

PTF'S

PERSONNEL TRANSACTION FORM



EMPL ID 3407	Request Date 4/29/2020	Effective Date 5/22/2020	Hire Date 5/22/2015
SOCIAL SS# [REDACTED]	Emp Status	FLSA Status Nonexempt	

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert			3/17/1988	Male	Married	White	No

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	PRG	Step Increase	110446001000000910000	FAR WEST POLICE SAL AMP 910

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2019	07101	Police Officer	\$25.0000	\$52,000.0000	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2020	07101	Police Officer	\$25.5000	\$53,040.0000	Police Administration	210000

COMMENTS:
Anniversary step increase effective 05/22/2020.

Andres Gonzalez 4/29/2020
Requested By: Date

Tami Marinella 4/30/2020
Financial Approval (if applicable) Date

Andres Gonzalez 4/29/2020
Department Director: Date

Elizabeth McCafferty 5/1/2020
Director of Human Resources: Date

Tami Marinella 4/30/2020
Budgetary Approval: Date

Chief Executive Officer: Date

Handwritten signature and date: B 12/6/2020

PELLEGRINO TRANSACTION FORM



EMPL ID 3407	Request Date 4/30/2019	Effective Date 5/22/2019	Hire Date 5/22/2015
SOCIAL SS# [REDACTED]	Emp Status	FLSA Status Nonexempt	

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert			3/17/1988	Male	Married	White	No

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	PRG	Step Increase	110446001000000910000	FAR WEST POLICE SAL AMP 910

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2019	07101	Police Officer	\$23.0000	\$47,840.0000	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2019	07101	Police Officer	\$25.0000	\$52,000.0000	Police Administration	210000

COMMENTS:
Anniversary step increase effective 05/22/2019.

Andres Gonzalez 4/30/2019
Requested By: Date

Financial Approval (if applicable): Date

Andres Gonzalez 4/30/2019
Department Director: Date

Elizabeth McCafferty 5/1/2019
Director of Human Resources: Date

Tami Marinella 5/1/2019
Budgetary Approval: Date

Chief Executive Officer: Date

PERSONNEL TRANSACTION FORM



EMPL ID 3407	Request Date 2/25/2019	Effective Date 1/1/2018
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert	A		3/17/1988	Male	Single	White	Yes

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	PRG	Step Increase	110446001000000910000	FAR WEST POLICE SAL AMP 910

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2018	07101	Police Officer	\$18.6300	\$38,750.4000	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2018	07101	Police Officer	\$18.8200	\$39,145.6000	Police Administration	210000

COMMENTS:

Requested By: _____ Date

Andres Gonzalez 2/28/2019
 Department Director: Date

Elizabeth McCafferty 2/28/2019
 Director of Human Resources: Date

Tami Marinella 2/28/2019
 Budgetary Approval: Date

 Chief Executive Officer: Date

PERSONNEL TRANSACTION FORM



EMPL ID 3407	Request Date 10/11/2018	Effective Date 5/22/2018
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert	A		3/17/1988	Male	Single	White	No

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	PRG	Step Increase	105446001000000905000	HOUGH POLICE SAL AMP 905

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2017	07101	Police Officer	\$18.6300	\$38,750.4000	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2017	07101	Police Officer	\$20.5000	\$42,640.0000	Police Administration	210000

COMMENTS:

Requested By: _____ Date

Andres Gonzalez 10/16/2018
Department Director: Date

Elizabeth McCafferty 10/16/2018
Director of Human Resources: Date

Tami Marinella 10/16/2018
Budgetary Approval: Date

Chief Executive Officer: Date

C/423/1/6

PERSONNEL TRANSACTION FORM



EMPL ID 3407	Request Date 5/2/2017	Effective Date 5/22/2017	Hire Date 5/22/2015
SOCIAL SS# [REDACTED]	Emp Status	FLSA Status Nonexempt	

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert			3/17/1988	Male	Married	White	No

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	648446001648000210000	COPS 2014 Hiring Program

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2016	07101	Police Officer	\$15.9100	\$33,090.4500	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2017	07101	Police Officer	\$18.6300	\$38,752.0700	Police Administration	210000

COMMENTS:
Pay Increase - Across the Board

Andres Gonzalez 5/2/2017
Requested By: Date

Financial Approval (if applicable): Date

Andres Gonzalez 5/2/2017
Department Director: Date

Elizabeth McCafferty 5/5/2017
Director of Human Resources: Date

Victoria Gruber 5/4/2017
Budgetary Approval: Date

Chief Executive Officer: Date

PERSONNEL TRANSACTION FORM



EMPL ID 3407	Request Date 7/23/2018	Effective Date 1/14/2017	Hire Date 5/22/2015
SOCIAL SS# [REDACTED]	Emp Status	FLSA Status Nonexempt	

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert			3/17/1988	Male	Married	White	No

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	CON	Contractual	648446001648000210000	COPS 2014 Hiring Program

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2016	07101	Police Officer	\$18.6300	\$38,750.4000	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/14/2017	07101	Police Officer	\$20.5000	\$42,640.0000	Police Administration	210000

COMMENTS:
Contractual Increase eff. date 01/14/17.

Andres Gonzalez 7/23/2018
Requested By: Date

Financial Approval (if applicable): Date

Andres Gonzalez 7/23/2018
Department Director: Date

Elizabeth McCafferty 7/30/2018
Director of Human Resources: Date

Tami Marinella 7/30/2018
Budgetary Approval: Date

Chief Executive Officer: Date

PERSONNEL TRANSACTION | RM



EMPL ID 3407	Request Date 12/6/2018	Effective Date 5/22/2018	Hire Date 5/22/2015
SOCIAL SS# [REDACTED]	Emp Status	FLSA Status Nonexempt	

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert			3/17/1988	Male	Married	White	No

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
Data Chg	CNS	Cost Number Change	110446001000000910000	FAR WEST POLICE SAL AMP 910

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2018	07101	Police Officer	\$20.5000	\$42,640.0000	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2018	07101	Police Officer	\$20.5000	\$42,640.0000	Police Administration	210000

COMMENTS:

Andres Gonzalez 12/6/2018
Requested By: Date

Financial Approval (if applicable): Date

Andres Gonzalez 12/6/2018
Department Director: Date

Elizabeth McCafferty 12/7/2018
Director of Human Resources: Date

Tami Marinella 12/7/2018
Budgetary Approval: Date

Chief Executive Officer: Date

PERSONNEL TRANSACTION FORM



EMPL ID 3407	Request Date 7/8/2016	Effective Date 5/22/2016
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz Jr.	Robert	A		3/17/1988	Male	Single	White	No

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	105446001000000905000	HOUGH POLICE SAL AMP 905

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
5/22/2015	07101	Police Officer	\$13.7600	\$28,620.8000	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2016	07101	Police Officer	\$14.8100	\$30,804.8000	Police Administration	210000

COMMENTS:
Contractual increase effective January 1, 2016

Requested By: _____ Date

Financial Approval (if applicable): _____ Date

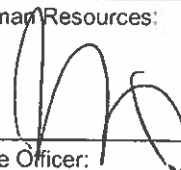
Andres Gonzalez 7/12/2016

Elizabeth McCafferty 7/12/2016

Department Director: _____ Date

Director of Human Resources: _____ Date

Amy Waxman 7/12/2016

 7-12-16

Budgetary Approval: _____ Date

Chief Executive Officer: _____ Date



PERSONNEL TRANSACTION FORM

EMPL ID	Request Date 4/28/2015	Effective Date
SOCIAL SS# [REDACTED] (mask- last 4 digits)	Employee Status Active	FLSA Status

Last Name	First Name	M.I.	Suffix	Birth Date	Sex	Marital Status	Race	CMHA Resident
Lenz	Robert	A	Jr.	3/17/1988	M		White	

Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Action	Action Reason	Action Description	Cost Number	Cost Number Description
HIR	NPS	New Position	See Below	Cops Grant 648

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		
Police Officer			\$13.76	\$28,613.49	Police	210000

COMMENTS:
 Cops Grant
 648-446001-000000-210-000 75% & 105-446001-000000-905-000 @25%

Requested By: [Signature] Date 4/28/2015
 Department Director Date

[Signature] 5-5-15
 Director of Human Resources Date

[Signature] 5-4-15
 Budgetary Approval Date

[Signature] 5-6-15
 Chief Executive Officer Date



EMPL ID	Request Date 4/28/2015	Effective Date
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
Lenz	Robert	A	Jr.	3/17/1988	M		White	

Mailing Address 1	Address 2	City	State	Zip Code

Action	Action Reason	Action Description	Cost Number	Cost Number Description
HIR	NPS	New Position	See Below	Cops Grant 648

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		
Police Officer			\$13.76	\$28,613.49	Police	210000

COMMENTS:
 Cops Grant
 648-446001-000000-210-000 75% & 105-446001-000000-905-000 @25%

Requested By: *[Signature]*
 Date: 4/28/2015

Director of Human Resources _____ Date _____

Department Director _____ Date _____

Budgetary Approval _____ Date _____

Chief Executive Officer _____ Date _____

PERSONNEL

FILE





EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: ROB LEWIS

Social Security Number (Last 4 digits): [REDACTED]

Department: POLICE

New Name: _____
(Please attach appropriate documentation)

New Address: [REDACTED]
Street
[REDACTED]
City/State/Zip Code

Telephone Number: _____

Effective Date: 1/17/2019

[Signature]
Employee Signature

3 MAR 2019
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

3/3/20
Logged
1/2

Transmission Report

Date/Time 03-03-2020 08:43:35 a.m. Transmit Header Text
Local ID 1 1111 Local Name 1 Xerox

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"



EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: Rob L. Fenz

Social Security Number (Last 4 digits): [REDACTED]

Department: Police

New Name: _____
(Please attach appropriate documentation)

New Address: [REDACTED]
Street
[REDACTED]
City/State/Zip Code

Telephone Number: _____

Effective Date: 1/17/2019

[Signature]
Employee Signature

3MAR2022
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

Total Pages Scanned : 1 Total Pages Confirmed : 1

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	149	1111	08:43:00 a.m. 03-03-2020	00:00:09	1/1	1	EC	H5	CP28800

Abbreviations:
HS: Host send PL: Polled local MP: Mailbox print CP: Completed TS: Terminated by system
HR: Host receive PR: Polled remote RP: Report FA: Fail G3: Group 3
WS: Waiting send MS: Mailbox save FF: Fax Forward TU: Terminated by user EC: Error Correct



EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: PO ROBERT A. LENZ #52

Social Security Number (Last 4 digits): [REDACTED]

Department: POLICE

New Name: _____
(Please attach appropriate documentation)

New Address: [REDACTED]
Street

[REDACTED]
City/State/Zip Code

Telephone Number: [REDACTED]

Effective Date: APRIL/MAY 16

PO R. Lenz #52
Employee Signature

01 NOV 16
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



EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: ROBERT A. LENZ

Social Security Number (Last 4 digits): [REDACTED]

Department: CMHA

New Name: _____
(Please attach appropriate documentation)

New Address: [REDACTED]
Street

[REDACTED]
City/State/Zip Code

Telephone Number [REDACTED]

Effective Date: 11 JUN. 15

[Signature] #52
Employee Signature

11 JUN. 15
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

Addressee	Start Time	Time	Prints	Result	Note
Human Resources	06-22 12:09	00:00:32	003/003	OK	

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX,
MIX: Mixed Original TX, CALL: Manual TX, CSRC: CSRC, FDD: Forward, PC: PC-Fax,
BND: Double-Sided Binding Direction, SP: Special Original, FCODE: F-Code, RTX: Re-TX,
RLY: Relay, MEX: 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, POVR: Receiving page Over, FIL: File Error,
DC: Decode Error, MDN: MDN Response Error, DSN: DSN Response Error.



EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: ROBERT A. LENZ

Social Security Number (Last 4 digits): [REDACTED]

Department: CMHA

New Name: _____
(Please attach appropriate documentation)

New Address: [REDACTED]
Street: _____
[REDACTED]
City/State/Zip Code: _____

Telephone Number: [REDACTED]

Effective Date: 11 JUN. 15

Employee Signature: [Signature] #52

Date Completed: 11 JUN. 15

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

*By Authority of the Board of Education of the
Cleveland Municipal School District, Cleveland, Ohio*

Lincoln-West High School

has awarded this

Diploma

to

Robert Alexander Lenz Jr.

*who has satisfactorily completed the requirements prescribed for graduation
from the High Schools of the Cleveland Municipal School District*

June 6, 2007

Gregory J. Anderson

Chief Executive Officer

Edward J. W. H. T.

Principal



Lawrence W. Davis

Chair, Board of Education

James P. Gatlage

Chief Financial Officer

Cuyahoga Metropolitan Housing Authority Police Department
PRE-EMPLOYMENT QUESTIONNAIRE

Name: ROBERT A. LENZ JR.

(Print)

SS#: [REDACTED]

1. Please review the attached job functions for the position of Police Officer. Are you able to perform these tasks with or without an accommodation?
YES

2. Have you ever attended a Basic Peace Officer Training Academy approved by the Ohio Peace Officer Training Commission? YES
If YES, where and when:
HOCKING COLLEGE NELSONVILLE, OH 45764
(Academy Name, City, State)
JAN 2014 - MAY 2014
(Date(s) of Attendance: Month and Year)

3. Please review the attached work shifts. Are you able to work all of these as assigned? YES

4. Are you a United States citizen? YES
If NO, do you intend to become one? _____

5. Have you ever used illegal drugs? YES

6. When is the last time you used illegal drugs? 5 YEARS AGO

7. Do you drink alcohol? YES

8. Have you ever been arrested and convicted for driving under the influence?
NO

9. Name and telephone number of most recent employer:
AUTOZONE (740) 594-2690
PARTS SALES
(Position / Title)
Number of days absent: 3
How many Mondays and/or Fridays were you absent and/or tardy other than approved vacation leave? 0

Robert A. Lenz Jr.
Signature

10 JUL 2014
Date



5715 Woodland Avenue T - 216-426-7760
Cleveland, Ohio 44104-2740 F - 216-361-3728



To Whom It May Concern:

ROBERT A. LENZ JR. has recently applied for the position of

RESERVE with the Cuyahoga Metropolitan Housing Authority Police Department. He/she has provided signed authorization for release of employment history and listed you and/or your company as a former employer.

We have provided a brief questionnaire and would appreciate your cooperation in promptly completing and returning it in the envelope provided. Your reply will assist us in determining the applicant's overall suitability for employment.

Your response will remain confidential and will not be shared with the applicant.

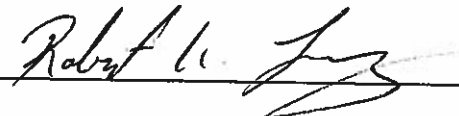
Sincerely,


Thomas Burdyslaw, Commander

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the recipient of this letter to release and provide any and all information regarding my employment history to the Cuyahoga Metropolitan Housing Authority Police Department. I understand this information may be used to determine my suitability for employment and will not hold the recipient and/or employer responsible for its release thereof.

DATE: 10 / Jun / 2014

SIGNATURE: 

APPLICANT NAME: _____

PLEASE COMPLETE THE FOLLOWING:

DATE EMPLOYED: _____ DATE SEPARATED: _____

JOB TITLE: _____ REASON FOR LEAVING: _____

WOULD YOU REHIRE? YES _____ NO _____

IF NO, STATE REASON: _____

APPRAISAL

CATEGORY	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: _____

COMPANY NAME: _____

Personal Information

Last Updated: 8/23/2014 11:25 AM

First Name: robert Middle: a Last Name: lenz
 Address Line 1: [REDACTED]
 Address Line 2: [REDACTED]
 Zip: [REDACTED] City: [REDACTED] State: OH
 Home Phone: [REDACTED] Business Phone: () - - ext. _____
 Prior address: (if less than five years)
 Please indicate any other formal name by which you've been known (e.g. maiden name):
 How did you learn of us? Ad in paper Employee (Name): Sgt. Smiddy, John
 College/School Walk-in or unsolicited résumé
 Employment Agency Other:

Employment Preferences

Last Updated: 8/23/2014 11:12:15 AM

Do you prefer: Full-time? If full-time: Daytime? Evening? Weekends?
 Part-time? If part-time: Daytime? Evening? Weekends?

Check here if you would consider temporary employment
 Check here if interested in seasonal work.
 Please indicate dates available for seasonal work:

Pay expected: \$13.00 Hourly

Returning to Application

Last Updated: 6/25/2014 11:02:45 PM

- Have you ever been involuntarily terminated by an employer? Yes No
- Non-U.S. Citizens Only:* Are you legally eligible to work in the United States? Yes No N/A
- Are you a CMHA resident? Yes No
- Have you ever been employed with CMHA? Yes No
- Are you an HCVP participant? Yes No
- *Do you have any interest, direct or indirect, in any residential property with a CMHA Housing Assistance Payment contract? Yes No
- *Does any member of your immediate family or household have any interest, direct or indirect, in any residential property with a CMHA Housing Assistance Payment Contract? ("immediate family" means your spouse, parent (including a stepparent), child, grandparent, grandchild, brother or sister, whether related by full blood or as a "half" or "step" relative; "household member" means any person related by blood or marriage and residing in your household). Yes No
- *Do you have any interest, direct or indirect, in any contract, subcontract, or arrangement with CMHA? Yes No
- *Does any member of your immediate family or household have any interest, direct or indirect, in any contract, subcontract, or arrangement with CMHA? ("immediate family" means your spouse, parent (including a stepparent), child, grandparent, grandchild, brother or sister, whether related by full blood or as a "half" or "step" relative; "household member" means any person related by blood or marriage and residing in your household). Yes No
- All applicants are required to answer the following questions*:**
- 1. Have you ever been convicted of a felony? Yes No
- 2. Have you ever pled guilty or no contest to a felony? Yes No
- 3. Do you currently have pending any felony or misdemeanor charges against you? Yes No

*CMHA conducts full criminal background checks on applicants. A prior record of offense(s) may or may not disqualify an applicant from consideration for employment. The date, nature and seriousness of the offense and any rehabilitation will be considered in light of the duties of the position for which the person has applied.

Returning to Company Car

Last Updated: 6/25/2014 11:02:45 PM

- Do you have a valid driving license? Yes No
- If yes, State: OH Driver's License Number: XXXXXXXXXX
- Any moving violations in the past 3 years? Yes No

High School Information

Last Updated: 11/25/2014 3:11:00 PM

High School Name	City	State	Diploma	GED
Lincoln-west	Cleveland	OH	<input checked="" type="radio"/>	<input type="radio"/>

Vocational/Technical School Information

Last Updated: 11/25/2014 3:11:00 PM

School Name	City	State	Major/Minor	Status	Date Completed	Degree
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- Some College /
- Currently Pursuing
- Completed Degree

College Information

Last Updated: 11/25/2014 3:11:00 PM

School Name	City	State	Major/Minor	Status	Date Completed	Degree
Hocking College	Nelsonville	OH	Police Science	<input type="radio"/> Some College <input type="radio"/> Currently Pursuing <input checked="" type="radio"/> Completed Degree	8/2014	Associates

Employment History Information

Last Update: 8/25/2014 11:28:50 AM

To assist us in verifying references, please complete all information accurately and be sure to indicate the employer's *current* address and phone number.

Check this box if you do not have any previous employers:

*Employer: Autozone *Phone: (740) 594-2690
 *Street Address: 912 E. State St. Athens *State: OH
 *Date Started: 6/2012 *Date Ended: Present/Present
 *Title/Position: Customer service *Salary: \$8.50 Hourly
 *Name of Last Supervisor: Matt Barnhouse
 *Reason for Leaving: Currently still employed
 *May we contact for a reference at this time? * Yes No
 State the name under which you were employed if different than now:
 *Brief description of your responsibilities: Part Sales, customer service, and limited auto part installation

*Employer: Solution Industries *Phone: (440) 816-9500
 *Street Address: 17830 Englewood Dr. Middleburg Heights *State: OH
 *Date Started: 10/2008 *Date Ended: 6/2012
 *Title/Position: Warehouse shipper / receiver *Salary: \$13.00 Hourly
 *Name of Last Supervisor: Steve Parham
 *Reason for Leaving: Moved to Athens, Ohio for college
 *May we contact for a reference at this time? * Yes No
 State the name under which you were employed if different than now:
 *Brief description of your responsibilities: Shipping and receiving fastener products

Additional References

Last Updated: 5/25/2014 3:28 PM

Name:	Kyle White	Position:	Detective Sgt. CMHA
Relationship to you:	Associate	Phone:	(216) 255-1875
Name:	George Senger	Position:	SSG. U.S. Army National Guard
Relationship to you:	Squad Leader	Phone:	(440) 463-0346
Name:	Kevin Zimmerman	Position:	Sgt. U.S. Army National Guard
Relationship to you:	Team Leader	Phone:	(440) 251-8541
Name:	Jonathan Pacholke	Position:	Spc. U.S. Army National Guard / R.T.A.
Relationship to you:	Military	Phone:	Police Officer (216) 956-5477

Former Service Credit

Last Updated: 5/25/2014 11:21 AM

If you have ever been employed with the State of Ohio or any of its political subdivisions (i.e. CMHA, RTA, City of Cleveland, Board of Education, etc.), please list them below:

Agency	From	To
--------	------	----

Family Members at CMHA

Last Updated: 11/26/2014 3:17 PM

Do you or any member of your family work for the Cuyahoga Metropolitan Housing Authority (CMHA)? Yes No

Name: John Smiddy Where: Police Department

Name: Where: ----- DEPARTMENTS -----

Additional Skills

Last Updated: 11/26/2014 3:17 PM

Maintenance: Carpentry Painting Heating Tiling Plumbing
 Landscaping Electrical Plastering Inspections
 Other: APCO Certificate, Military trained as an Infantryman, Combat Life Saver Certificate, Operate well under high stress.

Clerical: Typing WPM: 75

Computer Programs: Microsoft: Word Excel Access
 WordPerfect Powerpoint
 Other:

Licensure & Certifications

Last Updated: 11/26/2014 3:17 PM

Motor Vehicle: CDL Yes No

Other:

Public Employees Retirement System of Ohio (PERS)

Last Updated: 11/26/2014 3:17 PM

Are you currently receiving Retirement Benefits from PERS? Yes No

Application Information

Last Updated: 6/25/2014 11:47 AM

The information provided by me on this application is true and complete. I have not knowingly falsified or withheld any facts. I understand that any such falsification or withholding, no matter when discovered, will disqualify me from further consideration as a candidate for employment with CMHA or be grounds for termination if I am employed.

If I become employed by CMHA, I understand that I will be bound by CMHA's Code of Conduct and all of its policies and procedures.

I understand that any offer is subject to CMHA obtaining favorable references from prior employers and my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

I understand that any job offer will be contingent upon the results of a pre-employment physical which includes testing for the presence of alcohol or drugs in my system.

I have read, understand and agree to the above conditions of employment. I acknowledge that no promises regarding employment have been made to me and I understand that no such promise would be binding upon CMHA unless made in writing by a duly-authorized officer of CMHA. If I become employed by CMHA, other than a position that is under a union contract, I understand that I will be an employee at-will, which means that I have the right to terminate my employment at any time, and that CMHA has the same right to terminate my employment, with or without cause, and with or without notice, at any time.

Summary of your rights under the Fair Credit Reporting Act

By entering your name in the box below, you are electronically signing this application. Upon acceptance, you may be required to physically sign a hard copy of the above stated terms.

Your Full Name: Robert Alexander Lenz Jr.

Resume Information

Resume Name	Uploaded On	View
 Resume.docx	6/25/2014	

ROBERT A. LENZ JR.



PROFESSIONAL EXPERIENCE

UNITED STATES ARMY

Ft. Benning, GA, United States
Infantry October 2011 - Present

- Graduated from Ft. Benning, GA, Feb. 10, 2012 as a United States Infantryman. Currently in the National Guard, stationed in Cleveland, OH
- Training Focused on leadership abilities, control in high stress situations, time management, quality workmanship, and handling high powered weaponry.
- Bco. 1 – 145th INF Mechanized infantry unit.

AUTOZONE

912 E. State St. Athens, Oh 45701
(740)594-2690

Parts Sales Rep. June 2012 – Present

- Auto part sales
- Customer service
- Limited auto parts installer

SOLUTION INDUSTRIES

17830 Englewood Dr. Middleburg Heights, OH 44130, United States
(440)816-9500

Warehouse Shipper/ Receiver, October 2008 – June 2012

- Solution Industries is a fastener distributing company in the Cleveland Area. They handle the needs of other companies in the "nut and bolt" department
- Trained on forklift, loading small trucks to 53" semi-truck rigs. Company driver, making pick-ups and deliveries, underweight in all weather.

WACKENHUT CORPORATIONS

5510 Pearl Road, Suite 100 Parma, OH 44129, United States
(440) 845-0260

Security Guard, October 2007 – March 2008

- Wackenhut Corp. was a private security company. Through this company I was placed as a security guard at Marc's, a local grocery store.
- HazMat and CPR certified.

EDUCATION

Hocking College

Nelsonville, Oh 45764, United States

- In Process of receiving Associates Degree in Police Science (estimated end date: Dec. 2014)
- OPTA Certification

UNITED STATES ARMY BASIC TRAINING

Ft. Benning, GA, United States

Graduated: Feb. 10, 2012

LINCOLN-WEST HIGH SCHOOL

Cleveland, OH, United States

Graduated: June 2007

ADDITIONAL SKILLS

- OPOTA Certificate
- APCO Certificate
- Police Carbine Certificate
- Operate well under high levels of stress, fast pace decision making.
- Problem-solving and decision making skills with the ability to develop and implement effective action plans.
- Excellent communication and presentation skills.
- Studied KALI Filipino martial arts for 3+ years
- Combat Life Saver certificate

REFERENCES

Kyle White

Detective for Cuyahoga Metro Housing Authority Police Department.

[REDACTED] cell

[REDACTED]

Kevin Zimmerman

Sgt. Army National Guard

(440)251-8541

8e South St.

Painesville, Oh 44077

Jonathan Pacholke

Spc. Army National Guard

Police Officer for RTA Cleveland, Oh

(216)956-5477

4072 Erie St.

Willoughby, Oh 44094

George Senger

Ssg. Army National Guard

(440)463-0346

69 S 19th ST. Apt. A

Pittsburgh, Pa 15203

CLEVELAND DIVISION OF POLICE
GENERAL RECORDS DIVIS. N

RECORD OF Robert Williams ALIAS/MAIDEN NAME _____
ADDRESS [REDACTED] FORMER ADDRESSES [REDACTED]
DATE OF BIRTH 17 MAR 1968 AGE 46 RACE W SEX M SOC. SEC. NO. [REDACTED]
AGENCY REQUESTING RECORD _____ SIGNATURE OF AGENT _____

This is a copy of the POLICE ARREST RECORD of the above named subject, on file in the RECORD FILE SECTION of the CLEVELAND DIVISION OF POLICE. It is only the record of offenses in the CITY OF CLEVELAND proper and does not cover the other 61 municipalities and towns in Cuyahoga County, in which CLEVELAND is located. This record DOES NOT include the judicial disposition (s).

POLICE RECORD



SEARCHED INDEXED
SERIALIZED FILED
JUL 15 2014

JUL 15 2014



Pre-Employment Inquiry Release

In connection with, and for the duration of my employment with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, employment, education and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any present or former employer, police department, educational or financial institution, or any other party or agency contracted by this employer to furnish the Cuyahoga Metropolitan Housing Authority (CMHA), or its representatives any and all information in their possession regarding the undersigned in connection with my application for employment by CMHA. A photocopy of this authorization may be accepted with the same authority as the original. Educational institutions are authorized to release my grade point average, transcripts, grades, disciplinary records and any other relevant information.

My signature below provides for this full release of information and acknowledges I received a summary of my rights under the Fair Credit Reporting Act.

Print Full Name: ROBERT ALEXANDER LENZ JR.
First Middle Last

If name changed (through marriage or otherwise) or any other alias, print former names here:

Social Security Number [REDACTED] Date of Birth* MAR / 17 / 1988
Month Day Year

Current Street Address [REDACTED]

City/State/Zip [REDACTED]

Home Phone Number [REDACTED]

Driver's License No [REDACTED] State OHIO

Applicant's Signature Robert Alexander Lenz Jr. Date 10 Jul. 2014

*Date of Birth is being requested in order to obtain accurate retrieval of records.

Reviewing Applicant's Information

Personal Information

Last Updated: 6/25/2014 11:12:26 PM

First Name: robert Middle: a Last Name: lenz
 Address Line 1: [REDACTED]
 Address Line 2: [REDACTED]
 Zip: [REDACTED] OH
 Home Phone: [REDACTED] Business Phone: () - - ext. _____
 Prior address: (if less than five years)
 Please indicate any other formal name by which you've been known (e.g. maiden name):
 How did you learn of us? Ad in paper Employee (Name): Sgt. Smiddy, John
 College/School Walk-in or unsolicited résumé
 Employment Agency Other:

Employment Preferences

Last Updated: 6/25/2014 11:12:45 PM

Do you prefer: Full-time? If full-time: Daytime? Evening? Weekends?
 Part-time? If part-time: Daytime? Evening? Weekends?

Check here if you would consider temporary employment
 Check here if interested in seasonal work.
 Please indicate dates available for seasonal work:

Pay expected: \$13.00 Hourly

General Information

Last Updated: 6/23/2014 11:12:45 PM

- Have you ever been involuntarily terminated by an employer? Yes No
- Non-U.S. Citizens Only:* Are you legally eligible to work in the United States? Yes No N/A
- Are you a CMHA resident? Yes No
- Have you ever been employed with CMHA? Yes No
- Are you an HCVP participant? Yes No
- *Do you have any interest, direct or indirect, in any residential property with a CMHA Housing Assistance Payment contract? Yes No

*Does any member of your immediate family or household have any interest, direct or indirect, in any residential property with a CMHA Housing Assistance Payment Contract? ("immediate family" means your spouse, parent (including a stepparent), child, grandparent, grandchild, brother or sister, whether related by full blood or as a "half" or "step" relative; "household member" means any person related by blood or marriage and residing in your household). Yes No

*Do you have any interest, direct or indirect, in any contract, subcontract, or arrangement with CMHA? Yes No

*Does any member of your immediate family or household have any interest, direct or indirect, in any contract, subcontract, or arrangement with CMHA? ("immediate family" means your spouse, parent (including a stepparent), child, grandparent, grandchild, brother or sister, whether related by full blood or as a "half" or "step" relative; "household member" means any person related by blood or marriage and residing in your household). Yes No

All applicants are required to answer the following questions*:

- 1. Have you ever been convicted of a felony? Yes No
- 2. Have you ever pled guilty or no contest to a felony? Yes No
- 3. Do you currently have pending any felony or misdemeanor charges against you? Yes No

*CMHA conducts full criminal background checks on applicants. A prior record of offense(s) may or may not disqualify an applicant from consideration for employment. The date, nature and seriousness of the offense and any rehabilitation will be considered in light of the duties of the position for which the person has applied.

Pertaining to Company Car

Last Updated: 6/25/2014 11:12:45 PM

- Do you have a valid driving license? Yes No
If yes, State: OH Driver's License Number: [REDACTED]
- Any moving violations in the past 3 years? Yes No

High School Information

Last Updated: 6/25/2014 11:11:59 PM

High School Name	City	State	
Lincoln-west	Cleveland	OH	<input checked="" type="radio"/> Diploma <input type="radio"/> GED

Vocational/Technical School Information

Last Updated: 6/25/2014 11:11:59 PM

School Name	City	State	Major/Minor	Status	Date Completed	Degree
<input type="checkbox"/> Some College / <input type="checkbox"/> Currently Pursuing <input type="checkbox"/> Completed Degree						

College Information

Last Updated: 6/25/2014 11:11:59 PM

School Name	City	State	Major/Minor	Status	Date Completed	Degree
Hocking College	Nelsonville	OH	Police Science	<input checked="" type="checkbox"/> Some College <input checked="" type="checkbox"/> Currently Pursuing <input type="checkbox"/> Completed Degree	Month/Year	Associates

Employment History Information

Last Updated: 5-24-2014 11:58:30 PM

To assist us in verifying references, please complete all information accurately and be sure to indicate the employer's *current* address and phone number.

Check this box if you do not have any previous employers:

*Employer: Autozone *Phone: (740) 594-2690
 *Street Address: 912 E. State St. Athens *State: OH
 *Date Started: 6/2012 *Date Ended: Present/Present
 *Title/Position: Customer service *Salary: \$8.50 Hourly
 *Name of Last Supervisor: Matt Barnhouse
 *Reason for Leaving: Currently still employed
 *May we contact for a reference at this time? Yes No
 State the name under which you were employed if different than now:
 *Brief description of your responsibilities: Part Sales, customer service, and limited auto part installation

*Employer: Solution Industries *Phone: (440) 816-9500
 *Street Address: 17830 Englewood Dr. Middleburg Heights *State: OH
 *Date Started: 10/2008 *Date Ended: 6/2012
 *Title/Position: Warehouse shipper / receiver *Salary: \$13.00 Hourly
 *Name of Last Supervisor: Steve Parham
 *Reason for Leaving: Moved to Athens, Ohio for college
 *May we contact for a reference at this time? Yes No
 State the name under which you were employed if different than now:
 *Brief description of your responsibilities: Shipping and receiving fastener products

Additional References (business & school references only)

Last Updated: 6/25/2014 11:21:08 PM

Name:	Kyle White	Position:	Detective Sgt. CMHA
Relationship to you:	Associate	Phone:	[REDACTED]
Name:	George Senger	Position:	SSG. U.S. Army National Guard
Relationship to you:	Squad Leader	Phone:	(440) 463-0346
Name:	Kevin Zimmerman	Position:	Sgt. U.S. Army National Guard
Relationship to you:	Team Leader	Phone:	(440) 251-8541
Name:	Jonathan Pacholke	Position:	Spc. U.S. Army National Guard / R.T.A.
Relationship to you:	Military	Phone:	Police Officer (216) 956-5477

Prior Service Credit

Last Updated: 6/25/2014 11:21:06 PM

If you have ever been employed with the State of Ohio or any of its political subdivisions (i.e. CMHA, RTA, City of Cleveland, Board of Education, etc.), please list them below:

Agency	From	To

Family Members at CMHA

Last Updated: 6/25/2014 11:44:53 PM

Do you or any member of your family work for the Cuyahoga Metropolitan Housing Authority (CMHA)? Yes No

Name: John Smiddy Where: Police Department

Name: Where: -----DEPARTMENTS-----

Additional Skills

Last Updated: 6/25/2014 11:44:53 PM

Maintenance: Carpentry Painting Heating Tiling Plumbing
 Landscaping Electrical Plastering Inspections
 Other: APCO Certificate, Military trained as an Infantryman, Studied KALI Filipino for 3+years, Combat Life Saver Certificate, Operate well under high stress.

Clerical: Typing WPM: 75

Computer Programs: Microsoft: Word Excel Access
 WordPerfect Powerpoint
 Other:

Licenses & Certifications

Last Updated: 6/25/2014 11:44:53 PM

Motor Vehicle: CDL Yes No

Other:

Public Employees Retirement System of Ohio (PERS)

Last Updated: 6/25/2014 11:44:53 PM

Are you currently receiving Retirement Benefits from PERS? Yes No

Application Accountability

Last Updated: 6/25/2014 11:45:01 PM

The information provided by me on this application is true and complete. I have not knowingly falsified or withheld any facts. I understand that any such falsification or withholding, no matter when discovered, will disqualify me from further consideration as a candidate for employment with CMHA or be grounds for termination if I am employed.

If I become employed by CMHA, I understand that I will be bound by CMHA's Code of Conduct and all of its policies and procedures.

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Summary of your rights under the Fair Credit Reporting Act

By entering your name in the box below, you are electronically signing this application. Upon acceptance, you may be required to physically sign a hard copy of the above stated terms.

Your Full Name: Robert Alexander Lenz Jr.

Resume Information

Resume Name	Uploaded On	View
 Resume.docx	6/25/2014	

ROBERT A. LENZ JR.

PROFESSIONAL EXPERIENCE

UNITED STATES ARMY

Ft. Benning, GA, United States
Infantry October 2011 - Present

- Graduated from Ft. Benning, GA, Feb. 10, 2012 as a United States Infantryman. Currently in the National Guard, stationed in Cleveland, OH
- Training Focused on leadership abilities, control in high stress situations, time management, quality workmanship, and handling high powered weaponry.
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(740)594-2690

Parts Sales Rep. June 2012 – Present

- Auto part sales
- Customer service
- Limited auto parts installer

SOLUTION INDUSTRIES

17830 Englewood Dr. Middleburg Heights, OH 44130, United States
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Warehouse Shipper/ Receiver, October 2008 – June 2012

- Solution Industries is a fastener distributing company in the Cleveland Area. They handle the needs of other companies in the "nut and bolt" department
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WACKENHUT CORPORATIONS

5510 Pearl Road, Suite 100 Parma, OH 44129, United States
(440) 845-0260

Security Guard, October 2007 – March 2008

- Wackenhut Corp. was a private security company. Through this company I was placed as a security guard at Marc's, a local grocery store.
- HazMat and CPR certified.

EDUCATION

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Nelsonville, Oh 45764, United States

- In Process of receiving Associates Degree in Police Science (estimated end date: Dec. 2014)
- OPTA Certification

UNITED STATES ARMY BASIC TRAINING

Ft. Benning, GA, United States

Graduated: Feb. 10, 2012

LINCOLN-WEST HIGH SCHOOL

Cleveland, OH, United States

Graduated: June 2007

ADDITIONAL SKILLS

- OPOTA Certificate
- APCO Certificate
- Police Carbine Certificate
- Operate well under high levels of stress, fast pace decision making.
- Problem-solving and decision making skills with the ability to develop and implement effective action plans.
- Excellent communication and presentation skills.
- Studied KALI Filipino martial arts for 3+ years
- Combat Life Saver certificate

REFERENCES

Kyle White

Detective for Cuyahoga Metro Housing Authority Police Department.

[REDACTED] cell

[REDACTED]

Kevin Zimmerman

Sgt. Army National Guard

(440)251-8541

8e South St.

Painesville, Oh 44077

Jonathan Pacholke

Spc. Army National Guard

Police Officer for RTA Cleveland, Oh

(216)956-5477

4072 Erie St.

Willoughby, Oh 44094

George Senger

Ssg. Army National Guard

(440)463-0346

69 S 19th ST. Apt. A

Pittsburgh, Pa 15203



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



**Pre-Employment Interview
for Police Officers**

Applicant's
Name

ROBERT A. LENZ JR

Date

10 JUL, 2014

1. Tell us about yourself, who you are, schools, growing up, any military service, hobbies, etc?

RESIDENTLY ENJOYED THE POLICE WORKING WITH THE COMMUNITY
FROM THE POLICE I- HOLDING CERTIFIC.

2. Why are you interested in a career in law enforcement?

TO BE A POLICE OFFICER AND SERVE THE COMMUNITY

3. Do you have pending any felony or misdemeanor charges against you? Do you currently have pending any investigations or disciplinary action against you? If YES, explain (who, what, when, where):

NO

4. Careers in law enforcement are considered very stressful line of work, how do you handle stress?

YES

5. Do you feel persons in law enforcement should be held to a higher standard for conduct versus persons outside of law enforcement? Explain your answer and why you feel the way you do.

