



DAVE YOST
OHIO ATTORNEY GENERAL



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

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
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, or is promoted to Chief.
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) Rosales	(First) Amanda	(Middle) M	2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last)		(First)		(Middle)	
4. Birth date (mm/dd/yyyy) [REDACTED]	5. Officer's Individual Email Address [REDACTED]			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) Springfield	(State) OH	(Zip Code) [REDACTED]	(County Name) Clark
8. Basic Training Academy (Academy Name) (Only complete if this is the officer's first appointment or OSP) Clark State Police Academy		(Academy Number) [REDACTED]		(Dates of Training)	

AGENCY INFORMATION		9. Agency Name Springfield Police Division			
10. Reporting Authority's Email Address [REDACTED]		11. Agency Phone Number 937-324-7720			
12. Agency Mailing Address (#/Street/PO Box) 130 N Fountain Avenue		(City) Springfield	(Zip Code) 45502	(County Name) Clark	

APPOINTMENT INFORMATION		(Complete Date, Status and ORC)		13. New Appointment Date 01 / 20 / 2020	14. Status Change Date / /
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					
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave, on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.					
16. Select New ORC					
<input checked="" 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 type="checkbox"/> Other - List ORC/Charter _____		<input type="checkbox"/> Deputy Sheriff (311.04)		<input type="checkbox"/> Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.			
17. Signature of Reporting Authority 		18. Printed Name and Title Lee E. Graf, Chief of Police		19. Date 01, 20, 2020	
20. Signature of Witness 		21. Printed Name (First, Middle, Last) Allison R. Elliott		22. Date 01, 20, 2020	

Officer Name (Last)

(First)

(Middle)

Social Security Number

Rosales

Amanda

M

[REDACTED]

23. 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.

Amanda Rosales

Signature of Appointee

Bryan Heck

Name of Appointing Authority (Typed or Printed Legibly)

Bryan Heck

Signature of Appointing Authority

City Manager

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.

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		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. 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		

Transmission Report

Date/Time
Local ID 1

01-21-2020
3283420

05:01:49 p.m.

Transmit Header Text
Local Name 1

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



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 400, 345 7640
Fax 614, 532 675

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change

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2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training recommendations.
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 or is promoted to Chief.
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) Yankle	(First) Dylan	(Middle) J	2. Social Security Number [Redacted]
3. Previous Rank(s) or Title(s) (Last)		[Redacted]			
4. E-mail (First/Last)	5. Officer's Individual Email Address			6. Phone Number	
7. Home Mailing Address (Street, PO Box)		(City) Dublin	(State) OH	(Zip Code)	(County Name) Franklin
8. Basic Training Academy (Only complete if this is the officer's first appointment to OS-1)		Academy Name Clark State Police Academy		Academy Number	Class of Training

AGENCY INFORMATION		3. Agency Name Springfield Police Division			
10. Reporting Agency's Email Address		11. Agency Phone Number 937-324-7720			
12. Agency Mailing Address (4 Street, PO Box)		(City) Springfield	(Zip Code) 45502	(County Name) Clark	

APPOINTMENT INFORMATION		(Complete Date, Status and CRC)	13. New Appointment Date 01 / 20 / 2020	14. Status Change Date / /
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 CRC: <input checked="" type="checkbox"/> City Full-Time/Part-Time (737 02) <input type="checkbox"/> City Auxiliary/Reserve/Seasonal (737 051) <input type="checkbox"/> City Chief (737 00) <input type="checkbox"/> Village Full-Time/Part-Time/Special (737 16) <input type="checkbox"/> Village Auxiliary/Reserve (737 151) <input type="checkbox"/> Village Chief (737 15) <input type="checkbox"/> Township Police Officer (505 49) <input type="checkbox"/> Township Constable (505 01) <input type="checkbox"/> Other Chief - List ORC Character <input type="checkbox"/> Other - List ORC Character <input type="checkbox"/> Deputy Sheriff (311 04) <input type="checkbox"/> Sheriff (311 01)				

