



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@ohioattomeygeneral.gov), fax or mail.

- Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations. 2.
- Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns. 3.
- 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, 4. 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.

	1. Name (Last)	(F	First)	(Middle)		2. Social	Security Number
OFFICER INFORMATION	Rosales	À	manda	M			
3. Previous Name(s) or Alias (Last)			(First)			(Middle	e)
4. Birth date (mm/dd/yyyy)	5. Officer's Individua	al Email Address				6. Phone	Number
	Gillion and the second	STATISTICS.					
7. Home Mailing Address (#/Street/PO E	Box)		(City)	(State)		Zip Code)	(County Name)
			Springfield	OH			Clark
8. Basic Training Academy (Only complete if this is the	(Academy Name)		(/	Academy Number)	(Dates	of Training)	
officer's first appointment or OSP)	lark State Police A	cademy					
206							
AGENCY INFORMATION	9 Agency Name Springfield Police	e Division					
10. Reporting Authority's Email Address	···		11: Agency Phon				
			937-324-77				
12 Agency Mailing Address (#/Street/PC 130 N Fountain Avenu			(City) Springfield		(Zip Code) 45502	Clark	(County Name)
130 N Fountain Avenu	e		Springheiu		40002	Cialk	
			13 New Appoin	tment Date	14	Status Chan	ge Date
APPOINTMENT INFORM	ALION (Complete Date	e, Status <u>and</u> ORC)	01 / 20	) / 2020		1	1
For the purpose of this form, full-time me compensation and benefits for 40 hours	ans those in active pay status	I-Time (ιπcluding those on va a 14-day period	Auxiliary acation_sick_bereave	ement, personal or admir		Special on compensal	Seasonal tory time or holidays) receivin
16 Select New ORC	1707 00	<b>O</b> ( <b>1</b> )	0	L (727 054)		- (777 00)	
City Full-Time/Part-Time		City Auxiliar	-		City Ch		
Village Full-Time/Part-Tin	ne/Special (737.16)	Village Aux	iliary/Reserve (7	37.161)	Village	Chief (737	15)
Township Police Officer (	505.49)	Township C	Constable (509 <sub>0</sub>	1)	Other (	Chief - List (	ORC/Charter
Other - List ORC/Charter		Deputy She	eriff (311.04)		Sheriff	(311.01)	
						51	
ATTESTATION OF REPO	ORTING AUTHORIT	Y own fi and c	ree will and voliti orrect and is bas	on. I attest that the	information   knowledge (	provided on pr inquiry.	nts and I sign it of my this document is true further understand and lation
17 Signature of Reporting Authority	18 1	Printed Name and Title	1			19 Date	
1610		e E. Graf, C		lice		01	20 2020
20 Signature of Witness	Cdilari	rinted Name (First, M	iddle Last			22 Date	
400		ison R. Ellic	ott			01	,20,2020

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

Officer Name (Last)	(First)	(Middle)	Social Security Number
Rosales	Amanda	М	
23. OATH OF OFFICE			
	ind Laws and Ordinances of the		s of America, the Constitution and n appointed and to the best of my
menda k	bab	Bryan Heck	
Signature of Appointee	_	Name of Appointing Authority ( City Manager	Typed or Printed Legibly)
Signature of Apprinting Authority		Title of Appointing Authority (T	yped or Printed Legibly)
Please list all prio	r appointments. Use additional cop	ER APPOINTMENT HISTORY ies of page 2, as needed, to list the e	
26 Appointment Status (Check App Full-Time P	ropriate Box) art-Time Auxiliary	Reserve Special	Seasonal
27. Appointed By (Agency Name an	d County):	28. From(mm/dd/yyyy)	To(mm/dd/yyyy):
29. Appointment Status (Check App Full-Time P	ropriate Box) art-Time Auxiliary	Reserve Special	Seasonal
30. Appointed By (Agency Name an	d County):	31. From(mm/dd/yyyy)	To(mm/dd/yyyy): / /
32. Appointment Status (Check App Full-Time P	ropriate Box)  art-Time Auxiliary	Reserve Special	Seasonal
33. Appointed By (Agency Name an	d County)	34. From(mm/dd/yyyy)	To(mm/dd/yyyy) / /
35 Appointment Status (Check App Full-Time F	ropriate Box) 'art-Time Auxiliary	Reserve Special	Seasonal
36. Appointed By (Agency Name ar	d County)	37, From(mm/dd/yyyy)	To(mm/dd/yyyy)
38 Appointment Status (Check App Full-Time F	propriate Box) Part-Time Auxiliary	Reserve Special	Seasonal
39. Appointed By (Agency Name ar	id County)	40. From(mm/dd/yyyy) / /	). To(mm/dd/yyyy) j
41. Appointment Status (Check App Full-Time	Propriate Box) Part-Time Auxiliary	Reserve Special	Seasonal

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

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# **Transmission Report**

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





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This form may be emailed to: SF4C0@phioattomeygeneral.gov

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EC: Error Correct



UP&F 20 FEB 10 PH1253 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 requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

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. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre-employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

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 firetighter 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 civit service eligible list or pursuant to 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 solety 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: Employe	e information		
Name: First, MI, Last, suffix ( Amanda, M, Rosal		Police officer  Male Fuefighter Female	Social Security number
Street Address / Post office b City, State, ZIP code Springfield, OH			Date of Birth
Home phone	Alternate phone	New Email address	New Contraction
Deliver to: Member Services/ 0468 1/02/2020, Previou	Payroll Contributions Group Pay s versions obsolete	ge 1 of 4 Copyright© by the Onio Polic	Personal History Record o & File Pansion Fund, All Rights Reserved

Section B: Marital and dependent information							
Current spouse							
Name							Gender:
			<b>0</b>		Lau	dete	Male Female
Marriage date		Social Social	Security numbe		-TJ-J   Birth	date	
Dependent inform	nation (excluding c	urrent spous	iė)				
Relationship	Dependent name	(		Gender (	M/F) Social S	security numbe	r Birth date
Children, under							
the age of 18			y y				
	C	22 20182	18-19				
1							
Children, 18-22							
il unmarried and							
a student							
Children, any							
age if dependent and disabled							
1	ultiple Ohio reti	rement sv	stem mem	bershin			
List your status	with the Ohio retire	ment system	ns below. Cl	neck all that a	pply.		
· · · · · · · · · · · · · · · · · · ·		100					
Member has	no association with	Currently	Currently	contributed	Received	Contributions	Dates of full-time
		receiving	contributing	prior to OP&F	a refund of	were for	employment prior to
		service or		membership	contributions	full-time	OP&F membership,
1		disability benefits				employment	or, if currently receiving retirement benefits, list
1		mmi i fini seda					retirement date
Ohio Highy							
Hetiremen	t System (HPRS)						
Ohio Public							
Retirement	System (OPERS)						
State Teach	ers Retirement						
	Dhio (STRS)						
Ohio Schoo	ol Employees						
Retirement	System (SERS)						
Cincinnati							
System (C							
			· · · · · · · · · · · · · · · · · · ·				1
Dhio Polic	e & Fire Jnd (OP&F)						
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Section D: Out	-of-state, federal or military empl	cyment information
🖵 Yes 📑 No	Have you ever been employed full-tir of the federal government? If yes, p termination date.	ne by an out-of-state public employer or as a civil employee blease provide your employer's name, address, date of hire and
🖸 Yes 📲 No	Do you have previous active duty ser If yes, please provide your branch an	
Section E: Err	ployee signature and acknowledge	gement
I, the employee de person herein des	scribed in section A of this Personal Histo cribed, and I certify that all the statements	ry Record, who, having been duly sworn, represent that I am the made herein are true and correct.
Signaturo	la Pasalas	Date of signature 01-21-2020
	tary public requirement	
The notary public	in good standing must sign in the space p	rovided in this section and affix their seal.
State of Ohio		, SS
		before me by the person named in the foregoing Section E, this
Affex seal here		Notary's signature
1010 A	11:10	Downs A runne
O'NIVII	LOUIS A. TURNER	Print name
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	My Commission Expires	Louis A. Turner
	08/07/2023	My commission expires
₩E ØF		August 7, 2023

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

7

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

Section G: Er	nploy	er Information					
Employer name	53		Employer Code	Check one:			
Springfield P	olice	Division	0581	Police G Fire			
Street address / Pos 130 N Fount			Employer phone 937-324-7720	Employer lax 937-328-3420			
City, State, ZIP code Springfield, C		5502	Employer e-mail address:				
Section H: Ce	ertific	ation of membership eligibility					
		<sup>c</sup> in determining the employee's eligibility for ht to reject membership or service credit at					
Yes 🛛 No		employee received an original appointment ck one of the following:	as a full-time, regular polic	e officer.			
		A full-time, regular police officer in a police of established civil service eligible fist or pursu					
				intment who is appointed pursuant to ORC Section funds of the employing municipal corporation; or			
		satisfactorily complete a					
🔲 Yes 🛄 No	No The employee has been employed as a full-time firefighter employed by a fire department of the 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 ha satisfactorily completed, a firefighter training course approved under former ORC Section 3303.0 Section 4765.55, or conducted under ORC Section 3737.33. Please submit a copy of the certific earned upon the completion of the training course.						
01/20/202	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 co 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. B. C or DJ		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 firelighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature	
Print name	Title
LEE F. GRAf	CHEE 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

OPAE	USE ONLY	Entered/Da

ered/Date:

**Reviewed/Date:**