YES BECAUSE OFFICERS ARE ALWAYS IN THE PUBLIC'S EYE AND SHOULD
LOOK UP TO OFFICERS TO DO THE RIGHT THING

6. Overall, what are your thoughts about CMHA and people who live in public housing?

THE PROGRAM IS A VERY GOOD THING TO HELP THE PEOPLE WHO NEED.

7. Is there anything else that you would like CMHAPD to know about you?

I AM VERY BUSY WORKING, ENJOY TRAINING AND LEARNING.

7. Other Comments:

Cuyahoga Metropolitan Housing Authority Police Department

POLICE OFFICER

APPLICANT STATUS SHEET

NAME: ROBERT A. LENZ JR.

ITEM	DATE COMPLETED
APPLICATION PACKET	
WRITTEN EXAMINATION/SCORE	
PHYSICAL AGILITY EXAM	
BACKGROUND INVESTIGATION	
VOICE STRESS ANALYSIS	
INTERVIEW	
PSYCHOLOGICAL EXAMINATION	
PHYSICAL EXAMINATION	
RECOMMENDATION	
FORWARDED FOR HIRE	
REJECTION LETTER SENT	

PROCESSOR SIGNATURE

Cuyahoga Metropolitan Housing Authority Police Department

STOP

Do not fill out this application packet 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, except the signatures.

All sections must be completed.

All documents that are to be notarized must be notarized.

All 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. 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.

 10 JUN 2014
Signature of Applicant Date

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

HAVE YOU EVER SERVED IN THE MILITARY? YES: X NO: _____

DATE: 10 JUL 2014 FROM: 3 AUG. 2011 TO PRESENT / 3 AUG.

HONORABLE DISCHARGE: _____

STILL ACTIVE: NATIONAL GUARD

OTHER: _____

HAVE YOU EVER BEEN ARRESTED? YES: _____ NO: X

CIRCUMSTANCES:

HAVE YOU EVER BEEN CONVICTED? YES: _____ NO: X

CIRCUMSTANCES:

IF SO WAS YOUR RECORD SEALED OR EXPUNGED? YES: _____ NO: _____

Robert A. Long 10 Jul 2014
SIGNATURE DATE

Cuyahoga Metropolitan Housing Authority Police Department
SURVEY

Please take a moment to complete the questionnaire below.
Your cooperation is appreciated.

1. How did you hear about the CMHA Police Department?

Newspaper _____

Friend/Relative P

2. Where do you look to obtain information about career opportunities as a Police Officer?

INTERNET MOSTLY

3. What interested you MOST about the job? (Choose 1 only)

Salary _____

Benefits _____

Full-time P

Other _____

4. Do you know someone, other than yourself, looking for employment opportunities as a Police Officer?

_____ Yes
 P No

5. If yes, please list their name(s) and phone number so we may contact them to send information about career opportunities with CMHAPD.

1. _____ (Name) _____ (Phone)

2. _____ (Name) _____ (Phone)

Your Name: _____



Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME LENZ		FIRST NAME ROBERT		MIDDLE INITIAL A.
HOME ADDRESS [REDACTED]				
CITY [REDACTED]		STATE OH	ZIP 45701	COUNTY ATHENS
HOME PHONE [REDACTED]		WORK PHONE [REDACTED]		

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

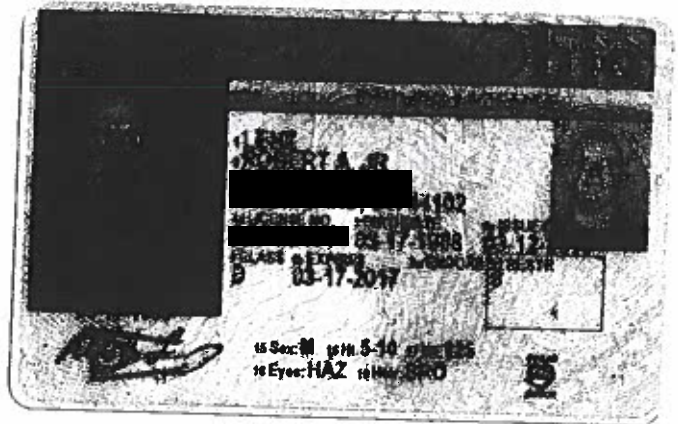
In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

x Robert W. Long
Signature

10 Jun 2014
Date



15 Sec: 01 10M 5-10 12M 125
16 Eye: HAZ 16100 1000





5715 Woodland Avenue T - 216-426-7760
Cleveland, Ohio 44104-2740 F - 216-361-3728



July 10, 2014

Dear Applicant:

Robert Lenz :
First Last Name

Congratulations! You have passed Phase I, the Written Examination, of the eligibility process for the position of Police/Reserve Officer with the Cuyahoga Metropolitan Housing Authority Police Department. Your score on the written examination is 78% which meets or exceeds the minimum score requirement of 70%.

We invite you to participate further in the selection process today, which is Phase II – the Physical Agility Test, if applicable.

So, please have a seat and we will escort you to your interview shortly.

Thank you for your cooperation.

Sincerely,

*CMHA Police Department
Personnel and Recruitment*

AFFIDAVIT

STATE OF OHIO

COUNTY OF CUYAHOGA }

SS: [Redacted]

ROBERT A. LENZ

of

[Redacted]

, having been sworn

[Name]

[Address]

deposed under oath, states that he formally requests the Division of Police, Department of Public Safety of the City of Cleveland, to release all police records concerning himself, including records of arrest and other miscellaneous records to,

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

[Name of organization to whom records are to be released]

The undersigned applicant, in making this request, specifically waives and gives up any right of personal privacy he might have in arrest records concerning himself and releases the City of Cleveland and the Division of Police thereof from any liability whatsoever resulting from the release of said records at his request. He further waives any right of action against the City of Cleveland and Division of Police concerning any matters resulting from the release of said records at his request.

ROBERT A. LENZ

, having been duly sworn under oath, states this is his lawful affidavit

[Name of Applicant-Affiant]

and request for release of records.

Robert A. Lenz
[Signature]

Sworn To and Subscribed before me, a Notary Public, this 10 day of JULY, 2014

SEAL MUST BE AFFIXED

PAUL A. STYLES
NOTARY PUBLIC - STATE OF OHIO
Recorded in Cuyahoga County
Notary Public Commission Expires May 19, 2017
PAUL A. STYLES
Print Name [Notary]
5715 WOODLAND AVE CLW 44104
Print Address [Notary]

[Out of State Notary Must Submit Certificate]

Cuyahoga Metropolitan Housing Authority
POLYGRAPH/VOICE STRESS ANALYSIS EXAMINATION RELEASE

For employment consideration by the Cuyahoga Metropolitan Housing Authority, I hereby agree to take any pre-employment polygraph [lie detector] and/or voice stress examination which the agency requires.

It is my understanding that the questions asked in this pre-employment examination will relate to information provided in my employment application and the following subject matters: Employment History, Criminal History, Theft Offenses, Narcotics Use, Alcohol Abuse, Sexual Misconduct, and Honesty.

Robert A. Lenz Jr.
Signature

10 Jul 2014
Date

ROBERT A. LENZ JR.
Print name

NOTARY PUBLIC

Sworn to and subscribed before me, a Notary Public, this 10 day of JULY 2014

Paul A. Styles
Notary Public Signature

PAUL A. STYLES
NOTARY PUBLIC - STATE OF OHIO
Recorded in Cuyahoga County
My commission expires May 19, 2017

SEAL MUST BE AFFIXED

Cuyahoga Metropolitan Housing Authority
Police Department

RELEASE OF ALL CLAIMS

Know all men by these presents that I, the undersigned, for valuable consideration, the adequacy and sufficiency of which is hereby specifically acknowledged, do for myself, my heirs, personal representatives, successors, and assigns by these presents, forever fully, and completely release the Cuyahoga Metropolitan Housing Authority, Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD), its officers, officials, agents, employees, and servants, from any and all claims, demands, liability, and causes of action on account of or in any way arising out of or relating to my participation in the physical agility test associated with the application process for the position of RESERVE OFFICER with the CMHAPD.

The undersigned warrants and represents that I have fully read and understand this release, and that it is executed without reliance upon any statement or representation by the persons releases or their attorney, and that I am of full age and legally competent to sign this release as my own free act this 10 day of July 2014.

ROBERT A. LENZ JR. 10 JUL 2014
Print Name Date

Robert A. Lenz Jr. 10 JUL 2014
Signature Date

Sworn to and subscribed before me, a Notary Public, this 10 day of JULY 2014

Paul A. Styles
Notary Public
My Commission Expires PAULA A. STYLES

NOTARY PUBLIC • STATE OF OHIO
Recorded in Cuyahoga County
My commission expires May 19, 2017

SEAL MUST BE AFFIXED

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Rob Lenz

DATE OF INVESTIGATION: 13AUG14

AREA BEING VERIFIED: Home/Neighbor Visit

INVESTIGATORS COMMENTS:

On the above date at 1545hrs, I conducted a home interview at 3409 W. 49th St with Rob Lenz, his father Rob Lenz Sr and his mother Elizabeth. I found the home neat and well kept. I spoke with Lenz parents and they were proud of their son for his accomplishments and career decision. The Lenz's have lived in this community since 1993.

Resident at 3407 W. 49th St - Abraham - stated that the family was quiet and there was never any trouble there. Abraham stated that the son (Rob Lenz/applicant) was also quiet and never caused any trouble. Abraham said he has lived in this community for the last 7yrs. This home is located directly next to the applicants home.

No other neighbors wished to comment or were not available.

ATTACHMENTS (IF ANY):

RATING: X SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Rob Lenz

DATE OF INVESTIGATION: 14AUG14

AREA BEING VERIFIED: References

INVESTIGATORS COMMENTS:

On 14AUG14 I spoke with Sgt. Kyle White of CMHA PD - dependable, thinks he will be a good learner, never know him to be a bad person. States he is trustworthy. Has known Rob for 3-4 years. Would recommend him for a job at CMHA PD.

On 14AUG14 I spoke with Johnathan Pacholke of RTA Police and Army National Guard - known him for 3yrs. Describes him as good person, good heart, always friendly, knows how to talk to people, dedicated, made big change while in Army. Never known to abuse drugs or alcohol. Would recommend him to be a police officer. Grew up in Cleveland. Street savy.

On 14AUG14 I spoke with Sgt. Kevin Zimmerman of the US Army National Guard - known him for 2yrs. Describes him as punctual, good character, tries very hard to excel at anything he does even when not successful at first attempt. Never known to abuse drugs or alcohol. As a soldier he is great. Even puts in work on his own time to excel at tasks he has difficult time with. Very good work ethic. Self-sufficient, can be trusted to do things with little to no supervision. Respects chain of command. Would recommend him to be a police officer.

ATTACHMENTS (IF ANY):

RATING: X SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE

Debra White

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Rob Lenz

DATE OF INVESTIGATION: 14AUG14

AREA BEING VERIFIED: Work History

INVESTIGATORS COMMENTS:

On 14AUG14 I spoke with Laura Vath HR Manager of Solution Industries:

- becoming a police officer was always high on his to do list
- happy with work ethic
- good guy
- could master any task he was given
- would recommend him as a police officer
- always on time and always came to work
- no discipline history

On 14AUG14 I spoke with Auto Zone Commercial Manager Frankie Roush

- work ethic is great
- dependable
- reliable
- puts heart into his job
- no discipline history
- always on time and always comes to work
- would highly recommend him to be a police officer
- calm cool head

On 14AUG14 I spoke with Staff Sergeant Senger of the US Army:

- work ethic is top notch
- one of the best privates hes ever had
- proactive
- dependable/reliable
- no discipline history
- always on time always reports for drill
- operates well under stress
- would recommend him to be a police officer

ATTACHMENTS (IF ANY):

RATING: X SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Rob Lenz

DATE OF INVESTIGATION: 14AUG14

AREA BEING VERIFIED: Education/Credentials

INVESTIGATORS COMMENTS:

On 14AUG14 I verified Lenz diploma with the Cleveland Municipal School District.

On 14AUG14 I verified Lenz OPOTA completion with Britany Thompson, Certification Officer, of OPOTA. Certification was completed at Hocking College #BAS 14-003.

ATTACHMENTS (IF ANY):

OPOTA Letter, Diploma

RATING: X SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE



Hocking Technical College
 3301 Hocking Parkway
 Nelsonville, Ohio 45764

Lenz

Robert A. Lenz

Robert Alexander

0676959
 03/17

Jan 07 2015

Page: 1 of 1

COURSE	Course Title	CRD	GRD	GRDPT
COMM1130	SPEECH	3.00	C-
	Term GPA 0.000	Credit 3.00		
	Cum GPA 0.000	Credit 3.00		

COURSE	Course Title	CRD	GRD	GRDPT
PSCI2255	SPRING 2014 (01/13/2014 to 05/09/2014) PRACTICE OFFICE BASIC ACADEMY	18.00	B+	59.40
	Term GPA 3.300	Credit 18.00		
	Cum GPA 3.323	Credit 75.50		

AUTUMN 2012 (08/27/2012 to 12/14/2012)

CJ1121	CONSTITUT., CRIM. & CIVIL LAW	2.00	B	6.00
CJ1132	LAW ENFORCEMENT PHOTOGRAPHY	3.00	A	12.00
GS1101	FOCUS ON SUCCESS-POLICE	0.50	A	2.00
PSCI1102	ETHICS & MODERN DAY POLICING	3.00	A	12.00
PSCI1115	INTRODUCTION TO POLICING	2.00	B	6.00
PSCI1161	POLICE COMPUTER APPLICATIONS	3.00	A	12.00
PSCI1101	PSS FITNESS-POLICE	1.00	A	4.00
ENGL0054	BEG COMPOSITION WITH READING	4.00	S
	Term GPA 3.724	Credit 18.50		
	Cum GPA 3.724	Credit 21.50		

Academic Standing for 2014SP: Good Academic Standing-06/27/14

 Degree Received: Associate of Applied Science on 08/09/2014
 Major: Police Science

 Official copy must bear signature and impression seal.

Academic Standing for 20122AU: Dean's List-12/18/12

SPRING 2013 (01/07/2013 to 05/01/2013)

CJ1222	CRIMINAL RULES AND PROCEDURES	2.00	A	8.00
PSYC1101	GENERAL PSYCHOLOGY	3.00	C	5.10
PSCI1216	POLICE FIREARMS	3.00	C	6.00
MATH1108	INTERMEDIATE ALGEBRA	3.00	C-	5.10
PSCI2270	LEADERSHIP, SUPERVISION & ADMN	2.00	A	8.00
PSCI1102	PUBLIC SAFETY SERVICES FITNESS	1.00	B	3.00
PSCI1180	CRIMINALISTICS	3.00	A	12.00
NHT1113	HOW TO GET GOVERNMENT JOBS	1.00	A	4.00
PED1301	FITNESS	0.00	DP
	Term GPA 2.844	Credit 18.00		
	Cum GPA 3.237	Credit 39.50		

Academic Standing for 2013SP: Good Academic Standing-06/03/13

AUTUMN 2013 (09/04/2013 to 12/20/2013)

PSCI2297	POL. SCI. COMM 911 PRACTICUM	2.00	S
PED1301	FITNESS	1.00	A	4.00
ENGL1122	ENGLISH COMPOSITION 1	3.00	B	9.00
CHEM1101	FOUNDAMENTALS OF CHEMISTRY	4.00	B	12.00
CJ2209	HOMELAND SECURITY & TERRORISM	2.00	A	8.00
PSCI2106	RADIO DISPATCH 911	2.00	A	8.00
PSCI2245	TRAFFIC LANS AND CRASH INVEST	2.00	A	8.00
PSCI2260	INTERVIEWS, INTERROGATION & AR	2.00	A	7.40
	Term GPA 3.525	Credit 18.00		
	Cum GPA 3.332	Credit 57.50		

Academic Standing for 2013AU: Dean's List-02/10/14

Continued on next Column/Page

This officially sealed and signed transcript is printed on blue security paper with the name of the college printed in small type across the front of the document. When photocopied, the word, "COPY", should appear. A BLACK ON WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED!

Handwritten signature



<p>Grade Symbols:</p> <p>Grade: Value:</p> <p>A 4.0</p> <p>A - 3.7</p> <p>B + 3.3</p> <p>B 3.0</p> <p>B - 2.7</p> <p>C + 2.3</p> <p>C 2.0</p> <p>C - 1.7</p> <p>D + 1.3</p> <p>D 1.0</p> <p>D - 0.7</p> <p>F 0.0</p>	<p>Explanatory Symbols not used in calculation of Grade Point Average:</p> <p>S Satisfactory</p> <p>U Unsatisfactory</p> <p>AU Audit</p> <p>I Incomplete (Converts to "F" or "U" at the end of the 8th week of the following term)</p> <p>DP Course Dropped After the Census Day of the Term</p> <p>W Student Withdrew from the College</p> <p>*CE Credit by Examination</p> <p>*CA Credit by Advanced Standing</p> <p>*CL Credit by Life Experience</p> <p>*CS Course Substitution</p> <p>*T Transfer Credit Awarded</p>	<p>Academic Probation and Dismissal Qualifications:</p> <table border="0"> <tr> <td>Credits</td> <td>Minimum</td> </tr> <tr> <td>Attempted:</td> <td>GPA:</td> </tr> <tr> <td>6-11</td> <td>1.500 (in any single term)</td> </tr> <tr> <td>12-19</td> <td>1.500</td> </tr> <tr> <td>20-29</td> <td>1.600</td> </tr> <tr> <td>30-49</td> <td>1.750</td> </tr> <tr> <td>50 or more</td> <td>2.000</td> </tr> </table> <p>Dismissal possible following two consecutive terms of Probation.</p> <p>Dismissal possible if student has below a .750 GPA after completing 20 credits.</p>	Credits	Minimum	Attempted:	GPA:	6-11	1.500 (in any single term)	12-19	1.500	20-29	1.600	30-49	1.750	50 or more	2.000
Credits	Minimum															
Attempted:	GPA:															
6-11	1.500 (in any single term)															
12-19	1.500															
20-29	1.600															
30-49	1.750															
50 or more	2.000															

Academic Transcript Explanation of Totals:

All Term and Cumulative Averages are based on Courses with final grades A,B,C,D,F (+/-).

Term GPA and Credits (Attempted credits divided into quality points earned)

This point average reflects the value of all courses attempted during the term along with credits earned for this term. Courses must have a final grade awarded to be counted in the total and must have one of the following grade symbols: A,B,C,D, F (+/-) or S,CE,CA,CL.

Cum GPA and Credits (Attempted credits divided into quality points earned)

This cumulative point average reflects the value of all courses attempted to date along with total credits earned to date. Courses must have a final grade awarded to be counted in the total and must have one of the following grade symbols: A,B,C,D,F (+/-) or S,CE,CA,CL.

Awards and Certifications:

Degree's and Diploma's

These awards are noted at the end of the term in which the student earns the degree or diploma as determined by departmental reviews of courses successfully completed.

Certificates (Occupational Completion, Technical):

These awards are noted at the end of the term in which the student earns the certificate. These certificates are achieved by completing defined sequences or groups of courses. Definitions are maintained by Academic Affairs.

Dean's List

If the student qualifies, a transcript notation appears under that term and cumulative totals. A Dean's List student qualifies by achieving a 3.5 College GPA for the term with at least 12 credits attempted and all credits completed. Awarded based on GPA at the time when final grades are processed.

President's Award

If the student qualifies, this message is printed at the end of the term in which the student receives the award. This is a notification from the President's Office. Award is posted on the transcript when the student earns a degree.

Trustee's Award

If the student qualifies, this message is printed at the end of the term in which the student receives the award. This is a notification from the President's Office. Award is posted on the transcript when the student earns a degree.

Phi Theta Kappa

Alpha Mu Delta Chapter (Hocking College Main Campus), Beta Lambda Nu Chapter (Hocking College Perry Campus), Beta Sigma Omega (Hocking College Energy Institute).

If the student qualifies, this message is printed at the end of the term in which the student receives the award. Club coordinator determines qualifying students. Award is posted on the transcript when the student earns a degree.

Kappa Beta Delta

Tau Chapter

If the student qualifies, this message is printed at the end of the term in which the student receives the award. Business Department determines qualifying students. Award is posted on the transcript when the student earns a degree.



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: George Coulter, Executive Officer

FROM: Gregory Drew, Sergeant

PAGE 1 of 1	SUBJECT CVSA Exam – Robert Lenz	DATE 18SEP14
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On September 18, 2014, I conducted a pre-employment Computer Voice Stress Analyzer (CVSA) test on police officer candidate Robert Lenz.

Prior to the exam, Lenz completed a background investigation personal history statement. Upon reviewing this statement and a subsequent interview with Lenz, I learned the following:

1. Lenz reported that he was terminated from employment while employed at Performance Bike. Lenz was a sales manager and had a disagreement with his supervisor. Lenz was 18 years old when this occurred.
2. Lenz marked "yes" for ever being involved in a hit skip. During the interview, Lenz reported that he was 17 years old and was driving on I-90 when he was sideswiped. Both parties exited the freeway and stopped at a BP gas station. They exchanged information and the other party went inside the station to get change to use the pay phone. Lenz then drove away after some time passed. Two weeks later he received a letter from a Cleveland Police Second District Detective indicated that he was involved in a hit skip and needed to come in and give a statement. Lenz responded to the District and gave a statement. He was never charged and the insurance companies worked out a resolution.
3. Lenz reported that he tried marijuana 1 time when he was 20 years old. (2008) He reported that it was his girlfriend's birthday and they were at a party. He became ill after smoking the marijuana and vomited for 2 hours. After that he had no interest in using marijuana again.

I conducted the attached exam according to my training and certification.

CONCLUSION

Based upon my training and experience, it is my opinion that the subject did respond truthfully to the relevant questions. I obtained a second opinion from the CVSA Fact Scoring Algorithm which concurred with my findings.

Respectfully,

 Sgt. Gregory Drew



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Civilian Identification
Office 877-224-0043
Fax 740-845-2633

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

October 08, 2014

CMHA POLICE DEPARTMENT
5715 WOODLAND AVE
CLEVELAND OH 44104



**CRIMINAL HISTORY RECORD CHECK
NO FBI CONVICTIONS ON FILE
AUTHENTICATION NO. CS01042149DC5517
ICN.E2014280000000083306**

The Federal Bureau of Investigation (FBI) has completed a criminal history record check on the applicant listed below.

There are no convictions on file with this office for this applicant.

Name: LENZ JR, ROBERT
Date of Birth: March 17, 1988
SSN: [REDACTED]
FBI Completion Date: October 07, 2014
Reason Fingerprinted: LAW

This letter is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath, Superintendent
Ohio Bureau of Criminal Investigation

Pursuant to Ohio Revised Code section 109.57(E)(2), BCI can only provide information relating to the criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication was for Aggravated Murder, Murder, or for a sex offense for which the offender still has a duty to register.



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Civilian Identification
Office 877-224-0043
Fax 740-845-2633

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

October 08, 2014

CMHA POLICE DEPARTMENT
5715 WOODLAND AVE
CLEVELAND OH 44104



**CRIMINAL HISTORY RECORD CHECK
NO BCI CONVICTIONS ON FILE
AUTHENTICATION NO. CS01042149DC5517**

The Ohio Bureau of Criminal Investigation (BCI) has completed a criminal history record check on the applicant listed below.

When authorized by law, an individual may have their criminal history sealed. In the event that an applicant has a sealed record, certain parties are permitted to receive such information to determine whether an applicant is legally disqualified from performing specific work.

Sealed records are disclosed based upon the **Reason Fingerprinted**, as submitted on the background check transaction and listed below. Sealed criminal histories will be provided in a manner consistent with the reason that the records are requested, regardless of the destination of the result.

There are no convictions on file with this office for this applicant.

Name:	LENZ JR, ROBERT
Date of Birth:	March 17, 1988
SSN:	[REDACTED]
BCI Completion Date:	September 13, 2014
Reason Fingerprinted:	LAW

This letter is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath, Superintendent
Ohio Bureau of Criminal Investigation

Pursuant to Ohio Revised Code section 109.57(E)(2), BCI can only provide information relating to the criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication was for Aggravated Murder, Murder, or for a sex offense for which the offender still has a duty to register.

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Rob Lenz

DATE OF INVESTIGATION: 13AUG14

AREA BEING VERIFIED: Criminal History/Driving Record

INVESTIGATORS COMMENTS:

A check of Lenz criminal history (CCH) revealed no criminal history. His driving record revealed 4 violations since he has been an adult. Those violations range from 2005 to 2011. They are as follows:

- Speed 2/20/2011
- Stop Sign 1/26/2009
- Traffic Control Devices 09/19/2007
- Stop Sign 10/17/2006

He has had no violations in the last 3 years.

A check of Cleveland Police Departments Warrant has revealed no active warrants.

ATTACHMENTS (IF ANY):

OHLEG, CCH, CPD WARRANT SHEET

RATING: X SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE





May 5, 2015

Mr. Robert Lenz
918 Carriage Hill Drive
Athens, OH 45701

Dear Mr. Lenz:

The Cuyahoga Metropolitan Housing Authority (CMHA) is pleased to extend this offer of employment to you for the position of Police Officer at a rate of \$13.76 per hour. Your appointment is subject to satisfactorily passing CMHA's post-offer, pre-employment physical exam, including a substance abuse test, and a background check.

Benefits include your choice of single or family hospitalization plans and prescription drug, dental and vision coverage. The plans are effective 90 days after your date of employment and you are required to contribute toward of the total monthly premium cost. A \$25,000 Agency paid life insurance policy is provided after one (1) year of continuous service. Regular full-time employees are qualified for two (2) weeks paid vacation, and fifteen (15) sick days. You are entitled to two (2) personal days after successful completion of your initial introductory period. CMHA employees are provided retirement benefits under Ohio's Public Employees Retirement Systems (PERS). If you have prior years of service with any State of Ohio retirement system, please furnish proof of employment within 60 days of your employment for proper vacation accrual and transfer of sick leave hours. The information regarding the amount of transferred sick leave hours will be discussed further during new hire orientation.

Under the Social Security Protection Act of 2004, state and local government employees must be informed that your earnings from this job are not covered by Social Security. When you retire, the pension you receive from OPERS may affect the amount of the Social Security benefit you receive, if you are entitled to a Social Security benefit. This information will be discussed further during new employee orientation.

Your position of Police Officer is in the bargaining unit represented by The Fraternal Order of Police, Ohio Labor Council, Inc. Your wages, benefits and other terms and conditions of employment are governed by the current contract between the Union and CMHA.

In your position of Police Officer, you will work under the general direction of the Patrol Commander, in accordance with CMHA policy, must satisfactorily complete a Twelve (12) month introductory period.

Please reply to this offer of employment in writing and retain a copy for your records. Upon receipt of your acceptance, a Human Resources Representative will contact you to schedule your physical exam and determine an agreeable start date.

Finally, this offer letter of employment is not an employment contract nor is it intended to create any contractual or employment obligations beyond those set forth in the current contract between the Union and CMHA.

Please contact me at (216) 271-2258 if you have any questions.

Sincerely,

Betsy McCafferty
Director of Human Resources

Accept: Robert A. Lenz Date: 8 MAY 2015 Decline: _____ Date: _____

Jeffery K. Patterson, Chief Executive Officer, Cuyahoga Metropolitan Housing Authority



EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

S LEWIS

Social Security Number (Last 4 digits): [REDACTED]

Department: POLICE

New Name: _____
(Please attach appropriate documentation)

New Address: [REDACTED]
Street
[REDACTED]
City/State/Zip Code

Telephone Number: _____

Effective Date: 1/17/2019

[Signature]
Employee Signature

3 MAR 2022
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

EVALUATIONS



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT
ANNUAL PERFORMANCE APPRAISAL**



MEMBER NAME: PO Robert Lenz #52	EVALUATOR: Sgt Scott Drew #646	DATE: 24JUN19
--	---------------------------------------	----------------------

APPRAISAL PERIOD

FROM: January 1 2018	TO: December 31 2018
-----------------------------	-----------------------------

<p align="center">HONESTY / INTEGRITY</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</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>Comments:</p> <p>PO Lenz acts in a a fair and ethical manor when completing reports or calls for service. Shares information with others with information he receives.</p>

<p align="center">COMMUNICATIONS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</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>Comments:</p> <p>PO Lenz communicates well with others and expresses views when needed when he has ideas to get improved results</p>

<p align="center">INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</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>Comments:</p> <p>PO Lenz interacts well with other officers and treats residents and victims and the general public with respect to achieve that everyone is being treated fairly</p>

<p style="text-align: center;">SERVICE</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>Comments: PO Lenz acts in a professional manor and always assisting residents any way he can while on calls or interacting with them in an official capacity and listens to what they have to say and does not react in a negative way</p>

<p style="text-align: center;">JOB KNOWLEDGE</p> <p style="text-align: center;">Core Values: Excellence & 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>Comments: PO Lenz has very good knowledge of state/city laws including case law and also shares that knowledge with senior officers as well as new officers as a field training officer.</p>

<p style="text-align: center;">PRODUCTIVITY</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>Comments: PO Lenz strives to contribute to the dept and works well with his fellow officers. He completes all task assigned to him and takes several training classes through out the year to better himself</p>

<p align="center">TEAMWORK</p> <p align="center">Core Values:</p> <p align="center">Commitment & Tenacity</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>Comments:</p> <p>PO Lenz works well with others to complete assignments and calls for service when he is given them and will assist officers without being asked to and steps up when needed</p>

<p align="center">ATTENDANCE</p> <p align="center">Core Values:</p> <p align="center">Accountability & Understanding</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>Comments:</p> <p>PO Lenz only called off sick for 2 days in 2018.</p>

FOR SUPERVISORS:

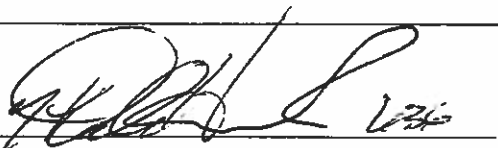
<p align="center">COACHING & MENTORING</p> <p align="center">Core Values:</p> <p align="center">Accountability & Training</p>	<p>Provides timely guidance and feedback to help others strengthen specific knowledge / skill; reinforces efforts and progress; provides instruction, positive role modeling, and 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 type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p>

<p align="center">LEADERSHIP</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</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 type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p>

IMMEDIATE SUPERVISOR:  6416

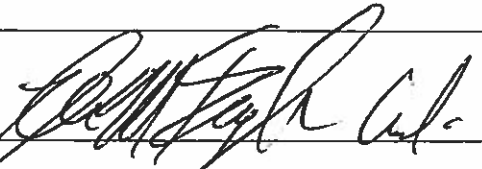
Date of Review: 24 JUN 19

Comments:

LIEUTENANT:  1236


Date of Review: 25 JUN 19

Comments:

COMMANDER: 

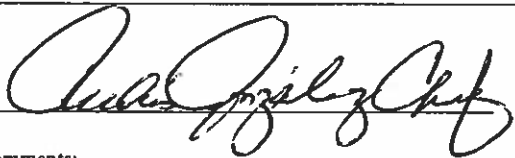
Date of Review: 6/25/19

Comments:

DEPUTY CHIEF: 

Date of Review: 6/25/19

Comments:

CHIEF: 

Date of Review: 7/15/2019

Comments:



Appendix B

Performance Evaluation Signature Page

Employee being evaluated: POLENZ # 52

Immediate Supervisor: Ray [Signature] 658 Date of Review: 10 FEB 17

Comments:

Lieutenant: CAROL RUCKER Date of Review: 11 FEB 17

Comments:

PO LENZ HAS SHOWN LEADERSHIP SKILLS, HE IS A TEAM
PLAYER

Commander: [Signature] Date of Review: 2-13-17

Comments:

Deputy Chief: [Signature] Date of Review: 2-14-17

Comments:

Chief: [Signature] Date of Review: 2/16/2017

Comments:



Manager Evaluation Instructions
Lenz Jr., Robert

Employee Id 3407	Name Lenz Jr., Robert
Job Title Police Officer	Job Id 07101
Job Grade 1	Supervisor Morgan, Ray

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	3 - Exceed Expectations
Self Comment	
Rating	2 - Meets Expectations ✓
Comment	PO Lenz is an honest person and is also ethical. He is fair and he shares any/all information that would effect the department with his peers and supervisors.

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: Lenz Jr., Robert**Self Rating** 2 - Meets Expectations**Self Comment****Rating** 2 - Meets Expectations ✓**Comment** PO Lenz is dependable and comes to work on time prepared to work. Lenz had some issues writing clear/complete reports but has corrected those issues. He listens and learns from constructive criticism open to suggestions.**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** 2 - Meets Expectations**Self Comment****Rating** 2 - Meets Expectations ✓**Comment** As stated above PO Lenz had some issues writing reports but the majority of those issues have been corrected. He does understand instructions and completes them in a timely manner.**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: Lenz Jr., Robert

and outside vendors; Works to achieve common goals.

Self Rating 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Comment PO Lenz interacts positively with his co-workers and other people in comes into contact with. Lenz has good working relationships with his peers and supervisors.

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 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Comment PO Lenz acts professionally when interacting with others and he treats people with respect/courtesy. He also shows concern to others when addressing problems that he sees.

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.

Manager Evaluation Instructions: Lenz Jr., Robert**Self Rating** 2 - Meets Expectations**Self Comment****Rating** 2 - Meets Expectations ✓**Comment** PO Lenz has good knowledge of his job and keeps that knowledge current. He also successfully executes all of the duties assigned to him in a timely manner.**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; Correct 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** 2 - Meets Expectations**Self Comment****Rating** 2 - Meets Expectations ✓**Comment** PO Lenz complete all of his assignments in a timely manner and strives to be complete and accurate as possible. Lenz corrects any discrepancy that may be found in his work and learns from any mistake.**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 states in

Manager Evaluation Instructions: Lenz Jr., Robert

the AO11; Adheres to all workplace and trade safety laws, regulations, standards and practices.

Self Rating 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Comment PO Lenz follows all CMHA Rules and regulations as well as any safety standards that are in place.

5.C. Teamwork (Value: Commitment)

Description 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.

Self Rating 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Comment PO Lenz is a team member and works willingly with other member to accomplish any/all goals.

6.A. Attendance/Punctuality (Value: Accountability)

Description 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.

Self Rating 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Manager Evaluation Instructions: Lenz Jr., Robert

Comment PO Lenz comes to work on time and meets CMHAPD timekeeping policies. Lenz attends any/all training on time and is eager to participate.

7.R. Positive Attitude (Value: Respect)

Description 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.

Self Rating 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Comment PO Lenz has an upbeat/Positive attitude when he is at work and spreads his optimism to other members.

8.E. Customer Focus (Value: Excellence)

Description 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.

Self Rating 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Comment PO Lenz listens to others concerns and takes the necessary steps to address those concerns. He also advises his supervisors of any concerns that they might need to be aware of.

Manager Evaluation Instructions: Lenz Jr., Robert

9.S. Safety Culture/Awareness (Value: Safety)

Description 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.

Self Rating 2 - Meets Expectations

Self Comment

Rating 2 - Meets Expectations ✓

Comment PO Lenz seeks to correct any/all condition that are a safety hazard to CMHA residents and employees. He also attends all training is assigned to go to.

Competencies

Self Rating 2 - Meets Expectations

Self Comment I hope to continue to learn and improve in my profession with training.

Rating 2 - Meets Expectations ✓

Comment PO Lenz consistently has an upbeat positive attitude and continues to improve his job knowledge. He also accepts any/all assignments he is given without hesitation.

Overall Rating & Comments

Self Rating 2 - Meets Expectations

Self Comment

Manager Evaluation Instructions: Lenz Jr., Robert

Rating 2 - Meets Expectations

Comment PO Lenz has a positive attitude towards his job and dedicated employee. He also reports to work on time and is respectful to his coworkers, supervisors and residents. Lenz has not received any discipline while employed at CMHA.

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

Robert Lenz #57

Date

22 FEB 17 @ 2013 HRS.

Manager Signoff

Comment

Signature

H. Ruule #632

Date

22 FEB 17 2013 HRS.



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal

Employee Name: Robert Lenz #52 Last Four Digits of Social: [REDACTED]
Employee Title: Police Officer Department: Police
Supervisor Name: James Neal #668 SGT Review Date: 22-Dec-2015
Evaluation
Period: From 5-May-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 – Union



Name and Badge# Robert Lenz #52

Date 22-Dec-2015

PERFORMANCE FACTORS

Leadership

Drives positive and proactive attitudes within the work environment. Demonstrates high standards of integrity, ethical behavior, and confidentiality.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz drives a positive proactive attitude within the work environment. He demonstrates high integrity and ethical behavior.

Judgment/Decision Making

Gathers as much relevant information as possible prior to making job related decisions. Makes good decisions, based on experience and judgment, and checks with supervisor. Escalates critical issues; keeps supervisors informed of matters. 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:

Police Officer Lenz gathers as much relevant information as possible prior to making job related decisions. Makes good decisions, based on experience and judgment, and checks with supervisor. Escalates critical issues; keeps supervisors informed of matters.

Problem Solving

Identifies and reports potential problems, hazards and inconsistencies; makes suggestions to ensure full compliance. Suggests and develops creative approaches to assignments; resolves difficult issues encountered on the job.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz identifies and reports potential problems, hazards and inconsistencies; makes suggestions to ensure full compliance.

Accountability

Accepts responsibility and performs assigned duties in a transparent manner. Holds self and others accountable; sets priorities; accepts responsibility for mistakes and takes the initiative to correct them; complies with established control system and rules. Attends court when subpoenaed.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz Accepts responsibility and performs assigned duties in a transparent manner. Holds self and others accountable and sets priorities.

Interpersonal Relationships and Communication

Actively attends and conveys understanding of comments and questions of others; listens well in a group. Speaks clearly and expresses self well in groups and in one-on-one conversations and settings. Maintains effective courteous communication with co-workers, supervisors, subordinates and members of the public.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz maintains effective courteous communication with co-workers, supervisors, subordinates and members of the public and speaks clearly and expresses self well in groups.

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.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz demonstrates ability to execute the duties outlined on the job description and demonstrates knowledge of laws, ordinances and written directives.

Dependability

The extent to which an employee follows attendance standards, safety and conduct rules, and all CMHA regulations.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz follows all attendance standards and Rules and Regulations as set by CMHA. Police Officer Lenz has not been tardy nor used any sick 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. Accepts constructive criticism. Exhibits proper grooming and maintains a clean personal appearance. Demonstrates proper care of assigned equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz set of positive values that the employee demonstrates in their work habits, including a positive attitude, punctuality, completing a task on time. Police Officer Lenz exhibits proper grooming and maintains a clean personal appearance

Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed time frames. 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:

Police Officer Lenz treats all customers/coworkers/supervisors with respect. Responds to needs within agreed time frames. Police Officer Lenz addresses conflicts and problem situations with patience.

Quality of Work and Productivity

The quality and efficiency of work completed in a specific period of time, i.e. meeting or exceeding established goals. Submits reports in an organized, legible manner using proper grammar. Work output matches the expectations established. Employee completes all assignments.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz quality and efficiency of work completed in a specific period of time, i.e. meeting or exceeding established goals. Submits reports in an organized, legible manner using proper grammar.

Responsiveness to Co-Workers

Participates in discussions in collaborative situations. Demonstrates consideration for co-workers by arriving on-time for appointments and work-time. Makes alternative arrangements to cover work duties and planned absences and performs extra duties when asked. Maintains positive and courteous relationships with co-workers.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz demonstrates consideration for co-workers by arriving on-time for appointments and work-time. Police Officer Lenz makes alternative arrangements to cover work duties and planned absences and performs extra duties when asked.