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and sign it of my own free will and without protest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that a false or falsified record is a criminal violation.	
17. Signature of Reporting Authority	18. Print Name and Title	19. Date	
	Lee E. Graf, Chief of Police	01 / 20 / 2020	
20. Signature of Witness	21. Print Name (First, Middle, Last)	22. Date	
	Allison R. Elliott	01 / 20 / 2020	

SF400 Form
Page 1 of 2
Effective 07/31/2013

This form may be emailed to: SF400@ohioattorneygeneral.gov

Total Pages Scanned : 12

Total Pages Confirmed : 12

No	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	162	917408452675	04:51:24 p.m. 01-21-2020	00:09:53	12 / 12	1	G3	HS	CP14400

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 |

OP&F '20 FEB 10 PM 12:53 CH



Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone 1-888-864-8363
www.op-f.org

PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership.

A summary of OP&F's membership eligibility requirements are as follows:

- Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:
• A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.
Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:
• A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.411];
• A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
• A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.

Section A: Employee information
Name: First, MI, Last, suffix (Jr, III, etc.)
Amanda, M, Rosales
Street Address / Post office box
City, State, ZIP code
Springfield, OH
Home phone, Alternate phone, Email address

Section B: Marital and dependent information

Current spouse

Name _____ Gender: Male Female

Marriage date Social Security number Birth date

Dependent information (excluding current spouse)

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Children, 18-22 if unmarried and a student				
Children, any age if dependent and disabled				

Section C: Multiple Ohio retirement system membership

List your status with the Ohio retirement systems below. Check all that apply.

Member has no association with an Ohio retirement system, other than OP&F

	Currently receiving service or disability benefits	Currently contributing	Contributed prior to OP&F membership	Received a refund of contributions	Contributions were for full-time employment	Dates of full-time employment prior to OP&F membership, or, if currently receiving retirement benefits, list retirement date
<input type="checkbox"/> Ohio Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ohio Public Employees Retirement System (OPERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> State Teachers Retirement System of Ohio (STRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ohio School Employees Retirement System (SERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ohio Police & Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: Out-of-state, federal or military employment information

Yes No Have you ever been employed full-time by an out-of-state public employer or as a civil employee of the federal government? If yes, please provide your employer's name, address, date of hire and termination date.

Yes No Do you have previous active duty service in the Armed Forces? If yes, please provide your branch and dates of service.

Section E: Employee signature and acknowledgement

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.


Signature ▶ <u>Amanda Rosales</u>	Date of signature <u>01-21-2020</u>
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Section F: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of Clark, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this 21 day of January, 2020.

Affix seal here 	Notary's signature ▶ <u>Louis A Turner</u>
	Print name <u>Louis A. Turner</u>
	My commission expires <u>August 7, 2023</u>

Sections G, H and I (on Page 4 of this form) must be completed by an authorized employer representative.

The following sections (G, H and I) must be completed by an authorized employer representative.

Section G: Employer Information

Employer name Springfield Police Division	Employer Code 0581	Check one <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire
Street address / Post office box 130 N Fountain Avenue	Employer phone 937-324-7720	Employer fax 937-328-3420
City, State, ZIP code Springfield, OH 45502	Employer e-mail address: [REDACTED]	

Section H: Certification of membership eligibility

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

Yes No The employee received an original appointment as a full-time, regular police officer. Check one of the following:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Yes No The employee has been employed as a full-time firefighter employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. Please submit a copy of the certificate earned upon the completion of the training course.

01/20/2020 Date employee began contributing a percentage of his/her salary to OP&F (first date the employee reported for duty as a full-time police officer or firefighter).

01/20/2020 (month/day/year) Date employee was appointed to a full-time police officer or firefighter position. Please attach a copy of the appointment letter confirming full-time status for the member.

\$ 47652.80 (pay rate) Member's initial hourly or yearly rate (please specify).

01/2020 (month/year) Date pension contributions will first appear on the Report of Retirement Deductions.

A (A, B, C or D) Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the Report of Retirement Deductions.

Section I: Employer certification

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature 	Date of signature 1/20/20
Print name LEE F. Graf	Title Chief of Police

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned

OP&F USE ONLY Entered/Date: Reviewed/Date: