of Training In

**Crisis Intervention | Ethics | Biased Based Policing**  
(Eight Hours of Instruction)

10/6/2011

Date

**Andrés González**  
Chief of Police

*W. L. #632*

Instructor

*Conf. #54*

Instructor

# Certificate of Completion



*This is to certify that*

**PAUL STYLES**  
SERGEANT



has successfully completed the

*Service Effectiveness Enhancement Program*

sponsored by the

Cuyahoga Metropolitan Housing Authority Police Department

and presented by

*Specialized Event Training, Inc.*

March 19th, 2009

Andrés González, Chief of Police

**CMHA**

**CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY**

George A. Phillips, Chief Executive Officer and Safety Director

George D. Phillips, Presenter



*Cuyahoga Metropolitan Housing Authority*

*Police Department*

This is to certify that

*Sergeant Paul Styles #056*

Has Successfully Completed An In-Service Course of Training In

**Crisis Intervention | Ethics | Biased Based Policing**  
(Eight Hours of Instruction)

*October 6 2011*

Date

*Don BBA #54*

Instructor

**Andrés González**  
Chief of Police

*A. R. #632*

Instructor





American Heart  
Association



Fighting Heart Disease and Stroke

## Heartsaver CPR

Paul Styles

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the AHA for the Heartsaver CPR Program. Adult CPR / Pediatric CPR /                     

03/26/2003

Issue Date

03/2005

Recommended Renewal Date

# OHIO LEADS

## OHIO LEADS

Certifies that \_\_\_\_\_

has completed a course of instruction in  
Leads Terminal Operation and Use as prescribed  
by the Ohio Law Enforcement Automated Data System  
Administrative Rule 4501:2-10-03 (G) (H) (I).

DATE NOVEMBER 1520 \_\_\_\_02  
*[Signature]*  
OHIO CONTROL TERMINAL OFFICER

ENTERED



# NORTHCOAST POLYTECHNIC INSTITUTE

*This is to certify that*

**Paul Styles**

*has completed a course of instruction in*

## **Police Executive and Administrative Leadership**

January 7-11, 2002

February 4-8, 2002

March 4-8, 2002

*William D. Healy*  
Training Director

THE COMMISSION ON ACCREDITATION FOR LAW ENFORCEMENT AGENCIES, INC.

AWARDS THIS

# CERTIFICATE OF TRAINING

TO

*Paul Styles*

IN RECOGNITION OF SATISFACTORY PARTICIPATION IN THE  
COMMISSION'S COURSE OF INSTRUCTION

*Terrorism Overview*

PROVIDED AT THE CALFA CONFERENCE IN

*Jacksonville, FL*  
ON

*March 2002*

*Sylvester Daughtry, Jr.*  
EXECUTIVE DIRECTOR

*Harold T. LeMay, Jr.*  
TRAINING COORDINATOR



ENTERED

THE COMMISSION ON ACCREDITATION FOR LAW ENFORCEMENT AGENCIES, INC.

AWARDS THIS

# CERTIFICATE OF TRAINING

TO

*Paul Styles*

IN RECOGNITION OF SATISFACTORY PARTICIPATION IN THE  
COMMISSION'S COURSE OF INSTRUCTION

*Racial Profiling*  
PROVIDED AT THE CALFA CONFERENCE IN

*Jacksonville, FL*  
ON

*March 2002*

*Syvester Daughtry, Jr.*  
EXECUTIVE DIRECTOR

*Harold T. LeMay, Jr.*  
TRAINING COORDINATOR



ENTERED

THE COMMISSION ON ACCREDITATION FOR LAW ENFORCEMENT AGENCIES, INC.

AWARDS THIS

# CERTIFICATE OF TRAINING

TO

*Paul Styles*

IN RECOGNITION OF SATISFACTORY PARTICIPATION IN THE

COMMISSION'S COURSE OF INSTRUCTION  
*Vice of Narcotics*

*Concerns & Challenges*

PROVIDED AT THE CALFA CONFERENCE IN

*Jacksonville, FL*

ON

*March 2002*

*Sylvester Daughtry, Jr.*  
EXECUTIVE DIRECTOR

*Harold T. LeMay, Jr.*  
TRAINING COORDINATOR



ENTERED

THE COMMISSION ON ACCREDITATION FOR LAW ENFORCEMENT AGENCIES, INC.

AWARDS THIS

# CERTIFICATE OF TRAINING

TO

*Paul Styles*

IN RECOGNITION OF SATISFACTORY PARTICIPATION IN THE  
COMMISSION'S COURSE OF INSTRUCTION

*Verbal Judo*

PROVIDED AT THE CALFA CONFERENCE IN

*Jacksonville, FL*  
ON

*March 2002*

*Sylvester Daughtry, Jr.*  
EXECUTIVE DIRECTOR

*Harold T. LeMay, Jr.*  
TRAINING COORDINATOR



ENTERED



THE COMMISSION ON ACCREDITATION FOR LAW ENFORCEMENT AGENCIES, INC.

AWARDS THIS

# CERTIFICATE OF TRAINING

TO

*Paul Styles*

IN RECOGNITION OF SATISFACTORY PARTICIPATION IN THE

COMMISSION'S COURSE OF INSTRUCTION

*Crime Prevention through*

*Environmental Design (CPTEED)*  
PROVIDED AT THE CALFA CONFERENCE IN

*Jacksonville, FL*

ON

*March 2002*

*Sylvester Daughtry, Jr.*  
EXECUTIVE DIRECTOR

*Harold T. LeMay, Jr.*  
TRAINING COORDINATOR



ENTERED



# Ohio Peace Officer Training Commission

PAUL A. STYLES #656

has participated in the advanced training course

**CUYAHOGA METRO HOUSING AUTHORITY  
P.D. IN-SERVICE**

at the Ohio Peace Officer Training Academy.

**August 7 - 9, 2000 FILE**

Handwritten signature of Betty D. Montgomery in cursive.

Betty D. Montgomery  
Attorney General

Handwritten signature of Jeanne A. Miller in cursive.

Jeanne A. Miller, Chairman  
Ohio Peace Officer Training Commission

Handwritten signature of Vernon C. Chenevey in cursive.

Vernon C. Chenevey, Executive Director  
Ohio Peace Officer Training Commission



# Public Agency Training Council

National Criminal Justice  
CERTIFICATE OF ATTENDANCE

**PAUL STYLES**

Has Completed  
24 Hours of Instruction In

## Raid & High Risk Warrant Planning & Execution

Columbus, Ohio  
September 11, 12 & 13, 2000

*Doyle T. Wright*

Doyle T. Wright  
Instructor

*James R. Aislip*

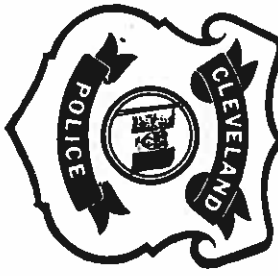
James R. Aislip  
Director

RECEIVED IN THE OFFICE OF  
SEP 25 2000  
STATE POLICE  
COLUMBUS, OHIO



# City of Cleveland

## Police



## Academy

*To all who shall see these presents, greeting:*

*This is to certify that*

PATROL OFFICER PAUL STYLES #25  
(CMEHA)

*Has successfully completed*

1995 INSERVICE TRAINING PROGRAM  
(40 Hours)

OCTOBER 16-20, 1995

\_\_\_\_\_  
*Debra*  
*Debra Styles*  
Course Coordinator

\_\_\_\_\_  
*John J. O'Brien*  
Chief of Police  
\_\_\_\_\_  
*George B. ...*  
Commanding Officer

**FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER**



Sir:

Officer's Name STYLES PAUL Badge: 656  
Last First M.I.

Observation Period: from 12/12 to 12/25/98

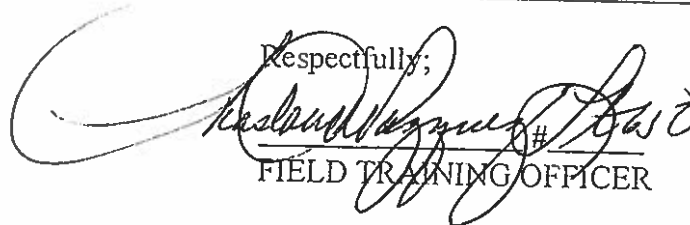
**F.T.O. OBSERVATIONS AND COMMENTS:**

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

~~Sergeant Paul Styles #656 has a positive attitude, accepts responsibility and has demonstrated the knowledge needed to be an excellent supervisor.~~  
~~Sergeant Paul Styles #656 has the willingness to learn, follow instructions well and is not afraid to ask questions.~~

**REMEDIAL TRAINING RECOMMENDATIONS**

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;  
  
FIELD TRAINING OFFICER

# FIELD TRAINING OFFICER WEEKLY OBSERVATION REPORT FOR PROBATIONARY OFFICER



Sir:

Officer's Name Styles Paul A Badge: 656  
Last First M.I.

Observation Period: from 12-12-98 to 12-25-98

### F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. The time that I had Sgt. Styles under my Supervision he has shown a positive

attitude and professionalism toward his new assignment as being a supervisor.

He has shown very good judgement when he is under pressure, also follows orders direct. Sgt. Styles picks up on job related projects and carries them out .

### REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

  
FIELD TRAINING OFFICER

**FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER**



Sir:

Officer's Name AMES PAUL A. Badge: \_\_\_\_\_  
Last First M.I.

Observation Period: from 12-12-96 to 12-25-96

**F.T.O. OBSERVATIONS AND COMMENTS:**

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

*Officer #656 has a positive attitude and professional appearance. He has good job related skills and very good judgement. He has that willingness to learn and he follows directions well. He is catching on with the job assignments. Paul is using the proper equipment to the right zone. Officer #656 needs to use more command presence.*

**REMEDIAL TRAINING RECOMMENDATIONS**

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

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Respectfully;

*Off. Michael Christa # 640*  
 FIELD TRAINING OFFICER

**FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER**



Sir:

Officer's Name Styles Paul Badge: 656  
Last First M.I.

Observation Period: from 12/15 to 12/23

**F.T.O. OBSERVATIONS AND COMMENTS:**

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Sergeant Styles has shown a positive attitude for learning,  
he is very interested in learning the paperwork and assignments.  
He follows instructions, and knows his laws. His appearance is  
very good, well groomed with proper and clean uniforms.

**REMEDIAL TRAINING RECOMMENDATIONS**

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

ABrennan # 644  
FIELD TRAINING OFFICER



# City of Cleveland

Police



Academy

To all who shall see these presents, greeting:

This is to certify that

**Sergeant Paul Styles (CMHA)**

*Has successfully completed*  
**POLICE SUPERVISION**  
**(40 HOURS)**

12-30-98 THROUGH 1-8-99

*Thomas R. Williams*  
Date  
Course Coordinator

*ROBERTA ROBERTS*  
*Roberta Roberts*  
Chief of Police  
Commanding Officer

ATTENTION DODI MOUNT: CCC  
TEST SCORES FOR SUPERVISORY SCHOOL

				SCORE/GRADE
BURTON	ELIZABETH	SERGEANT	CLEVELAND	80-B
BUTLER	MICHAEL	SERGEANT	CLEVELAND	89-B
DILLIONS	RONALD	SERGEANT	CLEVELAND	84-B
DODGE	MICHAEL	SERGEANT	CLEVELAND	87-B
DUNN	BRIAN	LIEUTENANT	CLEVELAND	83-B
EPPINGER	ANITA	SERGEANT	CLEVELAND	91-A
FULTZ	LESTER	LIEUTENANT	CLEVELAND	83-B
GABA	BENJAMIN	SERGEANT	CLEVELAND	93-A
GILL	JOSEPH	SERGEANT	CLEVELAND	78-C
GUINN	MELVIN	SERGEANT	CMHA	71-C
HEWITT	DAVID	SERGEANT	CLEVELAND	89-B
HILL	DENNIS	SERGEANT	CLEVELAND	91-A
JACKSON	EDDIE	SERGEANT	CLEVELAND	87-B
JANUSCZAK	MICHAEL	SERGEANT	CLEVELAND	85-B
KETTERER	MARK	LIEUTENANT	CLEVELAND	87-B
KINSINGER	PATRICIA	SERGEANT	CLEVELAND	78-C
KUKULA	JOHN	LIEUTENANT	CLEVELAND	92-A
LASKOWSKI	MARGARET	LIEUTENANT	CLEVELAND	90-A
MACKAY	SHARON	LIEUTENANT	CLEVELAND	79-C
MCHUGH	TERENCE	SERGEANT	CLEVELAND	91-A
MEDLEA	HUGHLEAN	SERGEANT	CLEVELAND	82-B
MERRIFIELD	STEPHEN	SERGEANT	CLEVELAND	87-B
MILLER	ROBERT	LIEUTENANT	CLEVELAND	79-C
MITCHELL	THOMAS	SERGEANT	CLEVELAND	85-B
MONE	WILLIAM	SERGEANT	CLEVELAND	87-B
MORROW	LEROY	SERGEANT	CLEVELAND	87-B
OBER	WILLIAM	LIEUTENANT	CLEVELAND	81-B
PERRY	PATRICIA	SERGEANT	CLEVELAND	71-C
PETKAC	JOSEPH	LIEUTENANT	CLEVELAND	94-A
PLENT	JAMES	SERGEANT	CLEVELAND	85-B
PROROCK	LEONARD	SERGEANT	CLEVELAND	89-B
RAYNARD	PAUL	SERGEANT	CLEVELAND	89-B
RICH	ROY	LIEUTENANT	CLEVELAND	88-B
RICHISSIN	TIMOTHY	SERGEANT	CLEVELAND	91-A
ROWLEY	DANIEL	SERGEANT	CLEVELAND	91-A
RYAN	STEVEN	SERGEANT	CLEVELAND	93-A
SHANK	MICHAEL	SERGEANT	CMHA	82-B
SHAUGHNESSY	PAUL	SERGEANT	CMHA	82-B
SHEEHAN	TIMOTHY	LIEUTENANT	CLEVELAND	71-C
SHOULDERS	TERENCE	SERGEANT	CLEVELAND	82-B
STITT	ROBERT	SERGEANT	CLEVELAND	93-A
STOKES	ANTHONY	LIEUTENANT	CLEVELAND	85-B
STYLES	PAUL	SERGEANT	CMHA	82-B
THOMAS	WALTER	SERGEANT	CLEVELAND	84-B
TRAINE	JOHN	SERGEANT	CLEVELAND	93-A
TULETA	ANTHONY	SERGEANT	CLEVELAND	87-B
WILSON	MELVIN	SERGEANT	CLEVELAND	82-B

# Certificate of Completion

Paul Styles

Has SUCCESSFULLY completed a Course/Program  
in

Cleveland Metropolitan Housing Authority Update Training

Grammar/Report Writing	8 Hrs.
Ohio Revised Code	8 Hrs.
Court Testimony	6 Hrs.
Radio Procedures	2 Hrs.

Consisting of 24.0

Contact Hours

*Amunt*

Signature

April 26-28, 1999

Coordinator, Police & Fire Training Institute

Title



FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name Styles Paul  
Last First M.I.

Badge: 656

Observation Period: from 1/23/79 to 2/5/79

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

*Sergeant Paul Styles #656 always in a good spirit, his attitude towards the job, organization and residents are always very positive. Sgt. Styles #656, commands a good working knowledge of the laws, duties and always displays good judgement in handling his calls. He's very personable, yet always ready to aid others with whatever the task or situation it presents. Very respectful, willing to learn and follow instructions very well.*

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

*Sergeant Paul Styles #656 needs just a little more reinforcement in a few areas and has the ability to be a good all round supervisor.*

Respectfully,

*Richard [Signature] #650*  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name Styles Paul A. Badge: 656  
Last First M.I.

Observation Period: from 1/23/99 to 1/31/99

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Sgt. Styles demonstrates enthusiasm and initiative in his job. Sgt. Styles responds well to directions and constructive criticism. Always punctual for duty and ready to work.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

A. C. James # 130  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name STYLES PAUL A Badge: 656  
Last First M.I.

Observation Period: from 1/31/99 to 2/6/99

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.  
Sgt. Styles demonstrates a willingness to learn all aspects of his job and respect toward his fellow co-workers. His appearance and personal hygiene are very commendable. It's been a pleasure working with him

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

[Signature] # 6030  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name STYLES, PAUL A Badge: 656  
Last First M.I.

Observation Period: from 1/23/99 to 1/30/99

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

SGT PAUL STYLES #656 IS VERY GOOD IN THE PROCESSING OF REPORTS. HE TAKE TIME FOR OFFICER QUESTIONS AND IF UNSURE OF ANSWER HE WILL ASK THEN GET BACK TO OFFICERS. LOOKS TO OTHER SUPERVISORS AND LEADERS FOR SUPPORT AND GUIDANCE.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

SGT STYLES #656 WAS SHOWN HOW TO PROCESS DAILY ROSTERS AND LEAVE REQUESTS, UNDERSTANDS WHICH BUILDINGS AND ASSIGNMENTS SHOULD BE COVERED FIRST AND WHY. UNDERSTANDS THE PRIORITY OF THIS DEPARTMENT.

Respectfully;

Donald White # 636  
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER  
WEEKLY OBSERVATION REPORT  
FOR PROBATIONARY OFFICER



Sir:

Officer's Name STYLES, PAUL A  
Last First M.I.

Badge: 656

Observation Period: from 1/31/99 to 2/5/99

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

SGT PAUL STYLES #656 HAS A GREAT ATTITUDE TOWARD IS NEW POSITION AND IS VERY WILLING TO ASK QUESTIONS. HE REPRESENTS HIMSELF AND THE DEPARTMENT VERY WELL AND WILL BE A GOOD SUPERVISOR AND LEADER IN TIME.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

SGT STYLES #656 WAS PROVIDED INSTRUCTION WITH PAYROLL AND THE PROCESSING AND OF TIME CARDS. SGT STYLES #656 SHOWED INTREST AND WAS VERY THROUGH IN THE COMPLETION OF SAME, IN TIME AND WITH PRACTICE WILL COMPLETE THIS TASK WELL. HE FURTHER WILL BE AN ASSET TO ANY PLATOON ASSIGNED TO

Respectfully,

Gerald J. H. # 636  
FIELD TRAINING OFFICER





**CMHA**  
**CUYAHOGA METROPOLITAN HOUSING AUTHORITY**  
**POLICE DIVISION**

**TYPE:** Inter-Office Correspondence  
**TO:** Stanley Murrey, Patrol Commander  
**FROM:** James E. Tufts, Lieutenant, First Platoon  
**DATE** 24 January 99  
**SUBJECT:** Performance Rating /Sgt Paul A. Styles #656

Sir:

I am respectfully requesting an extension for the performance evaluation for Sgt Paul A. Styles until Tuesday 26 January 99.

Respectfully,

A handwritten signature in black ink, appearing to read "James E. Tufts".

James E. Tufts, Lt

# C.M.H.A.P.D. PERFORMANCE RATING CHECKLIST



Paul A. Styles #656

EMPLOYEE'S NAME / BADGE #

1-9-99 thru 1-22-99

RATING PERIOD / SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest, 10-being the highest, 6-being average with 5-just below and 7-just above.

## QUALITY OF WORK

Accuracy	<u>7</u>	Accepts Responsibility	<u>8</u>
Judgement	<u>8</u>	Cooperative	<u>8</u>
Knowledge of Duties	<u>7</u>	Attitude Toward Department	
Thoroughness	<u>7</u>	Goals & Objectives	<u>8</u>
Ability to Learn	<u>8</u>	Accepts/Acts on	
Interest in Work	<u>9</u>	Constructive Criticism	<u>7</u>
Ability to Make Reports	<u>8</u>	<b>PERSONAL RELATIONSHIPS</b>	
Proper Care of Equipment	<u>8</u>	Tactful	<u>8</u>
Compliance/Policy-Directives	<u>8</u>	Courteous	<u>8</u>
Court Cases/Preparation		Proper Appearance	<u>9</u>
& Presentation	<u>9</u>	Proper Uniform / Dress	<u>9</u>

## QUANTITY OF WORK

Production	<u>7</u>	<b>FOR RATING OF SUPERVISOR ONLY</b>	
Organization of Time	<u>7</u>	Obtains Desired Work Results	
Industriousness	<u>8</u>	From Subordinates	<u>8</u>
Notice to Violator & Misd.		Explains Well the Work to	
Citations Issued	<u>N/A</u>	be done	<u>8</u>
Arrest Record	<u>N/A</u>	Systematically Checks the	
<b>DEPENDABILITY</b>		work of Subordinates	<u>7</u>
Reports for Work on Time	<u>8</u>	Knowledge & Conformity to	
Requires Little Supervision	<u>7</u>	Departmental Directives	<u>7</u>
Follows Instructions	<u>8</u>	Readily Accepts & Assumes	
		Responsibility Including	
		Disciplinary Action	<u>8</u>

## SUMMARY COMMENTS

Sgt Paul Styles #656 was assigned to First Platoon for a 2 week period of 1-9-99 thru 1-22-99 for orientation at Field Supervisor. He has a great working knowledge of FAA as making decisions on the street. The majority of his two weeks were directed toward the Administrative duties. The focus of the training was on Union Contracts, Review and progression of Field Reports, Officer Duty Reports Report writing and Time Card Preparation for Payroll. Sgt Styles has great potential as a supervisor, however the fact that he has just been promoted and the nervous at the job he used to slow down and review his work carefully and also on some administrative duties have a little more thrown into his decision making.

OFFICER SIGNATURE

rev 12/98

Det. James E. Cuff #1013

SUPERVISOR SIGNATURE

# WEEKLY OBSERVATION REPORT FOR PROBATIONARY SUPERVISOR



Sir:

Supervisor' Name Stylas, Paul A Badge: 656  
Last First M.I.

Observation Period: from 1-9-99 to 1-22-99

## WATCH COMMANDER/UNIT OIC OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Sgt. Paul Stylas #656 Has a Good Attitude Toward the Job  
and a Good working Knowledge of Decision Making on Report  
and Report Writing & Review. He Reports to work on time and  
is Neat & Clean in His Appearance.

## REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary supervisor does not respond to continual remedial training.

Sgt Stylas Had to be reminded to slow down on several instances  
to keep him from making errors.

Respectfully;

James O. Luff # 603

WATCH COMMANDER/UNIT OIC

*Certificate of*  
ATTENDANCE

A CareerTrack® seminar



3085 Center Green Drive  
Boulder, CO U.S.A. 80301-5408  
(303) 440-7440  
www.careertrack.com

*Paul A. Styles*  
\_\_\_\_\_  
Signature of Seminar Participant

*04-14-99*  
\_\_\_\_\_  
Date

*Kathleen J. Sears*  
Kathleen Sears  
Manager  
Curriculum development

# Certificate of Jury Service

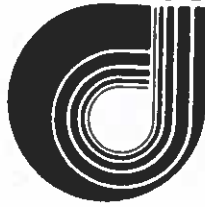
THE JUDGES OF THE COURT OF COMMON PLEAS  
OF THE COUNTY OF CUYAHOGA

EXTEND THEIR GRATITUDE AND APPRECIATION TO

**PAUL A. STYLES**

FOR CONSCIENTIOUS, DILIGENT AND MERITORIOUS SERVICE AS  
A JUROR IN THE COURT OF COMMON PLEAS  
OF THE COUNTY OF CUYAHOGA

IN WITNESS WHEREOF we set our hand and seal  
this 30TH day of June, 1999



COUNTY OF  
CUYAHOGA

Judge Christopher A. Boyko  
Judge Mary J. Boyle  
Judge Janet R. Burnside  
Judge Anthony O. Calabrese Jr.  
Judge Kenneth R. Callahan  
Judge Frank D. Celebrezze Jr.  
Judge Patricia A. Cleary

Judge Brian J. Corrigan  
Judge Daniel O. Corrigan  
Judge William J. Coyne  
Judge Thomas Patrick Curran  
Judge Carolyn B. Friedland  
Judge Stuart A. Friedland

Administrative Judge Richard J. McMonagle

Judge Nancy A. Fuerst  
Judge Eileen A. Gallagher  
Judge Daniel Gaul  
Judge Lillian J. Greene  
Judge Burt W. Griffin  
Judge Peggy Foley Jones  
Judge Judith Kilbane-Koch

Judge Ann T. Mannen  
Judge David T. Matia  
Judge Bridget M. McCafferty  
Judge Timothy McCormick  
Judge Nancy R. McDonnell  
Judge Timothy J. McGinty

Judge Christine T. McMonagle  
Judge Thomas J. Pokorny  
Judge Nancy M. Russo  
Judge S. Strickland Safford  
Judge Ronald Suster  
Judge Kathleen Ann Sutula  
Judge José A. Villanueva

Court Administrator William L. Danko



FRED *P*RYOR SEMINARS

A DIVISION OF PRYOR RESOURCES, INC.

THIS IS TO *C*ONFIRM THAT

SGT. PAUL STYLES

COMPLETED THE SEMINAR *C*NTITLED  
HOW TO SUPERVISE PEOPLE

*Fred Pryor* date AUGUST 04, 1999

0.6 *C*ONTINUING EDUCATION UNITS

YOUR SIGNATURE VALIDATES THIS CERTIFICATE

**HEALTHCARE  
PROVIDER**

American Heart  
Association  
*Fighting Heart Disease  
and Stroke*



**Paul A. Styles**

has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers Program.

**10/19/99**

Issue Date

**10/19/01**

Recommended Renewal Date

# C.M.H.A.P.D. PERFORMANCE RATING CHECKLIST



Styles, Paul # 656  
 EMPLOYEE'S NAME / BADGE  
 January 1, 1999 to January 2000 Vazquez, Anastacio T.  
 RATING PERIOD / SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest. 10-being the highest, 6-being average with 5-just below and 7-just above.

**QUALITY OF WORK**

Accuracy	7	Accepts Responsibility	8
Judgement	8	Cooperative	8
Knowledge of Duties	7	Attitude Toward Department	
Thoroughness	7	Goals & Objectives	7
Ability to Learn	8	Accepts/Acts on	
Interest in Work	8	Constructive Criticism	7
Ability to Make Reports	7	<b>PERSONAL RELATIONSHIPS</b>	
Proper Care of Equipment	7	Tactful	7
Compliance/Policy-Directives	8	Courteous	7
Court Cases/Preparation		Proper Appearance	7
& Presentation	7	Proper Uniform / Dress	7

**QUANTITY OF WORK**

Production	7	<b>FOR RATING OF SUPERVISORS ONLY</b>	
Organization of Time	7	Obtains Desired Work Results	
Industriousness	7	From Subordinates	
Notice to Violator & Misd.		Explains Well the Work to be	
Citations Issued	7	Done	
Arrest Record	7	Systematically Checks the	
<b>DEPENDABILITY</b>		Work of Subordinates	
Reports for Work on Time	8	Knowledge & Conformity to	
Requires Little Supervision	8	Departmental Directives	
Follows Instructions	8	Readily Accepts & Assumes	
		Responsibility Including	
		Disciplinary Action	

**SUMMARY COMMENTS**

Sgt. Styles # 656 has shown from day one that he can except responsibility, follow instructions and perform well under pressure. He is liked by everyone he comes in contact and in more than one occasions I have received compliments from residents from most estates for his professionalism that he has displayed. He has shown great improvement in all areas of the job. Sgt. Styles was an excellent choice for a supervisor. Sgt. Styles is respected by his peers and subordinates.

OFFICER SIGNATURE \_\_\_\_\_ SUPERVISOR SIGNATURE *Sgt. Paul Styles #656* DATE *01-10-00*

LIEUTENANT/SUPERVISOR REVIEW AND SIGNATURE *Anastacio T. Vazquez, Lt* DATE *January 10, 2000*



# Ohio Peace Officer Training Commission

PAUL A. STYLES

has participated in the advanced training course

OHIO TRAFFIC CRASH REPORT, OH1

at the Ohio Peace Officer Training Academy.

JANUARY 11, 2000

  
Betty D. Montgomery  
Attorney General

Betty D. Montgomery  
Attorney General

  
Vernon C. Chenevey  
Executive Director  
Ohio Peace Officer Training Commission

Vernon C. Chenevey  
Executive Director  
Ohio Peace Officer Training Commission

  
Jeffrey M. Merickel, Chairman  
Ohio Peace Officer Training Commission

Jeffrey M. Merickel, Chairman  
Ohio Peace Officer Training Commission



*Certificate of Training*

Sgt. Paul Styles of the Cuyahoga Metropolitan Housing Authority

is recognized for participation and completion of

Management Skills Development Module I

Managing and Leading Effectively

Training Course

on

April 27, 2000

*Congratulations!*

*Josie B. Lindsey*

*Josie Bell Lindsey*

*President*

*Bell & Lindsey, Inc.*

# Ohio Peace Officer Training Commission

PAUL A. STYLES

has participated in the advanced training course

CUYAHOGA METRO HOUSING AUTHORITY  
P.D. IN-SERVICE

at the Ohio Peace Officer Training Academy.

August 7 - 9, 2000

ENTERED

Betty D. Montgomery  
Betty D. Montgomery  
Attorney General

Jeanne A. Miller  
Jeanne A. Miller, Chairman  
Ohio Peace Officer Training Commission

Vernon C. Chenevey  
Vernon C. Chenevey, Executive Director  
Ohio Peace Officer Training Commission



*Certificate of Training*

*Sgt. Paul Styles of the Cuyahoga Metropolitan Housing Authority  
is recognized for participation and completion of  
Management Skills Development Module III*

*Managing For Desired Results*

*Training Course*

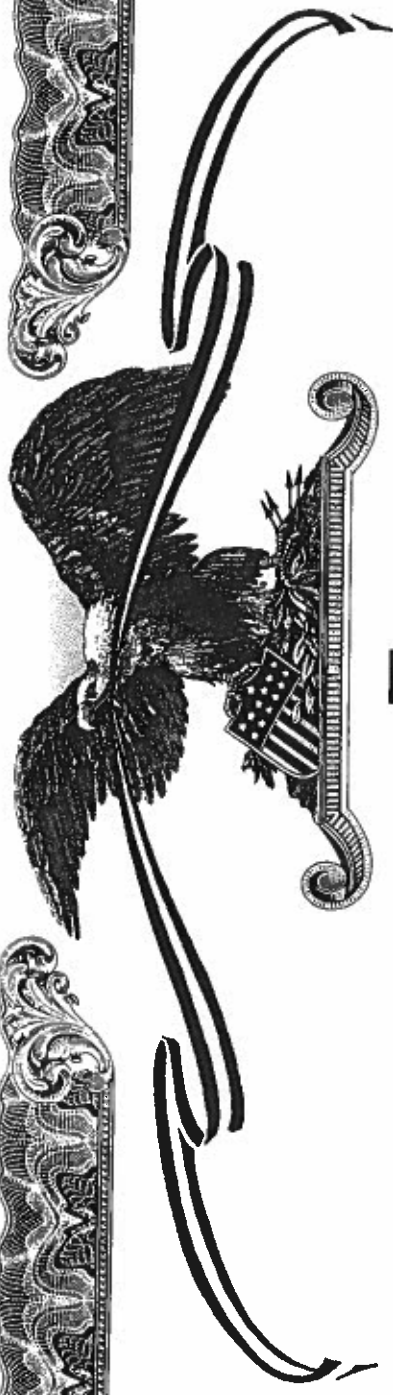
*June, 2000*

*Congratulations!*

*Prie B. Lindsay*  
*Joice Bell Lindsay*

*President*

*Bell & Lindsay, Inc.*



# Public Agency Training Council

National Criminal Justice  
CERTIFICATE OF ATTENDANCE

**PAUL STYLES**

Has Completed  
24 Hours of Instruction In

## Raid & High Risk Warrant Planning & Execution

Columbus, Ohio

September 11, 12 & 13, 2000

*Doyle T. Wright*  
Doyle T. Wright  
Instructor

*James R. Aisup*  
James R. Aisup  
Director





C.M.H.A.  
CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE



*Steples 6.56*

**OC Aerosol Projector End User Test – Page 1 of 2**

- ✓ 1) What is the first step in decontaminating a suspect?
  - A. See if he is wearing contact lenses.
  - B. Reassure him that he is all right.
  - C. Flush with large amounts of water and expose to fresh air.
  - D. Have him change his clothes.
  
- ✓ 2) What is the minimum distance between you and the suspect when you are going to deploy OC?
  - A. 6 Feet
  - B. 1 foot
  - C. 3 Feet
  - D. 4 feet, 6 inches
  
- ✓ 3) What is the propellant for Bodyguard OC spray?
  - A. Nitrogen
  - B. CO2
  - C. Alcohol
  - D. Water
  
- ✓ 4) If you are justified in using a baton, are you justified in using OC?
  - A. YES
  - B. NO
  
- ✓ 5) What does a micron measure?
  - A. 1/60<sup>th</sup> of an inch.
  - B. 1/5000<sup>th</sup> of an inch.
  - C. 1/25000<sup>th</sup> of an inch.
  - D. None of the above.
  
- ✓ 6) What is BODYGUARD OC spray?
  - A. Irritant Agent
  - B. Inflammatory Agent
  - C. Nerve Agent
  - D. All of the above
  
- ✓ 7) You should use first aid cream to stop the inflammation on the face.
  - A. TRUE
  - B. FALSE
  
- ✓ 8) What is the target area for BODYGUARD?
 

FACE
  
- ✓ 9) What is the method for firing BODYGUARD?
  - A. The Criss-Cross
  - B. The Serpentine
  - C. The Side-to-Side
  - D. All of the above

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE**

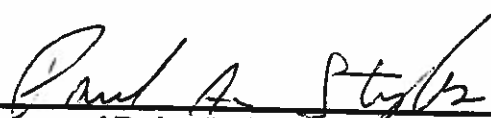
*5715 Woodland Avenue  
Cleveland, Ohio 44104*

**EXERCISE FACILITY DISCLAIMER:** THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA) AND THE CMHA DIVISION OF POLICE ARE NOT RESPONSIBLE FOR ANY DAMAGE TO THE PERSONAL PROPERTY, OR LOSS OF PROPERTY, OR FOR ANY INJURY TO ANY PERSON SUFFERED WHILE TRAINING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE PHYSICAL TRAINING ACTIVITIES HELD AT THE CMHA DIVISION OF POLICE EXERCISE FACILITY FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY, CMHA DIVISION OF POLICE, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation in a training program or my individual use of the CMHA Division of Police exercise facility, I hereby release and covenant not-to-sue or file any other action against the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police, and any of its employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police or others listed for property damage, personal injury, or wrongful death arising as a result of my engaging in any training activity or receiving instruction in physical training activities (e.g., physical conditioning, fitness training and strength training) or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that physical training is a vigorous activity involving cardiovascular stress and active physical contact. I understand that physical training involves certain risk of injury, including but not limited to, death, spinal injuries, and injury to bones, joints and muscles. I am voluntarily participating in this training with the knowledge of the risk involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police and others listed for any and all claims arising as a result of my engaging in or receiving instruction in physical training activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Ohio and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in Ohio. I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police, or any of the parties listed above.

 656  
\_\_\_\_\_  
Signature and Badge # of Employee/Participant/User

03-01-02  
\_\_\_\_\_  
Date

# TRAINING CONFIRMATION NOTICE

January 19, 2001

**Dear Training Participant:**      **Sgt. Paul Styles**

You have been scheduled to attend the training listed below. Please review this information and mark your calendar accordingly.

**Title:**                      **Performance Appraisal Overview**

**Date:**                      **Tuesday, January 23, 2001**

**Time:**                      **1:00 p.m. until 3:00 p.m.**

**Location:**                **CMHA Learning Center**  
**2711 Church Avenue - First Floor**  
**Cleveland, Ohio 44113**

ENTERED

Questions? Call Eve Hall-Rice, (216) 348-4960, extension 4080.

## PLEASE BE PROMPT!

**Enjoy Your Learning Experience!**



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
DIVISION OF POLICE**

*5715 Woodland Avenue  
Cleveland, Ohio 44104*

**EXERCISE FACILITY DISCLAIMER:** THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA) AND THE CMHA DIVISION OF POLICE ARE NOT RESPONSIBLE FOR ANY DAMAGE TO THE PERSONAL PROPERTY, OR LOSS OF PROPERTY, OR FOR ANY INJURY TO ANY PERSON SUFFERED WHILE TRAINING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE PHYSICAL TRAINING ACTIVITIES HELD AT THE CMHA DIVISION OF POLICE EXERCISE FACILITY FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY, CMHA DIVISION OF POLICE, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation in a training program or my individual use of the CMHA Division of Police exercise facility, I hereby release and covenant not-to-sue or file any other action against the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police, and any of its employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police or others listed for property damage, personal injury, or wrongful death arising as a result of my engaging in any training activity or receiving instruction in physical training activities (e.g., physical conditioning, fitness training and strength training) or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that physical training is a vigorous activity involving cardiovascular stress and active physical contact. I understand that physical training involves certain risk of injury, including but not limited to, death, spinal injuries, and injury to bones, joints and muscles. I am voluntarily participating in this training with the knowledge of the risk involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police and others listed for any and all claims arising as a result of my engaging in or receiving instruction in physical training activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Ohio and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in Ohio. I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police, or any of the parties listed above.

*Sgt. Paul #654*  
Signature and Badge # of Employee/Participant/User

*3-1-02*  
Date

CUYAHOGA METROPOLITAN HOUSING AUTHORITY  
POLICE DEPARTMENT



Certificate of Completion

The undersigned has successfully completed a basic course in

**Novell Group Wise 5.5**

*Paul Styles*

*has completed this training on*

*July 06, 2001*



Glenn R. Kraniske  
Network Administrator



# *Certificate of Completion Paul Styles*

*Has SUCCESSFULLY completed a Course/Program  
in*

**Cleveland Metropolitan Housing Authority Update Training**

<i>Consisting of</i>	24.0	Grammar/Report Writing	8 Hrs.
<i>Contact Hours</i>		Ohio Revised Code	8 Hrs.
		Court Testimony	6 Hrs.
		Radio Procedures	2 Hrs.

*Amunt*  
\_\_\_\_\_  
*Signature*

April 26-28, 1999

Coordinator, Police & Fire Training Institute  
\_\_\_\_\_  
*Title*





# Northcoast Polytechnic Institute

Police Executive and Administrative Leadership  
School  
"PEALS"

## FINAL REPORT OF GRADES

**Name:** Paul Styles

**Department:** CMHA PD

**Exam Week #1:** 80%  
January 7-11, 2002

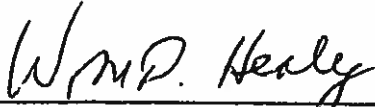
**Exam Week #2:** 71%  
February 4-8, 2002

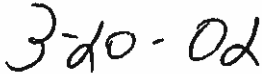
**Exam Week #3:** 80%  
March 4-8, 2002

**Project #1:** 94%  
*Instructor: Jim McKean*

**Project #2:** 80%  
*Instructor: Dick Curtis*

**Accumulative Grade Average:** 80%

  
\_\_\_\_\_  
*William D. Healy, Director*  
Northcoast Polytechnic Institute

  
\_\_\_\_\_  
*Date*

ENTERED

# BENELLI SHOTGUN FAMILIARIZATION TRAINING PRACTICE EXERCISES

OFFICER: Sgt. Paul Styles #656

DATE: 6.20.04

RANGE OFFICER: P. Donaldson #612

## SPO #1 FAMILIARIZATION AND OPERATION

DID THE OFFICER ...	YES	NO
DEMONSTRATE THEIR KNOWLEDGE OF THE LOCATION OF THE SAFETY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEMONSTRATE THEIR KNOWLEDGE OF THE LOCATION OF THE SLIDE RELEASE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEMONSTRATE THEIR KNOWLEDGE OF THE LOCATION OF THE TRIGGER GUARD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEMONSTRATE THEIR KNOWLEDGE OF THE LOCATION OF THE TRIGGER?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## SPO #2 LOADING THE MAGAZINE TUBE OF A SHOTGUN

DID THE OFFICER ...	YES	NO
POINT THE MUZZLE IN A SAFE DIRECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROTATE THE WEAPON SO THAT THE LOADING THROAT IS FACING THE STUDENT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASSURE THAT THE ACTION IS CLOSED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXAMINE SHELLS FOR POSSIBLE DAMAGE AND CORRECT GAUGE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
POSITION THE BRASS BASE OF THE SHELL TOWARD THE TRIGGER GUARD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
INSERT SHELLS, ONE AT A TIME, FOR A TOTAL OF 4 ROUNDS, THROUGH THE LOADING MAGAZINE TUBE UNTIL THE CLICK OF THE SHELL STOP IS HEARD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## SPO#3 CHARGING THE CHAMBER OF THE SHOTGUN

DID THE OFFICER ...	YES	NO
POINT THE MUZZLE IN A SAFE DIRECTION, WITH THE SAFETY IN THE "OFF" POSITION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PULL THE SLIDE-ACTION HANDLE/CHARGING HANDLE TO THE REAR-MOST POSITION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WITH A SHARP MOTION, PUSH THE SLIDE-ACTION HANDLE TO THE FOREMOST POSITION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPO#4  
UNLOADING PROCEDURES FOR THE SHOTGUN

DID THE OFFICER ...	YES	NO
POINT THE MUZZLE IN A SAFE DIRECTION WITH THE SAFETY IN THE "ON" POSITION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMOVE THE ROUND FROM THE CHAMBER?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WITH THE RIGHT INDEX FINGER DEPRESS THE ACTION RELEASE LEVER (PUMP ACTION) AND WITH THE LEFT HAND PULL THE ACTION SLOWLY TO THE REAR APPROXIMATELY TWO INCHES OR UNTIL THE NOSE OF THE ROUND IS CLEAR OF THE CHAMBER?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUSH UP THE CARRIER?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COVER THE EJECTION PORT WITH THE RIGHT HAND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WITH THE FINGERS CURLED UNDER THE LOADING THROAT AND FORMING A POCKET AT THE EJECTION PORT, PULL THE ACTION TO THE REAR WITH A SHARP MOTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROTATE THE WEAPON SO THE LOADING PORT IS FACING THE STUDENT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEPRESS THE SHELL STOPS LOCATED INSIDE THE LOADING PORT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GUIDE THE SHELL FROM THE MAGAZINE TUBE, OUT OF THE LOADING THROAT AND INTO THE HAND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPEAT THE ABOVE STEPS UNTIL THE MAGAZINE IS EMPTY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
INSPECT THE INSIDE OF THE CHAMBER ON THE CARRIER AND IN THE MAGAZINE TUBE FOR SHELLS REMAINING IN THE SHOTGUN?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLOSE THE ACTION BY PUSHING THE ACTION HANDLE FORWARD (PUMP ACTION)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WITH THE MUZZLE POINTED IN A SAFE DIRECTION, PUSH THE SAFETY "OFF"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PULL THE TRIGGER IN ORDER TO RELEASE THE HAMMER SPRING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify that I have received the above training and I feel that I am proficient in the operation of the Benelli shotgun.

Paul Styer #656  
SIGNATURE AND BADGE #

I certify that I have given the above listed officer the above training on the Benelli shotgun. They have demonstrated that they are proficient in its operation.

[Signature] 642  
SIGNATURE OF RANGE OFFICER AND BADGE #

# Shepherd Security Institute

Cleveland, Ohio

This 240 Hour Certificate is Awarded to

Paul Styles

For Satisfactory Completion of  
**Private Security Officer Training**

This 04 Day of December 19 92  
in Cleveland, Ohio



*Joseph A. Etkason*  
President



# Safeguard Security Institute

"Professional Private Security Training"

Date 12/24/98

To: Whom it may concern \_\_\_\_\_

Re: Private Security

This letter will serve to introduce Paul Styles  
as a graduate of Safeguard Security Institutes 120 hour Ohio  
Peace Officers Training Council course.

This graduate also completed all of the training, exams, and  
qualifications for fire/arms.

This letter will be in effect until said graduate has received  
his/her certification from the Ohio Peace Officers Training  
Council in London Ohio.

Respectfully,

*Sandee K. Gleason*  
Sandee K. Gleason  
Program Director

P.S. Transcripts available upon request.

# Ohio Peace Officer Training Council

State of Ohio  
Office of the Attorney General

This is to certify that

**PAUL STYLES**

REVOLVER  
SHOTGUN

has completed the  
Ohio Peace Officer  
Private Security Training Program  
held at

SAFEGUARD SECURITY INSTITUTE

Awarded this 4TH day of DECEMBER 19 92

*Lee Fisher*

Lee Fisher  
Attorney General

*Thomas W. Rice*

Colonel Thomas W. Rice, Chairman  
Ohio Peace Officer Training Council



*Gregory T. Merritt*

Gregory T. Merritt, Executive Director  
Ohio Peace Officer Training Council

*James A. Harrison*

James A. Harrison  
School Commander

530186

REQUALIFICATION DATE: 6/4/94

92-870