Teamwork

Assists coworkers when there is an opportunity; gives coworkers positive feelings about working as a team; talks positive and creates a positive working environment. Ensures safety in the work environment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Police Officer Lenz Assists coworkers when there is an opportunity; gives coworkers positive feelings about working as a team and talks positive about other officers.



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal

Overall Performance Assessment

Key Strengths:

Police Officer Lenz has a strong communication skill that he has used to effectively communicate with others in time of distress. Police Officer Lenz is able to keep calm and keep a level head during high stress situations.

Specific areas where improvement is needed:

Work on completing more reports and understanding the report writing system used.

Goals for the upcoming year (at least 3):

- 1) Work on continuing education
- 2) Attend Continuous training for more experience
- 3) Work on moving up in the department

Additional supervisor comments:

Overall Rating for the Employee:

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

Employee Signature:

PO. R. Lenz #52

Date:

22-Dec-2015

Supervisor Signature:

[Signature] *URS*

Date:

22 DEC 15

Department Director:

[Signature] *Chief*

Date:

12/29/2015



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:

Believe I can communicate to anyone and able to de-escalate stressful situations well.

Specific areas where improvement is needed:

Geography, more experience in different situations, learning more of the ORC / ORD.

Goals for the upcoming year (at least 3):

Personal goals for the upcoming year would to be to receive more training (IE. anything to make me more proficient in policing)
Try out for SWAT.
Become more knowledgable in case laws and ORC / ORD.

Additional employee comments:

The last seven (7) months have been a great experience, and I plan on having many more years, members of the team are always willing to help and back you up.

Overall Self Rating:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Employee Name: Robert Lenz **Date:** 22DEC15

Department: CMHAPD **Job Title:** Police Officer

Supervisor Name: James Neal Sergeant #668

Lenz, Robert attendance record for 2015 **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																																
Feb																																
Mar																																
Apr																																
May																								X	X							
Jun					M	M	M	X	X							X	X								X	X					X	X
Jul		X	X	X				M	M	X	X	X	M	M	M	M	M	M	X	X	M	M	M	M	M	M	M	X	X	M	M	M
Aug	M	M	X							X	X								X	X												
Sep		N	X	X	X						X	X	X														X	X				
Oct						X	X							X	X	M	M						X	X	X						X	X
Nov					X	X	X	M		N				X	X	X							X	X								
Dec	X	X			X	X	N	N	N	N	N	X						N	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: 7
Date	Comment	
6/22/2015	Tardy Excused by 650	
9/2/2015	Use of Force/Range Training	
11/10/2015	In Service	
11/18/2015	HR Training	
12/6/2015	RDO switeched due to CIT	
12/7/2015	CIT Training	
12/17/2015	Taser	

Introductory Period Performance Assessment

Employee Name: Robert Lenz
Hire/Transfer Date: 5/22/2015
Position Title: police officer
Evaluation Type: 180-day

Department: Police Department
Evaluation Date:

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

<i>Accuracy & timeliness:</i> Are work products completed on time, with accuracy, without consistent supervision?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Adaptability:</i> Can employee adjust to changes / handle pressure?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Creativity & initiative:</i> Does employee use creativity and take initiative in finding new ways to complete the assigned work?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Communication skills:</i> Does employee effectively express himself/herself verbally (e.g. telephone), in person, and in writing?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Organization:</i> Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U

RELATIONSHIPS

<i>Attitude toward the work & organization:</i> Does employee have a positive attitude about the job, understand our mission, and represent CMHA well?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Relationships with co-workers:</i> Does employee work cooperatively with co-workers, maintain good relationships, exert a positive influence in the workplace?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Relationship with supervisor:</i> Does employee accept supervision and constructive criticism?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Relationship with stakeholders</i> (i.e. tenants/participants, vendors, contractors, etc.): Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U

DEPENDABILITY & JUDGMENT

<i>Attendance:</i> Does employee report to work regularly and on-time, follow CMHA procedures regarding absences, insure that responsibilities are covered?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Dependability & follow-through:</i> Can employee be counted on to complete assigned responsibilities, to follow through on tasks, and to ask for clarity where it is needed (rather than allow a task to remain undone)?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U
<i>Judgment and problem solving:</i> Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input checked="" type="checkbox"/> M <input type="checkbox"/> U

General Comments Officer Lenz has a very strong grasp of our agency's goals and works very hard to promote good relationships with our community

Employee Signature: R. Lenz #52 Date: 16 Nov 15

Supervisor Signature: [Signature] Date: 11/16/15

Department Head Signature: [Signature] Date: 11/17/2015

Faxed 11/18

TX Result Report

P 1
 10/28/2015 09:03
 Serial No. A1DN011003332
 TC: 290798

Addressee	Start Time	Time	Prints	Result	Note
Human Resources	10-28 09:02	00:00:54	003/003	OK	

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX,
 MIX: Mixed Original TX, CALL: Manual TX, CSRC: CSRC, FWD: Forward, PC: PC-Fax,
 BND: Double-Sided Binding Direction, SP: Special Original, FCODE: F-code, RTX: Re-TX,
 RLV: Relay, MEX: 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, POVR:Receiving page Over, FIL:File Error,
 DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

Introductory Period Performance Assessment

Employee Name: Robert Lenz Department: Police Department
 Hire/Transfer Date: 5/22/2015 Evaluation Date:
 Last 4 SSN:
 Position Title: police officer
 Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

Accuracy & timeliness: Are work products completed on time, with accuracy, without consistent supervision?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Adeptability: Can employee adjust to changes / handle pressure?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Creativity & Initiative: Does employee use creativity and take initiative in finding new ways to complete the assigned work?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Communication skills: Does employee effectively express himself/herself verbally (e.g. telephone), in person, and in writing?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Organization: Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

RELATIONSHIPS

Attitude toward the work & organization: Does employee have a positive attitude about the job, understand our mission, and represent CMHA well?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Relationships with co-workers: Does employee work cooperatively with co-workers, maintain good relationships, exert a positive influence in the workplace?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Relationship with supervisor: Does employee accept supervision and constructive criticism?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Relationship with stakeholders (i.e. tenants/participants, vendors, contractors, etc.): Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

DEPENDABILITY & JUDGMENT

Attendance: Does employee report to work regularly and on-time, follow CMHA procedures regarding absences, insure that responsibilities are covered?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Dependability & follow-through: Can employee be counted on to complete assigned responsibilities, to follow through on tasks, and to ask for clarity where it is needed (rather than allow a task to remain undone)?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Judgment and problem solving: Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments: Robert Lenz is on task with his training. He is able to initiate interviews, receive reports and complete all assignment with little to no assistance.

Employee Signature: PO Robert Lenz #52 Date: 26 OCT 15 @ 0627

Supervisor Signature: [Signature] Date: 26 Oct 15

Department Head Signature: [Signature] Date: 10/27/2015

Introductory Period Performance Assessment

Employee Name: Robert Lenz

Department: Police Department

Hire/Transfer Date: 5/22/2015

Evaluation Date:

Last 4 SSN:

Position Title: police officer

Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

<i>Accuracy & timeliness:</i> Are work products completed on time, with accuracy, without consistent supervision?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Adaptability:</i> Can employee adjust to changes / handle pressure?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Creativity & initiative:</i> Does employee use creativity and take initiative in finding new ways to complete the assigned work?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Communication skills:</i> Does employee effectively express himself/herself verbally (e.g. telephone), in person, and in writing?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Organization:</i> Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

RELATIONSHIPS

<i>Attitude toward the work & organization:</i> Does employee have a positive attitude about the job, understand our mission, and represent CMHA well?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationships with co-workers:</i> Does employee work cooperatively with co-workers, maintain good relationships, exert a positive influence in the workplace?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationship with supervisor:</i> Does employee accept supervision and constructive criticism?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationship with stakeholders (i.e. tenants/participants, vendors, contractors, etc.):</i> Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

DEPENDABILITY & JUDGMENT

<i>Attendance:</i> Does employee report to work regularly and on-time, follow CMHA procedures regarding absences, insure that responsibilities are covered?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Dependability & follow-through:</i> Can employee be counted on to complete assigned responsibilities, to follow through on tasks, and to ask for clarity where it is needed (rather than allow a task to remain undone)?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Judgment and problem solving:</i> Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments Polenz is on task with his training. He is able to initiate on views, Receive Reports and complete all assignment with little to no Assistance.

Employee Signature: PO Robert Lenz #52 Date: 26 OCT 15 @ 0627

Supervisor Signature: [Signature] Date: 26 Oct 15

Department Head Signature: [Signature] Date: 10/27/2015

Filled in 12/8

Introductory Period Performance Assessment

Employee Name: Robert Lenz

Department: Police Department

Hire/Transfer Date: 5/22/2015

Evaluation Date:

Last 4 SSN:

Position Title: police officer

Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

<i>Accuracy & timeliness:</i> Are work products completed on time, with accuracy, without consistent supervision?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Creativity & initiative:</i> Does employee use creativity and take initiative in finding new ways to complete the assigned work?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Communication skills:</i> Does employee effectively express himself/herself verbally (e.g. telephone), in person, and in writing?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Organization:</i> Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U


RELATIONSHIPS


<i>Attitude toward the work & organization:</i> Does employee have a positive attitude about the job, understand our mission, and represent CMHA well?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationships with co-workers:</i> Does employee work cooperatively with co-workers, maintain good relationships, exert a positive influence in the workplace?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationship with supervisor:</i> Does employee accept supervision and constructive criticism?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationship with stakeholders</i> (i.e. tenants/participants, vendors, contractors, etc.): Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U


DEPENDABILITY & JUDGMENT

<i>Attendance:</i> Does employee report to work regularly and on-time, follow CMHA procedures regarding absences, insure that responsibilities are covered?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Dependability & follow-through:</i> Can employee be counted on to complete assigned responsibilities, to follow through on tasks, and to ask for clarity where it is needed (rather than allow a task to remain undone)?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Judgment and problem solving:</i> Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments

Employee Signature:  #52 Date: 15 SEPT 15

Supervisor Signature:  648 Date: 15 SEP 15

Department Head Signature:  Date: 9/17/2015

Faxed
9/17/15

Introductory Period Performance Assessment

Employee Name: Robert Lenz

Department: Police Department

Hire/Transfer Date: 5/22/2015

Evaluation Date:

Position Title: police officer

Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

<i>Accuracy & timeliness:</i> Are work products completed on time, with accuracy, without consistent supervision?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Adaptability:</i> Can employee adjust to changes / handle pressure?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Creativity & initiative:</i> Does employee use creativity and take initiative in finding new ways to complete the assigned work?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Organization:</i> Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

RELATIONSHIPS

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<i>Relationship with stakeholders</i> (i.e. tenants/participants, vendors, contractors, etc.): Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

DEPENDABILITY & JUDGMENT

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<i>Judgment and problem solving:</i> Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments

Employee Signature: [Signature] Date: 20 AUG 15

Supervisor Signature: [Signature] Date: 20 AUG 15

Department Head Signature: [Signature] Date: 8/21/2015

TX Result Report

P 1
08/24/2015 08:39
Serial No. ATDNO11003332
TC: 270545

Addressee	Start Time	Time	Prints	Result	Note
Human Resources	08-24 08:38	00:00:54	003/003	OK	

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX, MIX: Mixed Original TX, CALL: Manual TX, CSRC: CSRC, FWD: Forward, PC: PC-Fax, BND: Double-Sided Binding Direction, SP: Special original, FCODE: F-Code, RTX: Re-TX, RLY: 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: 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, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

2nd

Introductory Period Performance Assessment

Employee Name: Robert Lenz Department: Police Department
Hire/Transfer Date: 5/22/2015 Evaluation Date:
Position Title: police officer
Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE	
Accuracy & timeliness: Are work products completed on time, with accuracy, without consistent supervision?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Adaptability: Can employee adjust to changes / handle pressure?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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Communication skills: Does employee effectively express himself/herself verbally (e.g. telephone), in person, and in writing?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Organization: Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

RELATIONSHIPS	
Attitude toward the work & organization: Does employee have a positive attitude about the job, understand our mission, and represent CMHA well?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Relationships with co-workers: Does employee work cooperatively with co-workers, maintain good relationships, exert a positive influence in the workplace?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Relationship with supervisor: Does employee accept supervision and constructive criticism?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
Relationship with stakeholders (i.e. tenants/participants, vendors, contractors, etc.): Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

DEPENDABILITY & JUDGMENT	
Attendance: Does employee report to work regularly and on-time, follow CMHA procedures regarding absences, insure that responsibilities are covered?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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Judgment and problem solving: Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments

Employee Signature: [Signature] Date: 20 AUG 15
Supervisor Signature: [Signature] Date: 20 AUG 15
Department Head Signature: [Signature] Date: 8/21/2015

Introductory Period Performance Assessment

Employee Name: Robert Lenz Department: Police Department
 Hire/Transfer Date: 5/22/2015 Evaluation Date:
 Position Title: police officer
 Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

<i>Accuracy & timeliness:</i> Are work products completed on time, with accuracy, without consistent supervision?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Creativity & initiative:</i> Does employee use creativity and take initiative in finding new ways to complete the assigned work?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Organization:</i> Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

RELATIONSHIPS

<i>Attitude toward the work & organization:</i> Does employee have a positive attitude about the job, understand our mission, and represent CMHA well?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Relationship with stakeholders (i.e. tenants/participants, vendors, contractors, etc.):</i> Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U


DEPENDABILITY & JUDGMENT

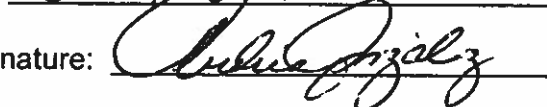
<i>Attendance:</i> Does employee report to work regularly and on-time, follow CMHA procedures regarding absences, insure that responsibilities are covered?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Judgment and problem solving:</i> Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments

Robert Lenz was on military leave from July 8th, 2015 through August 3rd, 2015. Cannot evaluate during this time period.

Employee Signature:  #52 Date: 13 AUG 15

Supervisor Signature:  Date: 8-13-15

Department Head Signature:  Date: 8/19/2015

HR 8/19

Introductory Period Performance Assessment

Employee Name: Robert Lenz

Department: Police Department

Hire/Transfer Date: 5/22/2015

Evaluation Date:

Position Title: police officer

Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

<i>Accuracy & timeliness:</i> Are work products completed on time, with accuracy, without consistent supervision?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Organization:</i> Does employee maintain organized systems, files, equipment, tools, workstation, etc.?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

RELATIONSHIPS

<i>Attitude toward the work & organization:</i> Does employee have a positive attitude about the job, understand our mission, and represent CMHA well?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationships with co-workers:</i> Does employee work cooperatively with co-workers, maintain good relationships, exert a positive influence in the workplace?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationship with supervisor:</i> Does employee accept supervision and constructive criticism?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
<i>Relationship with stakeholders (i.e. tenants/participants, vendors, contractors, etc.):</i> Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

DEPENDABILITY & JUDGMENT

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<i>Judgment and problem solving:</i> Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments military LEAVE 7/9/15 - 8/2/15

Employee Signature:  #52 Date: 6 AUG 15

Supervisor Signature:  #632 Date: 06 AUG 15

Department Head Signature:  Date: 8/10/2015

HRC 114

Introductory Period Performance Assessment

Employee Name: Robert Lenz

Department: Police Department

Hire/Transfer Date: 5/22/2015

Evaluation Date: 6/22/2015

Position Title: police officer

Evaluation Type: 30-day 60-day 90-day 120-day 150-day

Instructions: Performance levels and associated ratings have been established for Performance Competencies. Complete this review using the following scale:

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

<i>Accuracy & timeliness:</i> Are work products completed on time, with accuracy, without consistent supervision?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U
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<i>Relationship with stakeholders (i.e. tenants/participants, vendors, contractors, etc.):</i> Does employee develop good relationships with CMHA stakeholders that reflect well on CMHA?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

DEPENDABILITY & JUDGMENT

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<i>Judgment and problem solving:</i> Does employee show good judgment and the ability to act independently (and appropriately) when faced with a problem?	<input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> U

General Comments

Employee Signature: RLenz #52 Date: 22 JUN 15

Supervisor Signature: Sgt. [Signature] #950 Date: 22 JUN 15

Department Head Signature: [Signature] Date: 6/29/2015

W1604

[Signature] 6/24/15
106

SECONDARY EMPLOYMENT



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT
Request for Permission to Carry Personal Weapon

MEMBER INFORMATION

First Name Rob	Last Name LEWIS
Social Security Number [REDACTED]	Date of Birth 3/17/88
	Badge Number 52
SWORN POLICE OFFICER <input checked="" type="checkbox"/>	RESERVE OFFICER <input type="checkbox"/>
	PROTECTION OFFICER <input type="checkbox"/>

DESCRIPTION / CHARACTERISTICS OF MY PROPOSED PERSONAL WEAPON

Manufacturer Glock	Model G-26	Type SEMI-AUTO
Caliber 9mm	Serial Number VHU-555	Barrel Length 3.43"
Finish BLK / OD GREEN	Magazine Capacity 10	Other

NCIC CLEARANCE

Date that the NCIC Check of Weapon was Completed? 7/16/20	Checked By: POPE
Weapon Clears NCIC? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Reason why Weapon Does NOT clear:	

MEMBER REQUEST

I RESPECTFULLY REQUEST PERMISSION TO CARRY THE ABOVE-DESCRIBED WEAPON WHILE ON DUTY OFF DUTY

MEMBER SIGNATURE **Rob Lewis #52** DATE **15 JUL 2020**

RANGE OFFICER CERTIFICATION

I CERTIFY THAT I HAVE INSPECTED THE SPECIFIED FIREARM AND FOUND IT TO BE IN COMPLIANCE WITH DEPARTMENT REGULATIONS AND OPERATIONALLY SAFE. I FURTHER CERTIFY THAT THE ABOVE-NAMED OFFICER HAS SUCCESSFULLY COMPLETED THE APPROVED COURSE OF FIRE. I RECOMMEND PERMISSION BE GRANTED NOT GRANTED .

Sgt. [Signature] 634 **7/16/20**

RANGE OFFICER DATE

APPROVED NOT APPROVED (OFF DUTY CARRY ONLY)

CMHA Chief of Police **[Signature]** **7/17/2020** Date



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: John Smiddy #654, Sergeant – Second Platoon
FROM: Robert Lenz #52, Patrolman - Second Platoon

PAGE 1 of 1	SUBJECT Request For Career Day	DATE 17JAN18
-----------------------	--	------------------------

I would like to request permission to attend and conduct a presentation for Career Day at Memorial Elementary School address of 410 E 152nd St, Cleveland, OH 44110. I was asked by my mother in-law Nancy Petro 3rd grade teacher at above mentioned school. The date is 31JAN18 from 0800-1200. Additionally would like to request hand out's (JR badges) possibly a zone car as well.

Respectfully,

[Signature]
#52
Robert Lenz, Patrol Officer #52

APPROVED -
[Signature]
1/24/2018

REVIEWED,
Though this school does not service CMHA youths, this would still be a good PR presentation for both the PD and PO LENZ. I recommend approval -

Smiddy 654

Recommend Approval we have a definite enough car for on this date. *[Signature]*

Approved & recommended CR 633 Acting Ptl O mdr 22 JAN 18

1/22/18
RECOMMEND APPROVAL -
Good C.A. and maintenance is sufficient this date. *[Signature]*

MEMORIAL SCHOOL (PK-8)
410 East 152nd Street, Cleveland, OH 44110
216.838.0850(m)

Maria Dinkins, Principal Ronnie Neal, Asst. Principal
LaCola Mosley, Dean of Engagement



January 10, 2018

Dear Sir or Madame:

I am contacting you to request your assistance in providing our students with an awesome educational opportunity. As a school we are committed to making our students more well-rounded by exposing them to different careers. Plans are underway to coordinate our annual Career Day. Memorial School's Career Day 2018 is scheduled for Wednesday January 31, 2018.

The purpose of this event is to motivate our students by working closely with the community to help improve their educational outcome. You are essential to the success of this day because we believe in the old saying "it takes a village". We are working to educate our students on critical issues and we need a strong voice from you to help spread the message to our students that "YES, you CAN achieve!" we would be so honored if you would accept our invitation to be a speaker for Career Day 2018.

Please plan to prepare a 15-20 minute presentation that includes time for interaction and questions and answers. I strongly encourage you to bring props, photos, or any other kind of visual aid that will provide our students with a better understanding of what you do in your career. We are planning for each class to see at least 3-4 speakers if possible. **We will have two different sessions one at 8:30am and another one at 1:00pm.** Please indicate if you are available for BOTH sessions or just one session and provide the time of choice.

We would really appreciate your personal contribution toward a successful Career Day experience at Memorial School, however, if you are unable to speak with our students, please share with me a name and contact for one of your coworkers who would be interested in attending. We look forward to having you. Please reply back to this emailing accepting this invitation and more details will be sent to you. For more questions or concerns please feel free to contact me at (216) 838-0850 or you can email me at Lacola.mosley@clevelandmetroschools.org.

Best,

Mrs. LaCola Mosley
Dean of Engagement and Student Supports
Memorial School



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: ROBERT A. LEWIS #52
(Full Name and Badge Number of requesting member)

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	11 MAY 17

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, 2017

Pay Period
Ending: MAY 26, 2017

Current Balance 232 / TOTAL

Respectfully,

PO. R. Lewis #52
Signature of requesting member

Administrative Commander Review: [Signature]

Date: 5/12/17

FOR PAYROLL DEPARTMENT USE ONLY:

Hours paid (code 323 - Comptime Payoff P/S): _____

Pay Ending Date: _____

TX Result Report

P 1
05/15/2017 09:29
Serial No. A79K011003554
TC: 29279

Addressee	Start Time	Time	Prints	Result	Note
94323896	05-15 09:29	00:00:17	001/001	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
DPS:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSFC:CSFC,
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
FCODE:F-Code, RTX:Re-TX, RLV:Relay, MEX:Confidential, BOL: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
RFL: Receipt Refused, Busy: Busy, M-Full: Memory Full, LOVR:Receiving length over,
POVR: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: ROBERT A. LENZ #52
(Full Name and Badge Number of requesting member)

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	11 MAY 17

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, 2017

Pay Period
Ending: MAY 26, 2017

Current Balance 232 / TOTAL

Respectfully,

Robert A. Lenz #52
Signature of requesting member

Administrative Commander Review: [Signature] Date: 5/12/17

FOR PAYROLL DEPARTMENT USE ONLY:	
Hours paid (code 323 - Comptime Payoff P/S):	_____
Pay Ending Date:	_____



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



TO: William Likes #604, Commander - Patrol
FROM: Robert Lenz #52, Patrolman - Second Platoon

PAGE 1 of 1	Military	DATE 19APR17
-----------------------	-----------------	------------------------

Sir, as of 09APR17 I am out of the Ohio Army National Guard (C Company 1-145th Infantry) in an active drilling capacity and now in Inactive Ready Reserve (IRR) which does not actively drill.

Respectfully,



Robert Lenz, Patrol Officer #52

Reviewed
WAL604
4-20-17

4/20/17
JM Re

ASCHIEF
4/24/2017
CC: MEMBER FILE



CUYA. JGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: **Robert A. Lenz #52**

(Full Name and Badge Number of requesting member)

PAGE 1 of 1	SUBJECT Compensatory Time Payout Request	DATE 26MAY16
----------------	---	-----------------

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, 2016**

Pay Period
Ending: **July 01, 2016**

Current Balance **250**

Respectfully,

Pol. R. Lenz #52
Signature of requesting member

Administrative Commander Review: *[Signature]* Date: *6/6/16*

FOR PAYROLL DEPARTMENT USE ONLY:

Hours paid (code 323 - Comptime Payoff P/S): _____

Pay Ending Date: _____

TX Result Report

P 1
 06/22/2016 09:27
 Serial No. A1DNO11003332
 TC: 359687

Addressee	Start Time	Time	Prints	Result	Note
Payroll	06-22 09:26	00:00:25	001/001	OK	

Note TMA: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX,
 MIX: Mixed 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, 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: 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, POVR:Receiving page Over, FIL:File Error,
 DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
 POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: **Robert A. Lenz #52**
 (Full Name and Badge Number of requesting member)

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	26MAY16

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, 2016

Pay Period Ending: July 01, 2016

Current Balance 250

Respectfully,

[Signature]
 Signature of requesting member

Administrative Commander Review: *[Signature]* Date: 6/16/16

FOR PAYROLL DEPARTMENT USE ONLY:	
Hours paid (code 323 - Comptime Payoff P/S):	_____
Pay Ending Date:	_____



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

Glock Model 17 Firearm Responsibility Form

I ROBERT A. LENZ (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 #: BATV 873

Member Signature: PO. [Signature] #52 Date Issued: 10 MAY 16 @ 1542

Issued by: [Signature] Date Issued: 10 May 16



5715 Woodland Avenue T - 216-426-7766
Cleveland, Ohio 44104-2740 F - 216-361-3722



LETTER OF COMMENDATION

April 4, 2016

Robert Lenz, Police Officer

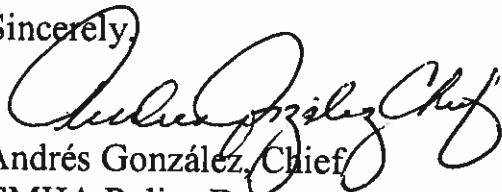
Dear Officer Lenz:

I was recently informed by Lieutenant Carol Rucker of a significant arrest you made on Thursday, March 24, 2016. You along with other officers responded to a call for males with weapons. Upon arriving, you observed a group of males behaving in a suspicious manner walking away from the location. You engaged the males and noticed that they were breathing heavily and nervous.

The investigation led you to inspect the area where you observed the males. Upon inspection, you, with the assistance of other officers, discovered a loaded 9mm firearm that was placed by the left front tire of a parked vehicle. Another loaded .40 caliber firearm was also discovered lying in the grass where the males were seen standing. Overall, you and the other officers were successful in removing two (2) loaded firearms from the street. You were also successful in recovering cash and a large quantity of drugs which included crack-cocaine, marijuana and PCP.

On behalf of the entire Command Staff of the CMHA Police Department, I want to thank you for a job well done. Your action and performance during this incident is indicative of the high caliber of members that serve on our department.

Sincerely,


Andrés González, Chief
CMHA Police Department

Cc: Jeffery K. Patterson, CEO
Angel Morales, Deputy Chief
William Likes, Commander

TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

Jeffery K. Patterson, Chief Executive Officer/Safety Director



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: William Likes, Commander

FROM: John Smiddy, Sergeant of Community Policing and Canine Units

PAGE 1 of 1	SUBJECT Final Evaluation – Probationary Officer Robert Lenz #52	DATE 17NOV15
----------------	--	-----------------

On Tuesday, November 17, 2015, I rode alongside PO Robert Lenz for an evaluation of his progress with the field training program.

Our tour began with an accurately completed vehicle inspection and calling in service with RCC. We toured various properties on both the east and west sides of town. His knowledge of the geography of CMHA properties is very impressive. He's very aware of the layout of the city and was proficient in not only taking me to random locations I would challenge him with but could explain various routes to get to others.

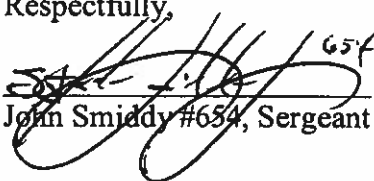
PO Lenz is very professional and I was genuinely impressed to see that he surprised dozens of unsuspecting residents with a very friendly "hello" as he greets them on the street, at traffic lights and in parking lots. He has made it clear that he enjoys his work and likes working for the department. He has a strong eye for suspicious and criminal activity and will have no problems engaging in proactive police work.

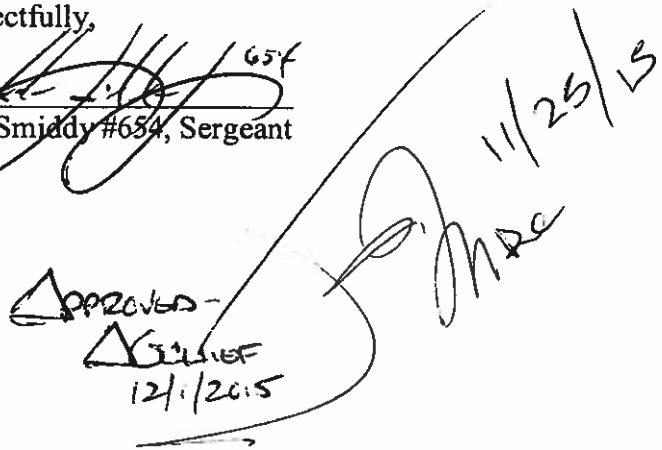
I was able to monitor him on multiple calls for service and have witnessed his professionalism first hand. He asks excellent questions during his interviews and treats both victims and suspects decently.

His peers enjoy working with him and our residents are going to love him. He is confident that he is ready to serve without a trainer and he is eager to work as a solo responder.

I recommend that PO Robert Lenz #52 be removed from field training and be permitted to tour as an independent, solo responder.

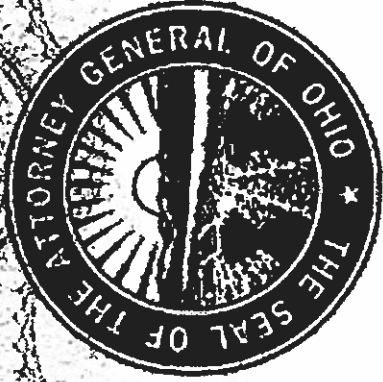
Respectfully,


John Smiddy #654, Sergeant


11/25/15

PO Robert Lenz #52 is removed from the field training program. He will be assigned to 1st platoon effective 11-25-15 in vacation class "J"
h. #1 Col
11-25-15

TRAINING FILE



OHIO



eOPOTA

This is to certify that

Robert Lenz

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

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

Completed on: 10/22/2017 11:34:34 PM



This is to certify that

Robert Lenz

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

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

Completed on: 11/16/2017 4:03:05 PM

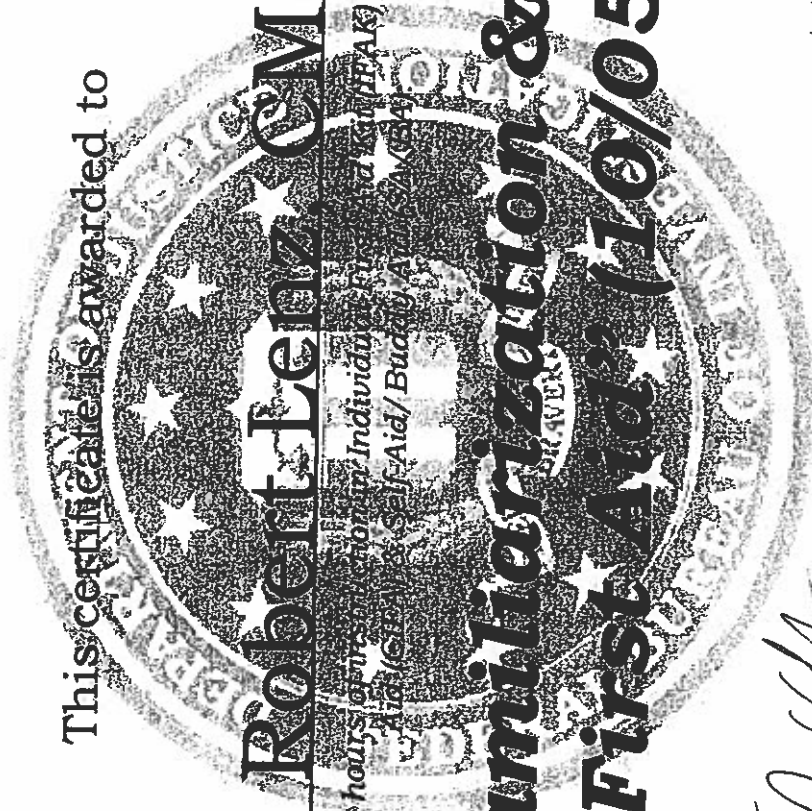
CERTIFICATE OF COMPLETION

This certificate is awarded to

Officer Robert Lenz CMHA PD

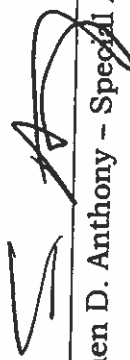
Who has satisfactorily completed 4 hours of instruction on *Individuals in Need of First Aid (IFIAK) familiarization, Critical Injury First Aid (CIFA) Self-Aid/ Buddy Aid (SA/BA)*

“IFAK Familiarization & Critical Injury First Aid” (10/05/2017)



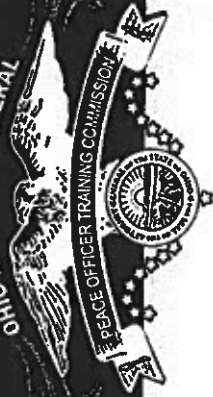

SA Kerry F. McCafferty - Principal Tactical Medical Instructor

11/01/2017
Date


SAC Stephen D. Anthony - Special Agent in Charge

11/01/2017
Date

OHIO ATTORNEY GENERAL



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

This is to certify that

Robert Lenz

has successfully completed the advanced training course

53-049-17-02: Street Drugs: Recognition And Identification

at the Ohio Peace Officer Training Academy given

September 08, 2017

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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

DATE CERTIFICATE PRINTED: September 24, 2017



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

This is to certify that

Robert Lenz

has successfully completed the advanced training course
05-485-17-01: Field Training Officer (FTO) Program (Ohio Model)
at the Ohio Peace Officer Training Academy given

September 26 - 28, 2017

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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

DATE CERTIFICATE PRINTED: October 2, 2017

OHIO ATTORNEY GENERAL



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

This is to certify that

Robert Lenz

has successfully completed the advanced training course
03-687-17-03: Testifying in Court Boot Camp

at the Ohio Peace Officer Training Academy given

September 20 - 21, 2017

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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

DATE CERTIFICATE PRINTED: October 2, 2017



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

This is to certify that

Robert Lenz

has successfully completed the advanced training course

55-439-17-01: Survival Spanish

at the Ohio Peace Officer Training Academy given

October 16 - 17, 2017

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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

DATE CERTIFICATE PRINTED: October 26, 2017

Cuyahoga Metropolitan Housing Authority



Police Department

This is to certify that

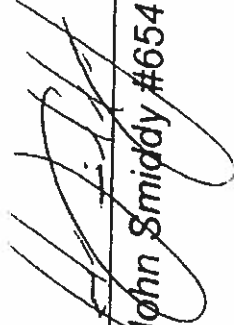
Robert Lenz #52

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

April 5th and 8th

Date

Andrés González
Chief of Police


Sgt. John Smiddy #654

Cuyahoga Metropolitan Housing Authority



Police Department

This is to certify that

Robert Lenz #52




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

April 4-5, 2017

Date

Andrés González
Chief of Police


Sgt Jackelyn Burgos
BAS24081

Cuyahoga Metropolitan Housing Authority

Police Department

This is to certify that

Robert Lenz #52

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

April 4th, 2017

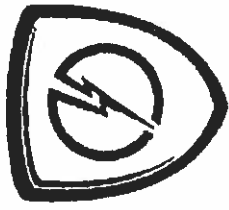
Date

Andrés González
Chief of Police



[Signature]

Sgt James Neal
BAS23769



TASER TRAINING ACADEMY

TASER Conducted Electrical Weapon USER CERTIFICATE

Robert Lenz #52

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 04/07/2017

Sgt James Neal



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

This is to certify that

Robert A. Lenz

has participated in the advanced training course

53-400-16-02: Patrol Drug Operations

at the Ohio Peace Officer Training Academy given

September 7 - 8, 2016

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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



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

This is to certify that

Robert A. Lenz

has participated in the advanced training course

03-724-16-02: Patrol Drug Operations - Practical

at the Ohio Peace Officer Training Academy given

September 28, 2016

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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



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

This is to certify that

Robert A. Lenz

has participated in the advanced training course

03-724-16-02: Patrol Drug Operations - Practical

at the Ohio Peace Officer Training Academy given

September 28, 2016

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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



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

This is to certify that

Robert A. Lenz

has participated in the advanced training course

53-400-16-02: Patrol Drug Operations

at the Ohio Peace Officer Training Academy given

September 7 - 8, 2016

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Mary E. Davis

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



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Police Department



Certificate of Completion

This is to certify that

Robert Lenz

has successfully completed a Course of Training in

CALEA

10/9/2015

DATE OF COMPLETION




Andrés González
CHIEF OF POLICE



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Police Department



Certificate of Completion

This is to certify that

Robert Lenz

has successfully completed a Course of Training in

Hazardous Materials

9/21/2015

DATE OF COMPLETION




Andrés González
CHIEF OF POLICE



Certificate of Accomplishment
Awarded to

Robert Lenz

In recognition for successful completion of the
Community Crisis Intervention Team Training Program
on this 11th day of December, 2015

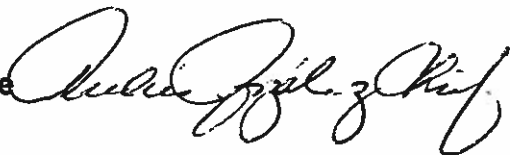


William M. Denihan
Chief Executive Officer
ADAMHS Board of Cuyahoga County

DISCIPLINARY FILE

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
INTEROFFICE MEMORANDUM

TO: Robert Lenz, Police Officer
FROM: Andrés González, Chief of Police
DATE: May 18, 2019
SUBJECT: COUNSELING / REINSTRUCTION



BACKGROUND

On Friday, February 22, 2019, at approximately 1833 hours, you were present and observed a use of less than lethal force (ULLF) incident involving (former) Officer Wali Shakir. Sergeant Drew responded to investigate the circumstances surrounding the incident.

ISSUE

While reviewing the investigation, I became aware of an unnecessary delay and a lack of candor from all members on scene in reporting the ULLF to a supervisor. When asked about the use of force, no one, including you, provided an immediate response which caused the supervisor to repeat the question.

You did not immediately inform your supervisor about the facts surrounding the incident which hindered his ability to effectively manage the situation. Your delay in informing the supervisor creates an impression of doubt regarding your integrity that negatively impacts our goal to be viewed as a transparent organization.

COUNSELING

Lack of immediate disclosure or silence creates ambiguity that is not consistent with our Core Values. Delayed reporting and silence, especially after being directly asked a question, reflects negatively on you and on our Department.

Please be mindful that you have an ethical responsibility to immediately report a use of force incident that you have witnessed or that you may be involved in. You have a responsibility to immediately be forthcoming and inform a supervisor of the events surrounding a use of force incident.

AG

I understand this counseling and reinstruction.


PO Robert Lenz

18 MAY 19 1005 HRS
Date

Officer Robert Lenz Interview

On May 2, 2019, Officer Robert Lenz was interviewed as part of an internal investigation regarding CMHA Police Policies and Procedures and Rules and Regulations applicable to the handling of a Use of Less than Lethal Force incident that occurred on February 22, 2019 involving Ms. Rose Elder at 1795 W. 25th St. in CMHA's Riverview high-rise property.

Before beginning the interview, Officer Lenz acknowledged receipt of the Notice of Investigation issued to him by Chief Andres Gonzalez. He was also given and signed a Garrity Warning. Prior to this meeting, Officer Lenz has met with and has been interviewed by Lieutenant Gregory Drew as part of Lieutenant Drew's investigation into the Use of Less than Lethal Force and citizen's complaint made by Ms. Elder stemming from the February 22, 2019 incident above.

The interview with Officer Lenz began by asking him the circumstances surrounding his response to Riverview high-rise at 1795 W. 25th St. He was the first officer to respond and believes he was coming from the Rocky River/Puritas area. He stated that whenever a protection officer asks for help, police officers respond. This specific call for help came from a west-side building and he patrols the west-side. He does remember that he was the first officer to arrive, and because of that he was the primary officer. He explained that typically, the first officer to respond and/or have contact with parties on scene is the officer who is going to handle the report, including writing the report. However, Officer Lenz indicated that because he did not have any direct involvement in the use of force, that he would not be writing this report. It is his understanding that generally once a supervisor arrives on scene, they are in charge.

Officer Lenz is CIT trained, but he does not know if any of the other officers who responded were CIT trained. He explained that CIT trained officers wear pins, but his is broken so he was not wearing it on February 22, 2019. Officer Lenz recalled that he walked past a man who turned out to be Mr. James Smiley on his way to go talk to Protection Officer Kamoru Ramoni to learn what was happening. Officer Lenz had a hard time understanding over radio what was happening. He did recall everything happening so fast that he did not have a chance to have a conversation with the other responding officers in order for him to delegate and assign duties and responsibilities. He recalled Sergeant Drew arriving on scene and immediately going to talk to Officer Ramoni. He knows that someone asked for EMS for Ms. Elder, but he could not remember who.

Officer Lenz was then asked questions about any and all conversations on scene about force being used. Officer Lenz believes that once Ms. Elder was in the ambulance, all of the officers went outside to speak with Sergeant Drew because he wanted to be de-briefed about what occurred. Officer Lenz could not recall if Officer Ramoni was part of this de-briefing, and he was also unable to remember the context of the conversation had. He does remember that Officer Wali Shakir talked about using force. He could not remember what specifically was asked in the de-briefing, but believes Sergeant Drew in some form asked generally about what happened. He could not recall how many times Sergeant Drew asked questions.

Next, Officer Lenz was asked about his understanding regarding reporting use of force. He expects that whoever is the officer who uses force is the officer who should report it and it is his understanding that the use of force needs to be reported and a supervisor is to be immediately contacted. In his experience, it is common practice for whoever exerts the force, to report the force. Officer Lenz was unsure if the use of force needs to be reported over radio, but it usually does get reported over radio when officers ask for a supervisor to respond if force has been used.

Officer Lenz is unsure if anyone tried to talk to Sergeant Drew about force being used prior to his de-briefing outside.

Officer Lenz did not know if use of force was called out over radio, but he thinks this is because Sergeant Drew had already responded to the scene. He does remember Sergeant Drew arriving and immediately conferring with Protection Officer Ramoni in his security booth. When asked if he recalls anything else, Officer Lenz indicated that he believes officers would have called EMS regardless, but knows someone called for EMS due to Ms. Elder complaining of high blood pressure. He cautioned that he does not remember the exact order of everything that happened that evening because so much time has passed and everything occurred so quickly.



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

TO: Robert Lenz #52 Police Officer

FROM: Angel J. Morales, Deputy Chief

PAGE 1 of 1	SUBJECT DETERMINATION OF INVESTIGATION X17-190 Conduct Unbecoming	DATE: 04JAN18
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DATE OF INCIDENT: 28NOV17

INVESTIGATION WRITTEN WARNING

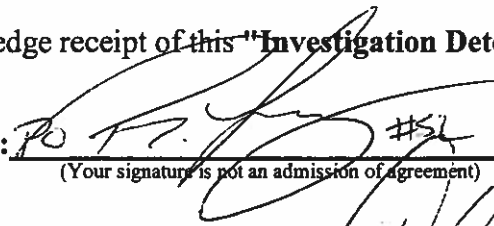
CLASSIFICATION:

SANCTION/S: N/A

MISCELLANEOUS: Member to receive a written warning regarding conduct unbecoming use of profanity while on duty in uniform


Angel J. Morales, Deputy Chief

I acknowledge receipt of this "**Investigation Determination**" and understand its content.

Signature:  #52 **Date:** 8 JAN 18 **Time:** 19 29 Hrs
(Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor:  #68

SUPERVISOR: after execution, return this form immediately through Official Channels.



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: Robert Lenz #52, Police Officer-2nd Platoon

FROM: Carol D. Rucker #632, Acting Patrol Commander

PAGE 1 of 2	SUBJECT DISCIPLINE WRITTEN WARNING re: Conduct Unbecoming	DATE 04 JAN 18
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On Friday, 24NOV17, you violated portions of the CMHAPD Policy and Procedures, and / or the CMHAPD Manual of Rules and Regulations, and / or the CMHA Administrative Order 11.

Specifically, you are alleged to have violated:

- Rules and Regulations –III-F: Conduct Unbecoming an Employee
- Rules and Regulations-III-I: References in the CMHA Personnel Policies and Procedures Manual (AO.11)
- Rules and Regulations –VI-A (11),(12) and (17): Prohibited Conduct
- Rules and Regulations – Chapter 2.1 Core Values III-A (1)(2)(3)
- Rules and Regulations—IV-J Code of Ethics
- Personal Policy and Procedures
- B-I-B-8: Violation of CMHA Rules, Regulation, Policies and Procedures
- B-I-B-13
- B-I-B-14
- B-I-B-16..In pertinent part disrespectful conduct
- B-I-B-23.. In pertinent part discourtesy to co-worker
- B-I-B-32.. Conduct Unbecoming of an employee in public service
- C(2)-(A)(i) Major Infraction .. In pertinent part of any violation of an order or any CMHA rule of conduct or CMHA policy that would disrupt the good order of the department.
- CMHAPD Rules and Regulations:
 - I. Purpose
 - II. (R) Failure to Obey Orders Given by Property Authority
 - III. –H Violation of Established Departmental Written Directives
 - V.A(7) Give Immediate Obedience to all Lawful Orders of a Supervisor
 - V.A2-(13) Cooperate with one another in the Performance of Police Duties
 - V.A2-(32) Accord Respect to a Supervisor at all times.

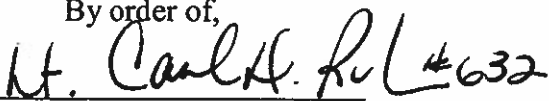
On Friday, 24NOV17, while on duty and in uniform you engaged in conversation with another member in roll call room, where you began using profanity. The language was offensive and unprofessional. Your conduct is unacceptable and will not be tolerated by you or any member of the CMHA Police Department. You shall remain respectful and courteous at all times. This in turn gains the respect from residents, peers, supervisors and others you come in contact with.

APPROVED: CR Date: 1/7/18

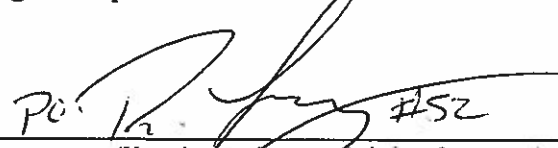
PAGE 2 of 2	SUBJECT DISCIPLINE WRITTEN WARNING re: Conduct Unbecoming	DATE 04 JAN 18
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The CMHA Police Department is a nationally accredited agency as a result of demonstrating professional excellence through a national law enforcement credentialing 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.


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 #632-Acting Patrol Commander

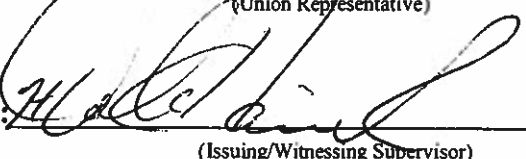
I acknowledge receipt of this "DISCIPLINARY ACTION" and understand its content.

Signature: 
 (Your signature is not an admission of agreement)

3 JAN 18 / 1932 HRS
 (Date/Time)

Signature: 
 (Union Representative)

16 JAN 18 / 0937
 (Date/Time)

Signature: 
 (Issuing/Witnessing Supervisor)

8 JAN 18 / 1935 HRS
 (Date/Time)

APPROVED:  Date: 19/18



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

TO: Robert Lenz #52 Police Officer

FROM: Andrés González, Chief

PAGE 1 of 1	SUBJECT DETERMINATION OF INVESTIGATION X17-0156 Conduct Unbecoming	DATE: 09NOV17
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DATE OF INCIDENT: 19OCT17

INVESTIGATION **VERBAL COUNSELING/ REMEDIAL TRAINING**
REGARDING UNPROFESSIONAL COMMENTS IN THE
WORKPLACE

CLASSIFICATION:

SANCTION/S: N/A

MISCELLANEOUS: Member to receive Documented Verbal Counseling
and Remedial Training Regarding Prohibited Conduct

Andrés González, Chief

I acknowledge receipt of this "Investigation Determination" and understand its content.

Signature: **Date:** 15NOV17 **Time:** 2327
(Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor:

SUPERVISOR: after execution, return this form immediately through Official Channels.



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

TO: Carol Rucker #632, Lieutenant
FROM: Kyle White #650, Sergeant

PAGE	SUBJECT	DATE
1 of 1	Verbal Counseling to PO Robert Lenz #52 for Inappropriate Comment	16NOV17

On Thursday, October 19, 2017, I gave PO Lenz a verbal counseling for an inappropriate comment that he made. While in the roll call room, myself and PO Lenz were having a conversation. During the conversation PO Lenz made an inappropriate comment which was heard by Lt. Carol Rucker #632. I then advised PO Lenz that he needs to watch what he says while at work because there may be other people around that may be offended by what was said.

Respectfully,

Sgt. Kyle A. White #650

Sgt. Kyle A. White #650



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

TO: William R. Likes #604-Patrol Commander
FROM: Carol D. Rucker #632-Lieutenant-2nd Platoon

PAGE	SUBJECT	DATE
1 of 2	Determination of Departmental Charges for Investigation X17-156: Documented Remedial Training for Police Officer Robert Lenz #52 on Rules and Regulation Section V1: Prohibited Conduct (11)(12)(17)	22NOV17

On Thursday, November 23, 2017, I was assigned to Second Platoon as Lieutenant. I administered Documented Remedial Training on CMHAPD Rules and Regulations Sections II (F) Conduct Unbecoming an Employee and V1: Prohibited Conduct (11)(12)(17) to Police Officer Robert Lenz #52 in accordance with the determination of departmental charges for investigation X17-165. The following are the fact related to how the remedial training was administered.

At 1810 hours, I called Police Officer Robert Lenz #52 into the Lieutenant's Office.

While in the Lieutenant's Office I read PO Lenz the Determination of Investigation X17-165 dated November 9, 2017, from Chief Andres Gonzalez. I advised PO Lenz that as a result of the incident that occurred on October 19, 2017, he would be receiving documented remedial training on CMHAPD Rules and Regulations Sections II (F) Conduct Unbecoming an Employee and V1: Prohibited Conduct (11)-(12)-(17)

I began the documented remedial training by reading PO Lenz the entire Rules and Regulations Sections II (F) Conduct Unbecoming an Employee V1: (11)(12)(17). Upon completion, I emphasized II (F). I advised PO Lenz that no member shall use inappropriate and/or offensive language at any time while at headquarters regardless if you're on/off duty. I proceeded to stress the importance of be professional and maintaining such when communicating with others as to not allow any language to be deemed offensive to others.

I recommended that PO Lenz review the Rules and Regulations so that he is familiar with the contents of them and ensure that he will abide by such rules and regulations. And that if he has any questions he should ask his immediate supervisor for further guidance.

PO Lenz advised that he understood and agreed with this recommendation and the remedial training that he just received.

At 1823 hours, I concluded the documented remedial training. PO Lenz previously signed the Determination of Investigation X17-165 dated November 9, 2017, from Chief Andres Gonzalez.

Respectfully,

H. Carl D. Ruck #632

Signature of Member

CERTIFICATIONS



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

This is to certify that

Robert A. Lenz

has completed the Ohio
Peace Officer Basic Training Program

Conducted by
Hocking College

Awarded on
May 21, 2015

Mike DeWine
Mike DeWine
Attorney General

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

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

[Signature]
School Commander
BAS14-003 150609





MIKE LEWINE

★ OHIO ATTORNEY GENERAL ★



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

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

June 23, 2014

Robert A. Lenz
918 Carriage Hill Dr.
Athens OH 45701

Re: Hocking College #BAS 14-003
Date of Completion: 6/19/2014

Dear Mr. Lenz:

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

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

To obtain your peace officer basic training certificate, a notice of appointment must be submitted to this office by your first appointing agency. If the agency does not have this form, it is available from our office and website. Incomplete or improper appointment documents will not be processed and will be returned for correction.

If you or your prospective employer have further questions, please contact us at the number listed below for the London campus.

Sincerely,

Brittany Thompson
Certification Officer

cc: Michael Taylor, School Commander
School File

BT/sls



MIKE DEWINE
 ★ OHIO ATTORNEY GENERAL ★



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

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

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) <u>LEWZ</u>	(First) <u>ROBERT</u>	(Middle) <u>A.</u>	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) <u>03/17/1988</u>	5. Email Address [REDACTED]			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]					
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		<u>HOCKING COLLEGE</u>		(Dates of Training) <u>14-03</u>	<u>SPRING 2014</u>

AGENCY INFORMATION		9. Agency Name <u>CUYAHOGA METROPOLITAN HOUSING AUTHORITY</u>			
10. Agency Email Address <u>CMHAPD.ORG</u>		11. Agency Phone Number <u>216 426 7760</u>			
12. Agency Mailing Address (#/Street/PO Box) <u>5715 WOODLAND AVE. CLEVELAND OH 44104 CUY</u>					

APPOINTMENT INFORMATION		(Complete Date, Status and ORC)	13. New Appointment Date <u>5/21/2015</u>	14. Status Change Date <u>1/1</u>
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal				
16. Select New ORC				
<input type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)		
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)		
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter		
<input checked="" type="checkbox"/> Other - List ORC/Charter <u>3735.31</u>	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)		

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
17. Signature of Reporting Authority <u>[Signature]</u>		18. Name and Title <u>Chief of Police</u>		19. Date <u>5/21/2015</u>
NOTARY				
Sworn to and subscribed before me this <u>27th</u> day of <u>May</u> , 2015 in the county of <u>Cuyahoga</u> , Ohio.				
Signature of Notary <u>[Signature]</u>		My commission expires <u>3-23</u>		Notary Public Affix Seal Here My Commission Expires <u>March 25, 2020</u>



Officer Name (Last) (First) (Middle) Social Security Number
LENZ ROBERT ALEXANDER [REDACTED]

20. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Robert Alexander Lenz
 Signature of Appointee
Andres Gonzalez
 Signature of Appointing Authority

ANDRES GONZALEZ
 Name of Appointing Authority (Typed or Printed Legibly)
CHIEF OF POLICE.
 Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

21. Appointed By (Agency Name and County): <u>CUYAHOGA METROPOLITAN HOUSING AUTHORITY</u>	22. From(mm/dd/yyyy): <u>05 12 12015</u>	To(mm/dd/yyyy): <u>PRESENT</u>
23. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

OATH OF OFFICE

I, Robert Lenz, do solemnly swear that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, the Laws and Ordinances of those municipalities of which I hold concurrent jurisdiction and obey the Rules and Regulations of the Cuyahoga Metropolitan Housing Authority created under Ohio Revised Code 3735. I will discharge the duties of my office to the best of my knowledge and ability, so help me God.

Robert A. Lenz
Signature

[Signature]
Chief of Police

Sworn to and subscribed before me this 20th day of MAY, 2015
in the county of Cuyahoga and the state of Ohio.

[Signature]
Notary Public
State of Ohio, County of Cuyahoga

My Commission expires 5-25-2020

(SEAL)



JAY M ASSAF
Notary Public
In and for the State of Ohio
My Commission Expires
March 25, 2020

MISC



Beachwood Police

Department

Luke Combs

Officer

2700 Richmond Road

Beachwood, Ohio 44122

216-464-2343

Luke.Combs@BeachwoodOhio.com

**AUTHORITY TO RELEASE INFORMATION,
RELEASE OF LIABILITY AND VERIFICATION**

We appreciate your interest in employment with the City of Beachwood (the "City"). As part of our normal procedure for processing applications of candidates to whom conditional offers of employment have been made, a routine inquiry into your background may be made. This inquiry typically concerns information relating to character, general reputation, personal characteristics, and medical history. In addition, as part of the post-offer medical examination process, you may be tested for drug use. Further information on the nature and scope of such an inquiry, if one is made, is available to you upon written request.

Any adverse information obtained by the City in conducting its background check will be considered in the decision whether or not to hire you and may be the basis for refusal to hire you.

Please read the following authorization, request to release information statement, verification and proof of identity. Indicate your agreement by signing below.

1) Authority to Release Information.

To Whom It May Concern:

I hereby authorize the City or any authorized representative of the City bearing this release, or copy thereof, within one year of its date, to obtain any information in my files pertaining to my employment, military, credit, law enforcement, medical or educational records including, but not limited to, academic achievement, attendance, personal history, disciplinary records, physical examinations and drug tests. Such information may also include, but is not limited to, records of any law enforcement agency, State of Ohio Bureau of Criminal Investigation, the Federal Bureau of Investigation, the Bureau of Motor Vehicles or the Bureau of Workers' Compensation. I hereby direct you to release such information upon request of the bearer. This release is executed with the full knowledge and understanding that the information will be used in connection with the consideration of my employment by the City. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, law enforcement agency, lending institution, consumer reporting agency, or retail business establishment including its present and future officers, employees, agents or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

2) Release of Liability/Acknowledgment. In addition to and in conjunction with any execution of the authorization and request to release information statement set forth above, I agree to release the City and its present and future officers, employees, agents and representatives from any and all claims, demands, rights, causes of action, damages or costs, of whatever nature that I, or my heirs or legal representatives, may assert or bring in conjunction with and arising from the inquiries and examinations, including drug testing, made by the City and/or the use of any information released to the City in connection with considering me for employment.

3) False, Misleading or Omitted Information. I certify that all of the information contained in my employment application is true and complete. I understand that the misrepresentation or omission of any fact is sufficient cause for refusal of employment, or dismissal from my employment if I obtain a position with the City. Such dismissal may result regardless of when the City discovers the misrepresentation or omission.

I acknowledge that I have read this document in its entirety and understand the statements set forth herein.

Full Name: [Signature] (SIGNATURE) 3 Jan 2020 (DATE)

Full Name: ROBERT A. LENZ (PRINT OR TYPE)

Current Address: [Redacted] (CITY) (STATE) (ZIP)

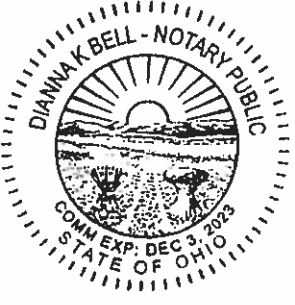
Social Security Number: [Redacted] Date of Birth: 03 / 17 / 1988

Telephone: [Redacted] ###

STATE OF OHIO)
) SS
Lorain COUNTY)

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS 3rd DAY OF January, 2020.

[Signature]
NOTARY PUBLIC



CITY OF
Beachwood

MARTIN S. HORWITZ, MAYOR

POLICE DEPARTMENT
KELLY J. STILLMAN, POLICE CHIEF
PHONE (216) 464-2343
FAX (216) 292-1954

October 6, 2020

To Whom It May Concern,

The Beachwood Police Department is conducting a background investigation for the Lateral Transfer position of Police Officer. The candidate(s) has stated that they are currently employed by your Police Department. As part of the background investigation, the Beachwood Police Department is requesting the following:

- a copy of their complete Personnel File
- any and all disciplinary records
- any and all prior or current Internal Affairs Investigation documents
- any and all expunged personnel file records (if applicable)
- any and all information pertaining to any Civil Lawsuits filed against the employee
- any and all PEWS (Personnel Early Warning System) records

I have included a signed Applicant Release Form in order for us to obtain the above requested documents.

Feel free to contact me directly if you have any questions.

Thank you for your assistance,



Luke Combs
Beachwood Police Department
2700 Richmond Rd
Beachwood, OH 44122
Luke.Combs@beachwoodohio.com
216-292-1951



Discipline Policy Administrative Order 11, Article B-I

The following are examples of misconduct, and are not meant to be exhaustive. Depending on the seriousness of the behavior, disciplinary action may range from reprimands to discharge.

1. Giving false or misleading employment information on initial or promotional employment application;
2. Incompetency or inefficiency in the performance of duties;
3. Poor treatment of CMHA residents;
4. Loss of certification or license required to perform the job;
5. Theft, improper removal, misappropriation, willful destruction of CMHA property or carelessness or negligence with CMHA funds or other property;
6. Falsification of timekeeping records;
7. Acts of dishonesty toward CMHA;
8. Violation of CMHA rules, regulations policies and procedures;
9. Working under the influence of alcohol or illegal drugs;
10. Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, while operating employer-owned vehicles or equipment, or on CMHA property;
11. Accepting from any person or organization, gifts or other valuable items or service in connection with a position at CMHA;
12. Fighting or threatening violence in the workplace or on CMHA property;
13. Using profane or obscene language in the workplace or on CMHA property;
14. Boisterous or disruptive activity in the workplace or on CMHA property;
15. Negligent or improper conduct leading to damage of employer-owned or customer-owned property;
16. Insubordination or other disrespectful conduct;
17. Unauthorized use of telephones, mail system, Internet, e-mail or other employer-owned equipment;
18. Violation of health or safety rules;
19. Sleeping while on duty;
20. Smoking in prohibited areas;
21. Sexual or other unlawful harassment, or failure to report sexual or other harassment;
22. Job abandonment;
23. Discourtesy to customers, residents, and/or co-workers;
24. Excessive absenteeism and/or tardiness;
25. Failure to report personal injury or accidents immediately;
26. Performing personal business while on duty;
27. Possession of dangerous or unauthorized materials, such as explosives or firearms in the workplace;
28. Unauthorized absence from work station during the work day;
29. Unauthorized disclosure of confidential information;
30. Absence from work without leave (AWOL);
31. Any other act of malfeasance, misfeasance or nonfeasance;
32. Conduct unbecoming of an employee in public service.

I understand that I have the responsibility to read and abide by the complete Discipline Policy contained in Article B-I of the Administrative Order 11.


Employee Signature

05/22/2015
Date

Employee Name (Please Print)

Personnel Officer

LCN7



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



POLICE OFFICER ORIENTATION COURSE SCHEDULE

TIME/DATE	ORIENTATION 2488 Morris Black Place	PRESENTER INSTRUCTOR
Tuesday MAY 26, 2015 0800-1000	Uniform Fitting Ballistic Vest Fitting (0900)	Sgt Troyer #664
Tuesday 26 2015 0830-1230 1230-1330 1330-1600	Police Assisted Referral (PAR) Lunch Crisis Intervention/Stress Management Front Line Services Presentation	Dr. Mark Singer Dr. Daniel Flannery Eileen Zatta
Wednesday MAY 27, 2015 0800-1000	Secondary Employment Rules and Regulations Procedures/Training Bulletins/Form 1 Sick Abuse Policy	PO Beichler #54
1000-1100	Computer Orientation/Passwords	Masterson
1100-1200	Prohibited Conduct, Discipline Complaint Investigations	Sgt Styles
1200-1300	Lunch	
1300-1400	SWAT	LT Homerick
1400-1530	LEADS Certification, OHLEG	Beichler/Ms Kelly
1530-1600	Authority and Power, Mutual Aid	Cmdr Likes
Thursday MAY 28, 2015 0800-0930 1000-1300 1300-1400 1400-1600	Detective Bureau/Administration Justice Center CT Room 18A Lunch Crime Suppression/Task Force	Sgt Troyer Judge Synenberg Sgt Harris

Friday MAY 29, 2015 0800-1100	Orientation ID Cards Personnel and Procedures Manual Time Clocks Lunch	Ms Suber-Bey
1100-1200 1200-1400 1400-1600	PAC Presentation- NOT CONFIRMED Organization Structure	Lillian Davis Cmdr Likes
Monday JUN 01 2015 0800-1000	Report Writing Statement of Facts Court Cards GTMV Paperwork	Sgt Smiddy
1000-1100	Safety Management Fire System Elevator Recall Special Need (Red Books)	Ms. Kelly
1100-1200	Lunch	
1200-1300	Portable Radio training Radio Etiquette	Mr. Mark Hunt
1300-1330	Camera System Operation/Function	Ms. Kelly
1330-1600	Emergency Vehicle Operations Zone Car equipment overview	PO Rucinski Sgt Smiddy
Tuesday JUN 02, 2015 0800-0900	Collection and Preservation Evidence Preservation Crime Scene Drug Evidence	Beichler Det Kuska
0900-1100	Juvenile Operations Juvenile Booking	Det Weis
1100-1200	Lunch	
1200-1400	Community Policing	Sgt Smiddy
1400-1600	MM, UTT, PIN citations	PO Catalani
Wednesday JUN 03, 2015 0800-0400	Use of Force- Range-Stonewalls	Hopkins Hermensky
Thursday JUN 4, 2015 0800-1200 1200-1300 1300-1600	Computer Lab-Campus Lunch Boys and Girls club	XO Coulter

Friday JUN 05, 2015 0800-1600	Baton/OC	Sgt Styles
June 8 0800-1600	Taser	Sgt Smiddy PO Bradley

This is to certify that I have received the training orientation listed.

Name: R. J. #52

Date: 6 AUG 15

Supervisor: H. RuL #632

Date: 06 AUG 15

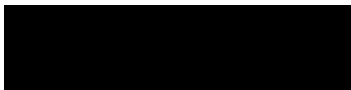


5715 Woodland Avenue T - 216-426-7760
Cleveland, Ohio 44104-2740 F - 216-361-3728



May 8, 2015

Mr. Robert Lenz



Dear Mr. Lenz:

Welcome to the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD). Prior to this letter, you should have received correspondence from our Human Resources Department advising you of your first day, Friday, May 22, 2015. You are to report directly to CMHA main campus located at 8120 Kinsman Ave. for general orientation.

A Swearing-In/ Recognition will occur on Thursday, May 21, 2015 at 11:00 a.m. in the Multi-purpose Room of CMHA Police Department located at 5715 Woodland Ave. You are encouraged to invite family and friends to the brief Swearing-In Ceremony which will commence promptly at 11:00 a.m.

Immediately following the Ceremony, family and friends who may want to see more of the facility will be given a tour of the building. Afterwards, you will be permitted to leave for the day.

Should you have any questions regarding this letter, please contact our Administrative Assistant, Ms. Terrissi Suber-Bey at 426-7775 during normal business hours.

Again, the CMHA Police Department welcomes you and looks forward to seeing you on your first day, Friday, May 22, 2015.

Sincerely,

A handwritten signature in black ink, appearing to read 'William Likes'.

William Likes,
Commander

P.S: Proper attire for the day is long-sleeved white shirt, black or dark blue dress slacks and shoes, and a black or dark blue tie.

Jeffery K. Patterson, Chief Executive Officer/Safety Director



ISSUED
EQUIPMENT RECEIPT



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

RECEIVED 8 DAY OF JUNE 2015 FROM _____

- | | INITIALS | | INITIALS |
|---|----------|---------------------------------------|----------|
| 1) <u>BREAST BADGE</u> | () | 2) <u>HAT BADGE</u> | () |
| 3) <u>PHOTO IDENTIFICATION</u> | () | 4) <u>ADT SWIPE CARD</u> | () |
| 5) <u>DOOR KEY(S)</u> | () | 6) <u>RADIO CASE/BATTERY</u> | () |
| 7) <u>NIGHT STICK</u> | () | 8) <u>NIGHT STICK HOLDER</u> | () |
| 9) <u>ASP</u> | () | 10) <u>ASP HOLDER</u> | () |
| 11) <u>OC SPRAY</u> | () | 12) <u>OC SPRAY CASE</u> | () |
| 13) <u>GLOCK 45 MODEL 21</u> | () | 14) <u>EXTRA MAGAZINES (GLOCK)</u> | () |
| 15) <u>RULES & REGS. MANUAL</u> | () | 16) <u>POLICIES & PROC MANUAL</u> | () |
| 17) <u>RCC MANUAL</u> | () | 18) <u>POCKET ORC</u> | () |
| 19) <u>Issued Holster & Mag Pouches</u> | () | 20) <u>Bullet Resistant Vest</u> | () |
| 21) <u>SHORT SLEEVE SHIRTS</u> <i>X1</i> | (RL) | 22) <u>LONG SLEEVE SHIRTS</u> | () |
| 23) <u>BLAUER JACKET</u> | () | 24) <u>HAT</u> | () |
| 25) <u>RAIN COAT</u> | (RL) | 26) <u>RAIN CAP</u> | () |
| 27) <u>PANTS</u> <i>X1</i> | (RL) | 28) <u>SKIRTS</u> | () |
| 29) <u>TIES</u> | () | 30) <u>SWEATER</u> | () |

20 THROUGH 30 SHALL BE RETURNED ONLY IF THE OFFICER SERVED LESS THAN 1 YEAR WITH THE DEPARTMENT.

8 / JUN / 2015 ROBERT A. LENZ #52 [Signature]
 DATE RECIPIENT PRINTED NAME SIGNATURE OF RECIPIENT

8 / JUN / 15 [Signature] [Signature]
 DATE SUPERVISOR PRINTED NAME SIGNATURE OF SUPERVISOR

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE

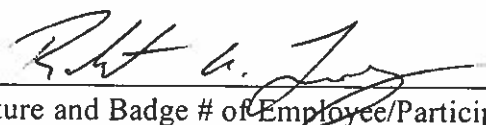
5715 Woodland Avenue
Cleveland, Ohio 44104

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.

 #52
Signature and Badge # of Employee/Participant/User

29 MAY 2015
Date

LENZ, ROBERT A.
Print Name

Lenz, Robert 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		Q					X	X		M	M				X	X	X			
Feb			X	X	X							X	X								X	X			M	M	M		X		
Mar	X							X	X		M	M	R		N	X	X	X						M	M	M					
Apr		X	X	N	N	N	M	M	M	X	X							X	X					X	X	X	X				
May				X	X	X	P	P			C 2.0	X	X	X	C						X	X							X	X	
Jun		S	V	V	V	X	X	V	V	V				X	X		C					X	X	X						X	X
Jul	X	X					C	C	X	X							X	X							X	X					
Aug	X	X							X	X	X	V					N	X	X	X	V				C	C	X	X			
Sep				X	X			N			N	X	X						X	N	N	X	X		N	N	N	N	X	X	
Oct	X				N		A	X	X			V	V	X	X	N	N				C			X	X						
Nov	X	X			X	N	N	N	X	X							X	X	X							X	X				
Dec	V		X	X								X	X	N							X	X						X	X	X	

Attendance Point Information						
	Tardy (T)	AWOL (O)	LWOP (W)	Unexcused Sick (U)	No Punch In (Q)	Monthly Total
Jan	0	0	0	0	0.5	0.5
Mar	0	0	0	0	0	0
Total Attendance Points during 2017: 0.5						
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: 39

Date	Comment
1/13/2017	Excused
2/24/2017	Approved 646
3/11/2017	650
3/12/2017	646
3/15/2017	Active Shooter Training
4/4/2017	2017 In Service
4/7/2017	Military Leave/Approved by 650
5/7/2017	Approved by 650
5/11/2017	Approved 646
5/15/2017	Approved 646
6/2/2017	Called off after being verbally denied off-632/No DR. slip received.
6/3/2017	approved by 632
6/9/2017	632 approved
6/17/2017	Approved by 646
7/7/2017	Approved 654
7/8/2017	Approved 654
8/13/2017	632
8/17/2017	Street Drug Recognition and Identification (OPOTA Richfield)
8/21/2017	Approved by 632
8/25/2017	632
9/8/2017	Street Drug OPOTA Richfield
9/11/2017	CPR Training
9/19/2017	In Lieu of RDO 21SEP
9/20/2017	-Training Testifying in Court (OPOTA - London)
9/21/2017	-Training Testifying in Court (OPOTA - London)
9/22/2017	In Lieu of RDO 20SEP
9/25/2017	FTO - OPOTA
10/5/2017	IFAK 1900-2300
10/7/2017	632
10/12/2017	Approved 654
10/14/2017	days off switched due to training
10/16/2017	Survival Spanish (OPOTA Richfield)
10/20/2017	Approved by 632
11/6/2017	Day off switched due to training
11/7/2017	Counter Ambush Tactics (Summit County)
11/8/2017	Counter Ambush Tactics (Summit County)
11/9/2017	Counter Ambus Tactics (Summit County)
12/2/2017	Approved by 650
12/14/2017	Open Enrollment-1300-1700 -Woodhill Community Center

Lenz, Robert attendance record for 2018 **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		S 2.0			X	X	X							X	X							X	X							X	X
Feb							X	X							X	X	X						X	X	X						
Mar				X	X							X	X				C	C		X	X							X	X		C
Apr	V	V	V	V	X	X	X	F					X	X	X			N	N			X	X								
May	X							X	X							X	X	Z						X	X	X					
Jun	X	X	X							X	X	L	L					X	X							X	X				
Jul			X	X	C 8.0		C					X	X	X							X	X	X			C 8.0	V	V	X	X	V
Aug	V	V	V	P	P	X	X							X	X							X	X								
Sep	X						X	X	X	N	N	N	N	N	C	X	X				C			X	X						
Oct		X	X				C	C	F	X	X	F	F	C				X	X	X	C					X	X	X			
Nov			X	X								X	X															X	X		
Dec	A					X	X	X			N			X	X	X									X	X					

Attendance Point Information

Total Attendance Points during 2018: **0**

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: 22

Date	Comment
3/17/2018	Approved 650
3/31/2018	Approved 650
4/1/2018	Approved by 632
4/8/2018	650
4/18/2018	Emergency Vehicle Operations
5/18/2018	Memorial
6/12/2018	Police and Fire Games
6/15/2018	Cancelled Comp Days
7/6/2018	approved 628
7/8/2018	Approved 646
7/26/2018	approved 628
7/27/2018	approved 628
7/31/2018	approved 628
8/1/2018	approved 628
8/25/2018	approved by 636
9/10/2018	In-Service
9/15/2018	Approved by 650
9/20/2018	Approved 650
10/7/2018	Death in Family
10/21/2018	Approved 650
12/1/2018	Approved 650
12/11/2018	Open Enrollment 1330-1700

Lenz, Robert attendance record for 2019 **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	P						X	X	X	S							
Feb	X	X	X							X	X							X	X							X	X							
Mar						X	X							X	X	X	C					X	X	X										
Apr	X						X	X								X	X						X	X							X			
May		X	X	X	S					X	X	X				Z	Z	C	X	X								X	X					
Jun	V	V	V	X	X	V	V	V	V	V	V	X	X							X	X	X							X			S	V	
Jul	X	X		8	X	X	X			X	X				V	X	X		8	X	X	X			X	X					X			
Aug	8	X	X	X	8		X	X				X	X		8	X	X	X				X	X			X	N	N	N	N	N	N	X	X
Sep	X			X	X			X	X			8	X	X	X			X	X			X	X	N	N	N	N	N	N	X	X			
Oct		X	X			X	X		8	X	X	X				X	X				X	X		8	X	X	X	X			X	X		
Nov				X	X		8	X	X	X				X	X			X	X			8	X	X	X						X		X	X
Dec		X	X	8	N	X	X	X			X	X				X	X		8	N	X	X	X			X	X	A 8.0	P 4.0			X	X	

Attendance Point Information	
Total Attendance Points during 2019:	0
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: 13
Date	Comment	
1/18/2019	approved 628	
3/17/2019	approved 646	
5/5/2019	Entered by 656	
5/16/2019	Police Memorial 1st Shift	
5/18/2019	approved 646	
5/30/2019	Entered by 656	
6/1/2019	Approved 650	
6/9/2019	approved 646	
8/25/2019	Days off switched due to training at OPOTA-	
8/29/2019	Days off switched due to training at OPOTA-	
12/4/2019	Open Enrollment 0900	
12/19/2019	Taser	
12/27/2019	#630	

Lenz, Robert attendance record for 2020 **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	8 SA		X	X				X	X			X	X	X	8		X	X				X	X			X					
Feb	X	X			X	X				X	X		N 8	X	X	X			X	X				X	X		8	X	X			X				
Mar	X			X	X				X	X		8	X	X	X			X	X				X	X		8	X	X	X			X				
Apr	X	X				X	X		8	X	X	X			X	X				X	X			X	X		8	X	X	X			X			
May				X	X		8	X	X	X			X	X	C			X	X		8	X	X	X		X	X			X	X					
Jun	X	X		8	X	X	X			X	X				X	X			8	X	X	X			X	X					X	X				
Jul		8	X	X	X		N	X	X				X	X		8	X	X	X				X	X					X	X			8	X		
Aug	X	X			X	X	V	V	V	X	X			8	X	X	X			X	X			X	X					X	X			8	X	
Sep		X	X				X	X		P	X	X	X			X	X					X	X			X	X			8	X	X			X	
Oct	X				X	X			X	X	X				X	X				X	X			X	X	X	N	N	X	X			N		X	
Nov		X	X			X	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	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: 9

Date	Comment
1/6/2020	#630 Event #1 Called off sick day after RDO
2/13/2020	634 - CPR/First Aid Training
5/15/2020	Approved by 654
7/7/2020	Range
8/7/2020	632
8/8/2020	632
8/9/2020	632
9/10/2020	632
10/26/2020	In service



8120 Kinsman Road T - 216-348-5911
Cleveland, OH 44104 F - 216-432-4925

May 10, 2018

Dear Robert Lenz, Jr.,

Congratulations on your recent nomination for the CMHA Champion Award. As you may be aware, an employee and supervisor are presented with this award every month in recognition of their exceptional service to CMHA.

Although another co-worker was selected for the award this month, I personally would like to thank you for your hard work, dedication, and positive influence towards our residents, participants, vendors, and fellow employees of the Agency. Please know that your actions and high achievements have not gone unnoticed and I appreciate the work that you do on behalf of CMHA.

It is an exciting time at CMHA because of employees like you who take pride in the duties they perform. Together, we will be able to accomplish so much and make an impact on the residents we serve of Cuyahoga County.

Thank you for making a difference and keep up the good work!

Sincerely,

A handwritten signature in black ink, appearing to read "JKP", is written over the word "Sincerely,".

Jeffery K. Patterson
Chief Executive Officer

Jeffery K. Patterson, Chief Executive Officer, Cuyahoga Metropolitan Housing Authority

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 216-348-5000 (voice) or 1-800-750-0750 (Ohio Relay Service).
Este documento está disponible a petición para interpretación o traducción al español de gratis.

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)
VEHICLE OPERATIONS PROCEDURE
ORIENTATION AND CHECK-OFF**

I have received a copy of the CMHA Vehicle Operations Procedure Orientation and Check-Off. I have read and understand the material.

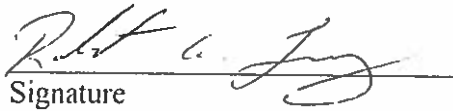
I understand that I may examine the complete Vehicle Operations Manual if I desire, and that there is information therein which can clarify issues and assist me in operating a vehicle for CMHA.

I agree to comply with the provisions of the Vehicle Operations Procedure, and understand that failure to abide by them may result in disciplinary action up to and including dismissal.

LENZ, ROBERT A
Print Name

POLICE OFFICER
Title

05/23/2015
Date


Signature

CMHA PD
Department

Witness