



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



2019-3029

Officer-Involved Critical Incident – Richland County Jail

**Investigative Activity:** Information Provided/Obtained  
**Involves:** [REDACTED] (O)  
**Date of Activity:** 02/12/2020  
**Activity Location:** [REDACTED] [REDACTED] – Business – 597 Park Ave E, Mansfield, OH 44905, Captain County  
**Author:** SA Eric Lehnhart, #84

**Narrative:**

On Wednesday, February 12, 2020, Ohio Bureau of Criminal Investigation (BCI) Special Agent Eric Lehnhart received the personnel file for Corrections Officer [REDACTED] from Stephanie L. Schoolcraft of Fishel, Downey, Albrecht, and Riepenhoff, LLP's. Special Agent Eric Lehnhart reviewed the personnel file and noted the following:

The provided personnel file of Corrections Officer [REDACTED] contained 323 total pages.

Performance Evaluations

The Richland County Sheriff's Office's employee performance evaluation assigns points to the employee as follows; Above +2, Meets +1, and Does not meet +0. Throughout much of [REDACTED]'s evaluations, he has received the rating of 'Above +2' and 'Meets +1.' However, [REDACTED] does have a few 'Does not meet +0' ratings, documented by his supervisors.

Discipline

[REDACTED] has several documented instruction and cautioning reports, written reprimands and disciplinary agreements, that resulted in multiple suspensions.

The personnel file was attached to this report. Please refer to the attachment for further details.

**Attachments:**

Attachment # 01:2020-02-12 [REDACTED] Redacted from RCSO

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Name: [REDACTED]

Review Period: 10-4-18 to 4-4-19

Unit #: 7093

Review Deadline Date: 3-26-19

Rater Name: Sgt. Collier

Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] quickly addresses security issues.

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] maintains clear boundaries with inmates.

Any additional comments pertaining to GOAL ONE (1-3):



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

**GOAL TWO:** *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2

Meets + 1

Does Not Meet + 0

Explain:

Officer [REDACTED]

is very credible with inmates.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2

Meets + 1

Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2

Meets + 1

Does Not Meet + 0

Explain:

Officer [REDACTED]

is good at diffusing problem situations.

Any additional comments pertaining to GOAL TWO (4-6):



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

**GOAL THREE:** *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: officer [REDACTED] is timely with paperwork.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: officer [REDACTED] is very respectful.

Any additional comments pertaining to GOAL Three (7-10):



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

**OVERALL EVALUATION**

Total Points: 16

Rater: [Signature] Date: 3-19-19  
Comments:

Lieutenant: [Signature] [Redacted] Date: 4-29-19  
Comments:

Staff Lieutenant: [Signature] Date: 4-2-19  
Comments:

Jail Administrator: [Signature] Date: 4/1/19  
Comments:

Chief Deputy: [Signature] Date: 4/5/19  
Comments:

Sheriff: [Signature] Date: 4/6/19  
Comments:

Employee Signature: [Redacted] Date: 4-24-19  
Comments:

I have read the above rating and choose to respond to this rating.

I have read the above rating and choose **NOT** to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.



[illegible]



05/06/2019 14:16  
ESPICER

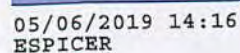
Richland County - LIVE  
DETAIL CHECK HISTORY

BY EMPLOYEE NAME  
01/18/2019 to 04/12/2019

P 1  
prhisrpt

[illegible]





Richland County - LIVE  
DETAIL CHECK HISTORY

BY EMPLOYEE NAME  
01/18/2019 to 04/12/2019

p 2  
prhisrpt

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Richland County - LIVE  
DETAIL CHECK HISTORY



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p 3  
prhisrpt

BY EMPLOYEE NAME  
01/18/2019 to 04/12/2019

[illegible]



BY EMPLOYEE NAME  
01/18/2019 to 04/12/2019

\*\* END OF REPORT - Generated by ERIKA SPICER \*\*





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

## OFFICE CITATION

CORRECTION OFFICER [REDACTED]

ON BEHALF OF THE SHERIFF'S OFFICE, IT IS MY PLEASURE TO INFORM YOU THAT YOU HAVE BEEN AWARDED THE OFFICE CITATION FOR OUTSTANDING PERFORMANCE UNDER CIRCUMSTANCES INVOLVING A FIGHT AT MADISON HIGH SCHOOL.

ON AUGUST 31, 2018 AT 2102 HOURS AN INCIDENT OCCURRED DURING A FOOTBALL GAME AT MADISON HIGH SCHOOL INVOLVING FIFTY TO SIXTY ONLOOKERS AND SUBJECTS FIGHTING. THE SUSPECTS WERE BEING BELLIGERENT TO OFFICERS, DISORDERLY AND REFUSING ALL OF THE OFFICER'S COMMANDS. OFFICER LONG WAS IN ATTENDANCE AT THE FOOTBALL GAME AS A SPECTATOR AND TOOK IT UPON HIMSELF TO ASSIST THE OFFICER'S INVOLVED, PUTTING HIMSELF IN HARM'S WAY TO HELP ARREST BOTH SUBJECTS AND CALM A POTENTIAL HIGHLY VOLATILE INCIDENT.

CORRECTION OFFICER [REDACTED], YOUR ACTIONS IN ENSURING THE PROTECTION OF PROPERTY AND SECURITY OF ALL CITIZENS BRING CREDIT UPON YOURSELF AND THE SHERIFF'S OFFICE. YOUR EFFORTS ARE GREATLY APPRECIATED.

PROFESSIONALLY YOURS,

SHERIFF J. STEVE SHELDON  
RICHLAND COUNTY, OHIO





**The Buckeye State Sheriffs' Association**



*We do know that the Sheriff, on the recommendation and approval of the Standards Citations Committee awards to*

**CORRECTION OFFICER**

**This  
Office Citation**

*In recognition of the recipient's Outstanding Performance of Duty.*

December 8, 2018

Dated:

*John Stelson*

Sheriff



RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

Name: \_\_\_\_\_

Review Period: 4-5-18 to 10-4-18

Unit #: 7.93

Review Deadline Date: 10-5-18

Rater Name: Sgt. Jkh

Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

*Officer [redacted] Notifies me of any problems in a timely manner.*

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):

RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

Officer [REDACTED] is good at diffusing problem situations.

Any additional comments pertaining to GOAL TWO (4-6):



RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record.  
(Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

Officer [REDACTED] was written up for abuse of sick time.  
Action Plan: Be more careful with your sick time.

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

Officer [REDACTED] is very respectful.

Any additional comments pertaining to GOAL Three (7-10):



RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

OVERALL EVALUATION

Total Points: 12

Rater: Dgt. MK Cl Date: 10-2-18  
Comments:

Lieutenant: cy [REDACTED] Date: 10-4-18  
Comments:

Staff Lieutenant: [REDACTED] Date: 10-17-18  
Comments:

Jail Administrator: Cpt. C. Bell Date: 10/16/18  
Comments:

Chief Deputy: Mym Mrs. Date: 10/25/18  
Comments:

Sheriff: John Holder Date: 10/29/18  
Comments:

Employee Signature: [REDACTED] Date: 11-18-18  
Comments:

I have read the above rating and choose to respond to this rating.

I have read the above rating and choose **NOT** to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.



# **RICHLAND COUNTY SHERIFF'S OFFICE** **INSTRUCTION & CAUTIONING**

Employee's Name: \_\_\_\_\_ Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 8-3-18

## **VIOLATION**

Date Violation Occurred: 11/5/17, 12/24/17 & 7/8/17 Personnel Complaint Number: 2018-099

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 13

### **Description of Violation:**

That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Richland County Sheriff's Office General Order 16.1 (Sick Leave, G (Sick Leave Use and Abuse), b (Unauthorized Uses), viii (Pattern Abuse) for calling off sick three times on one specific day. Pursuant to policy, you are required to produce a physician's verification statement for all subsequent illnesses. This is your 1<sup>st</sup> Group I # 13 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of Person Issuing Reprimand

Lieutenant  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[Signature]  
Employee's Signature

8-3-18  
Date

cc: Employee  
Appointing Authority



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Name: [REDACTED]

Review Period: 10-5-17 to 4-4-18

Unit #: 7c 93

Review Deadline Date: 4-6-18

Rater Name: Sgt. Collier

Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] addresses any concerns in a timely manner.

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] was written up for a late P.O.C.

A PC (Make sure you double check to make sure all your P.O.C.s are logged)

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [REDACTED] is always professional with inmates.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [REDACTED] is good at diffusing problem situations.

Any additional comments pertaining to GOAL TWO (4-6):



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Officer [REDACTED] completes paperwork in a timely manner.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Officer [REDACTED] is always professional with Co-workers.

Any additional comments pertaining to GOAL Three (7-10):

**OVERALL EVALUATION**



RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER

Total Points: 14

Rater: Sgt. MKL Date: 4-5-18  
Comments:

Lieutenant: [Redacted] Date: 4-10-18  
Comments:

Staff Lieutenant: [Signature] Date: 4-10-18  
Comments:

Jail Administrator: [Signature] Date: 4/6/18  
Comments:

Chief Deputy: [Signature] Date: 4/18/18  
Comments:

Sheriff: [Signature] Date: 4/26/18  
Comments:

Employee Signature: [Redacted] Date: 5-11-18  
Comments:

I have read the above rating and choose to respond to this rating.

☒ I have read the above rating and choose NOT to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.



### REQUEST FOR CHANGE OF ASSIGNMENT

Assignments are based on Availability of Position and Seniority for Position  
Assignment procedure for Richland County Sheriff's Office, Mansfield, Ohio

Name

Last

First

Middle

Present Rank/Classification corrections officer

Request for Shift Preference:

First Choice:

C

Second Choice:

A

Third Choice:

B

Request for Rotation Preference:

A Watch: 1<sup>st</sup>: B 2<sup>nd</sup>: M 3<sup>rd</sup>: T

B Watch: 1<sup>st</sup>: B 2<sup>nd</sup>: M 3<sup>rd</sup>: T

C Watch: 1<sup>st</sup>: B 2<sup>nd</sup>: T 3<sup>rd</sup>: M

3-10-18

Date

MAR 10 '18 22:29



18-18

# **RICHLAND COUNTY SHERIFF'S OFFICE**

## **INSTRUCTION & CAUTIONING**

Employee's Name: \_\_\_\_\_ Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 2-15-18

### **VIOLATION**

Date Violation Occurred: January 2, 2018 Personnel Complaint Number: 2018-018

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 17

#### **Description of Violation:**

That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to conduct personal observation checks on inmates in the jail as required.. This is your 1<sup>st</sup> Group I # 17 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of Person Issuing Reprimand

Lieutenant  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[Signature]  
2-15-18  
Date

cc: Employee  
Appointing Authority



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Name: \_\_\_\_\_

Review Period: 4-6-17 to 10-4-17

Unit #: \_\_\_\_\_

Review Deadline Date: 11-6-17

Rater Name: \_\_\_\_\_

Bi-Annual Review

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *Office [redacted] promptly notifies me of any issues.*

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: *I never see Office [redacted] take unnecessary risks with inmates*

Any additional comments pertaining to GOAL ONE (1-3):



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

**GOAL TWO:** *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [REDACTED] is always professional when dealing with inmates.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Officer [REDACTED] is great at diffusing problem situations.

Any additional comments pertaining to GOAL TWO (4-6):



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

**GOAL THREE:** *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows ~~post~~ orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Officer [REDACTED] promptly completes all paperwork.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Officer [REDACTED] gets along quite well with co-workers

Any additional comments pertaining to GOAL Three (7-10):

**OVERALL EVALUATION**



**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
PERFORMANCE EVALUATION  
OFFICER**

Total Points: 16

Rater: Sgt. Collier Date: 10-30-17  
Comments:

Lieutenant: [Signature] Date: 12-17-17  
Comments:

Staff Lieutenant: [Signature] Date: 11-1-17  
Comments:

Jail Administrator: Capt. C. Blue Date: 11/7/17  
Comments: Great job!

Chief Deputy: Major Mrs. [Signature] Date: 11/21/17  
Comments:

Sheriff: [Signature] Date: 12/11/17  
Comments:

Employee Signature: [Redacted] Date: 01-01-18  
Comments:

I have read the above rating and choose to respond to this rating.

☒ I have read the above rating and choose **NOT** to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

## CERTIFICATE OF APPRECIATION

CORRECTION OFFICER [REDACTED]

IT IS MY PLEASURE TO INFORM YOU ON BEHALF OF THE RICHLAND COUNTY SHERIFF'S OFFICE THAT YOU HAVE BEEN AWARDED A CERTIFICATE OF APPRECIATION FOR EXCEPTIONAL PERFORMANCE OF DUTY.

ON AUGUST 14, 2017 A FEMALE ARRESTEE WAS BROUGHT TO THE JAIL BY THE MANSFIELD POLICE DEPARTMENT AND WAS NON-COMPLIANT AND PHYSICALLY RESISTIVE TOWARD OFFICERS. MOMENTS AFTER ARRIVING AT THE JAIL, SHE BECAME UNRESPONSIVE WHILE IN THE BOOKING AREA. DUE TO OFFICERS AND MEDICAL STAFF'S QUICK RESPONSE, LIFE SAVING CPR WAS PERFORMED ON THE ARRESTEE. SHE WAS THEN TAKEN TO OHIO HEALTH, TREATED AND EVENTUALLY RELEASED.

OFFICER [REDACTED], YOUR ABILITY TO WORK AS PART OF A TEAM AND MAINTAIN A SAFE AND SECURE FACILITY ATTESTS TO YOUR EXPERIENCE AS A TRUE PROFESSIONAL. YOUR DEDICATION TO THE SHERIFF'S OFFICE AND TO THIS COMMUNITY IS TRULY APPRECIATED.

PROFESSIONALLY YOURS,

A handwritten signature in cursive script that reads "J. Steve Sheldon".

SHERIFF J. STEVE SHELDON  
RICHLAND COUNTY, OHIO





check date	RATES SHIFT	20.55	20.90	OWED	HOLIDAY HOURS	RATE SHIFT	20.9 21.70	OWED	OT HOURS	OT paid	31.35 32.55	OWED	FT HOURS	FT PAID	5.23			
		21.35	21.7			21.70	32.55				FT NEW				OWED			
	REG HOURS	reg paid	new reg			holiday paid	new holiday				New OT							
1/8/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				0.00				\$0.00	\$28.00	
1/22/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	12			\$0.00				0.00				\$0.00	\$28.00	
2/5/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0	\$256.20	\$260.40	\$4.20				\$0.00				\$0.00	\$32.20	
2/19/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
3/4/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
3/18/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
4/1/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
4/15/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
4/29/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
5/13/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
5/27/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
6/10/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	12	\$256.20	\$260.40	\$4.20				\$0.00				\$0.00	\$32.20	
6/24/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00	8	\$256.20	\$260.40	\$4.20				\$0.00	\$32.20	
7/8/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
7/22/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	12	\$256.20	\$260.40	\$4.20				\$0.00				\$0.00	\$32.20	
8/5/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00	0.38	\$12.17	\$12.37	\$0.20				\$0.00	\$28.20	
8/19/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
9/2/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
9/16/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
9/30/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.00	
10/14/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00	8	\$256.20	\$260.40	\$4.20				\$0.00	\$32.20	
10/28/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00	28	\$896.70	\$911.40	\$14.70				\$0.00	\$42.70	
11/11/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00	8	\$256.20	\$260.40	\$4.20				\$0.00	\$32.20	
11/25/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	12	\$256.20	\$260.40	\$4.20	16	\$512.40	\$520.80	\$8.40				\$0.00	\$40.60	
12/9/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	12	\$256.20	\$260.40	\$4.20	24	\$768.60	\$781.20	\$12.60				\$0.00	\$44.80	
12/23/2016	80.00	\$1,708.00	\$1,736.00	\$28.00	0			\$0.00	3.5	\$112.09	\$113.93	\$1.83				\$0.00	\$29.84	
																		\$799.33
		OLD	NEW															
		\$20.55	\$21.20								31.8							
		\$21.35	\$22.00			holiday rate	22			OT rate	33							
1/6/2017	80	\$1,708.00	\$1,760.00	\$52.00				\$0.00	8	\$256.20	\$264.00	\$7.80	0					\$59.80
1/20/2017	80	\$1,708.00	\$1,760.00	\$52.00	12	\$256.20	\$264.00	\$7.80				\$0.00	0					\$59.80
2/3/2017	80	\$1,708.00	\$1,760.00	\$52.00	12	\$256.20	\$264.00	\$7.80				\$0.00	0			\$0.00		\$59.80
2/17/2017	80	\$1,708.00	\$1,760.00	\$52.00				\$0.00				\$0.00	0					\$52.00
3/3/2017	80	\$1,708.00	\$1,760.00	\$52.00	12	\$256.20	\$264.00	\$7.80				\$0.00	0					\$59.80
total due	\$1,090.53																	\$291.20



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Richland County - LIVE  
DETAIL CHECK HISTORY

BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

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ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
LOC: 254 ORG: PAYROLL												
Check Date: 02/05/2016												
27525500	510200		254	2030	000009383	552 HS	12.00	256.20				
27525500	510200		254	2030	000009383	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000009383	887 SB .80	40.00	854.00				
27525500	510200		254	2030	000009383	887 SB .80	32.00	683.20				
			254		000009383							
			254		000009383							
			254		000009383							
			254		000009383							
27525500	533530		254		000009383							
27525500	536300		254		000009383							
27525500	536400		254		000009383							
CHECK 02/05/2016 TOTALS:					NET:		1,090.29	92.00	1,964.20			
Check Date: 02/19/2016												
27525500	510200		254	2030	000044701	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000044701	887 SB .80	48.00	1,024.80				
27525500	510200		254	2030	000044701	887 SB .80	16.00	341.60				
			254		000044701							
			254		000044701							
			254		000044701							
			254		000044701							
			254		000044701							
			254		000044701							
27525500	533530		254		000044701							
27525500	536300		254		000044701							
27525500	536400		254		000044701							
CHECK 02/19/2016 TOTALS:					NET:		919.18	80.00	1,708.00			
Check Date: 03/04/2016												
27525500	510200		254	2030	000045919	887 SB .80	32.00	683.20				
27525500	510200		254	2030	000045919	887 SB .80	48.00	1,024.80				
			254		000045919							
			254		000045919							
			254		000045919							
			254		000045919							
			254		000045919							
			254		000045919							
			254		000045919							
27525500	533530		254		000045919							
27525500	536300		254		000045919							
27525500	536400		254		000045919							
27525500	536500		254		000045919							
CHECK 03/04/2016 TOTALS:					NET:		865.58	80.00	1,708.00			
Check Date: 03/18/2016												
27525500	510200		254	2030	000047130	766 TR SH	8.00	170.80				
27525500	510200		254	2030	000047130	887 SB .80	40.00	854.00				
27525500	510200		254	2030	000047130	887 SB .80	32.00	683.20				
			254		000047130							
			254		000047130							
			254		000047130							
			254		000047130							



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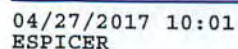
Richland County - LIVE  
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

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Richland County - LIVE  
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

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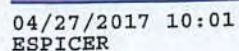
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Richland County - LIVE  
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

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ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 254	ORG: PAYROLL
27525500	510200		254	2030	000063932	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000063932	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063932	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063932	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063932	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063932	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063932	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063932	887 SB .80	8.00	170.80				
			254		000063932							
			254		000063932							
			254		000063932							
			254		000063932							
			254		000063932							
27525500	536300		254		000063932							
27525500	536400		254		000063932							
	CHECK 09/30/2016	TOTALS:		NET:		981.38	80.00	1,708.00				
	Check Date: 10/14/2016											
27525500	510200		254	2030	000065122	216 OT BLD	8.00	256.20				
27525500	510200		254	2030	000065122	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000065122	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000065122	600 LGS	0.00	900.00				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000065122	887 SB .80	8.00	170.80				
			254		000065122							
			254		000065122							
			254		000065122							
			254		000065122							
			254		000065122							
			254		000065122							
27525500	533530		254		000065122							
27525500	536300		254		000065122							
27525500	536400		254		000065122							
27525500	536500		254		000065122							
	CHECK 10/14/2016	TOTALS:		NET:		1,644.15	88.00	2,864.20				
	Check Date: 10/28/2016											
27525500	510200		254	2030	000066314	216 OT BLD	4.00	128.10				
27525500	510200		254	2030	000066314	216 OT BLD	8.00	256.20				
27525500	510200		254	2030	000066314	216 OT BLD	8.00	256.20				
27525500	510200		254	2030	000066314	216 OT BLD	8.00	256.20				
27525500	510200		254	2030	000066314	561 CTEA	4.00	0.00				
27525500	510200		254	2030	000066314	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000066314	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000066314	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000066314	887 SB .80	8.00	170.80				

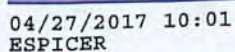


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Richland County - LIVE  
DETAIL CHECK HISTORY

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prhisrpt

BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 254	ORG: PAYROLL
27525500	510200		254	2030	000070963	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000070963	887 SB .80	8.00	170.80				
			254		000070963							
			254		000070963							
			254		000070963							
			254		000070963							
			254		000070963							
			254		000070963							
			254		000070963							
27525500	536300		254		000070963							
27525500	536400		254		000070963							
27525500	536500		254		000070963							
CHECK 12/23/2016 TOTALS:				NET:		1,006.15	83.50	1,820.09				
Check Date: 01/06/2017												
27525500	510200		254	2030	000072037	216 OT BLD	8.00	256.20				
27525500	510200		254	2030	000072037	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072037	887 SB .80	8.00	170.80		</		



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Richland County - LIVE  
DETAIL CHECK HISTORY

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prhisrpt

BY EMPLOYEE NAME  
01/08/2016 to 03/03/2017

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\*\* END OF REPORT - Generated by ERIKA SPICER \*\*



REQUEST FOR CHANGE OF ASSIGNMENT

Assignments are based on Availability of Position and Seniority for Position  
Assignment procedure for Richland County Sheriff's Office, Mansfield, Ohio

Name: \_\_\_\_\_

First

Middle

Present

Rank/Classification

corrections officer

Request for Shift Preference:

First Choice:

C

Second Choice:

A

Third Choice:

B

Request for Rotation Preference:

A Watch: 1<sup>st</sup>: B 2<sup>nd</sup>: M 3<sup>rd</sup>: T

B Watch: 1<sup>st</sup>: B 2<sup>nd</sup>: M 3<sup>rd</sup>: T

C Watch: 1<sup>st</sup>: B 2<sup>nd</sup>: M 3<sup>rd</sup>: T

Of \_\_\_\_\_

09-06-17

Date

SEP 6 '17 21:53



Name: [REDACTED]

Unit #: [REDACTED]

Bi-Annual Review

Review Period: Oct 16 to Apr 17  
Review Deadline Date: 3-17-17

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets +1 Does Not Meet + 0

Explain:

*Officer [REDACTED] always notifies me if there is a problem*

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):



GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Officer [REDACTED] is good at diffusing problem situations.

Any additional comments pertaining to GOAL TWO (4-6):



GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2   Meets + 1   Does Not Meet + 0

Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2   Meets + 1   Does Not Meet + 0

Explain: Officer [REDACTED] is always respectful.

Any additional comments pertaining to GOAL Three (7-10):



## OVERALL EVALUATION

Total Points: 13

Rater: Sgt. Giller Date: 3-16-17 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 3-17-17 Comments:

Jail Administrator: Cpt C. B. L. Date: 3/24/17 Comments:  
Good job!

Employee Signature: [Redacted] Date: 4-2-17 Comments:

I have read the above: I have I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.





AUTHORIZATION FOR DUES DEDUCTION  
**FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC.**

222 E. Town St., Columbus, Ohio 43215

1-800-FOP-OLCI

*Auditor*

I, the undersigned, hereby authorize my Employer to check off and deduct from my payroll an amount equal to dues, remitting directly to the F.O.P. Ohio Labor Council, Inc.

(PLEASE PRINT)

Place of Employment *Richland County sheriff's dept*

Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department *Corrections*

Signature \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date *01-24-17*

Mail white copy to FOP-OLC at above address  
Present card to your Auditor





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

### **CERTIFICATE OF APPRECIATION**

CORRECTION OFFICER [REDACTED],

IT IS MY PLEASURE TO INFORM YOU ON BEHALF OF THE SHERIFF'S OFFICE THAT YOU HAVE BEEN AWARDED A CERTIFICATE OF APPRECIATION FOR EXCEPTIONAL PERFORMANCE OF DUTY.

ON JULY 14, 2016 FIVE INMATES IN THE JAIL OVERDOSED ON DRUGS AT THE SAME TIME, WHICH RESULTED IN A VERY HIGH STRESS INCIDENT. THE OFFICERS INVOLVED PERFORMED A GREAT JOB IN HANDLING THE SITUATION WHILE MAINTAINING ORDER IN A CHAOTIC SITUATION.

THESE OFFICERS WERE ALSO PIVOTAL IN PROVIDING INFORMATION THAT LED TO A POSITIVE ID OF THE INMATE WHO CONVEYED THE DRUGS INTO THE FACILITY.

OFFICER [REDACTED], YOUR ABILITY TO WORK AS PART OF A TEAM AND MAINTAIN A SECURE FACILITY ATTESTS TO YOUR EXPERIENCE AS A TRUE PROFESSIONAL. YOUR DEDICATION TO THE RICHLAND COUNTY JAIL IS TRULY APPRECIATED.

PROFESSIONALLY YOURS,

SHERIFF J. STEVE SHELDON  
RICHLAND COUNTY, OHIO





I [REDACTED] would like to convert 64 hrs of sick into comp time

[REDACTED]

Done  
9/7/16



-----  
In the Matter of the Arbitration between )

F.O.P. OHIO LABOR COUNCIL, INC. )

and )

RICHLAND COUNTY SHERIFF'S OFFICE )  
-----

) Articles 9.01 and 10.01

) FMCS 15-03106-6

) Discharge

) Grievant: Officer [REDACTED]

BEFORE

: Mark I. Lurie, Arbitrator

APPEARANCES

Richland County Sheriff's Office

: Daniel T. Downey, Esq.

F.O.P. Ohio Labor Council, Inc.

: Gwen Callender, Esq.

This is a grievance arbitration decision issued pursuant to the collective bargaining agreement effective January 1, 2013 through December 15, 2015 (the "CBA") between the Richland County Sheriff's Office (the "County") and the Fraternal Order of Police Ohio Labor Council, Inc., Corrections Officers and Clerical/Technical Employees (the "FOP" or the "Union") representing the County's Correctional Officers and employees in other classifications.

Upon due notice, the parties appeared at the prescribed arbitration hearing time and place: December 3, 2015 at 10:00 a.m. at the Richland County Jail in Mansfield, Ohio, where they presented their respective positions and the evidence in support of those positions. The advocates furnished written closing arguments that the Arbitrator received and exchanged by email attachment on December 28, 2015, as of which date the hearing was declared closed.



## BACKGROUND

The CBA states that employees may not be disciplined without just cause,<sup>1</sup> and that the falsification of a physician's certificate may for grounds for discipline.<sup>2</sup> The lowest level of discipline is termed an "*instruction and cautioning*," followed by the progression of a written reprimand, suspension and then dismissal.<sup>3</sup>

The CBA recognizes the County's right to determine matters of managerial policy.<sup>4</sup> County policy 18.6.3. defines three levels of offenses. The most severe level – Group III – "normally" entails knowing, deliberate, malicious or intentional harm to the County, and subjects the employee to discipline "up to and including termination" for a first offense.<sup>5</sup> Group III offenses include

*making or using falsified records, time cards, etc.*  
*making false claims or, misrepresentation in an attempt to obtain any county benefit.*

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### 1 CBA 9.01.

The Union recognizes and accepts the exclusive right and authority of the Employer except where the agreement expressly provides otherwise to determine all matters of expressed, implied or inherent managerial policy. Such rights shall include but are not limited to the following: ...

- A. Determine matters of inherent managerial policy which include, but are not limited to areas of discretion or policy such as the functions and programs of the public employer, standards of services, its overall budget, utilization of technology, and organizational structure.
- E. Suspend, discipline, demote, or discharge for just cause, or layoff, abolish jobs, transfer, assign, schedule, promote, or retain employees.

### CBA 10.01

No employee shall, for disciplinary reasons be removed reduced in pay, or position, suspended, required to work on days off, without compensation, reprimanded, or otherwise disciplined without just cause. Any appeal of an individual officer or employee shall be considered through the steps of the grievance procedure. Such an appeal may be based on procedural or substantive objections to the actions of the Sheriff or other management officials.

### 2 CBA 29.05. Falsification.

Falsification of either a sick leave request form or a physician's certificate may be grounds for disciplinary action.

### 3 CBA 10.05. Discipline

The Richland County Sheriff's Office is committed to an established system of progressive discipline for correcting job related infractions. The principles of progressive corrective action will normally be followed with respect to minor offenses. Typically, this progression will at least include an instruction and cautioning, a written reprimand, and a suspension for the same or related offenses prior to a dismissal. The Employer may skip any step of progressive action if the violations are of a serious nature. Further, the Employer agrees to fairly and equitably discipline members. Progressive discipline shall take into account the nature of the violation, the employee's record of discipline and the employee's record of performance and conduct. The disciplinary policies provide standard penalties for specific offenses. However, the example of specific offenses given in any grouping are not all-inclusive and serve merely as a guide.

### 4 See footnote 1.

### 5 SOP 18.6.3.

Group III Offenses may be defined as those infractions which are of a very serious or possibly criminal nature, and which cause a critical disruption to the organization in terms of decreased productivity, efficiency, and/or morale. Group III Offenses, if left undisciplined by proper authority, may cause long- lasting and critically serious adverse impact against the organization. Violations of Group III Offenses normally occur knowingly, deliberately, and often with malice or harm intended.



**May 9, 2015 questioning under oath:**

Questioned by Captain Christopher Blunk, Officer [REDACTED] stated that he called off work on March 24 not because he was sick, but in order to take his daughter to the doctor.<sup>9</sup> Asked to explain why the call log had showed that he had called off work because he and not a family member had been sick, Officer [REDACTED] said it was the County's record keeping mistake. Asked why he had then signed the attendance sheet indicating that he, and not a family member, had been sick, Officer [REDACTED] testified that he hadn't noticed the entry.

Officer [REDACTED] stated that the original doctor's note had covered two days, March 23 and 24, 2015, and that it would not have benefited him to have changed the slip to the 23<sup>rd</sup> to 26<sup>th</sup>. [Actually, the original note was for the single day of March 23, and its change benefited him by including March 24<sup>th</sup>.] Asked whether he had altered the note, Officer [REDACTED] answered "No, I have no reason to alter that, sir."

Asked who might have altered the note, Officer [REDACTED] stated,

A. *I'm saying if someone altered it [it] was not me. And it doesn't benefit me. That I do have kids at home, I don't know if they would have screwed with this.*

Q. *How old are your kids?*

A. *Six and three.*

**June 5, 2015 pre-determination conference:**

Again, the sick leave pattern abuse dates had been November 15, 2014 and January 22 and March 24, 2015. At the pre-disciplinary conference, Officer [REDACTED] stated that he had been mistaken about the date for which he had brought in a doctor's note. It had not been for his absence of March 24 but for his absence of November 15, 2015. He stated that the conversation with Lt. Young that he had mistakenly attributed to March 26, 2015 had actually taken place on November 19, 2014; that, on that date, Lt. Young had told him that the computer records confirmed that he had turned in a doctor's note for the November 15<sup>th</sup> absence. Lt. Young testified that she had no recollection of having had such a conversation with Officer [REDACTED] in November 2014 or March 2015. Officer [REDACTED] did not produce a copy of the purported November 15<sup>th</sup> doctor's note at that pre-disciplinary conference. Captain Blunk testified that he did not investigate Officer [REDACTED]'s claims as to the events of November 19, 2014.<sup>10</sup>

9 Quoting Officer [REDACTED], "So the date I had called off, I had a slip for, where I had taken her to the doctor..."

10 The following was Officer Blunk's arbitration testimony, under cross examination, on this point:

Q. He explained during the pre-D that the conversation with Lt. Young occurred back in November and not in March.

A. Yes ma'am.



### December 3, 2015, the arbitration hearing

Officer [REDACTED] reiterated the factual assertions he had made at the pre-determination conference. He also testified that, when he called in on March 24<sup>th</sup>, he had told Lt. Douglas that he would be absent due to his daughter's illness. (Again, Lt. Douglas recorded that Officer [REDACTED] had said that he was sick.)

Officer [REDACTED] testified that he had not noticed that the *Sick Leave Notification Form* he signed showed that he, and not a family member had been sick.

Officer Melissa Lapeer testified that she was present on November 19, 2014, when Lt. Young told Officer [REDACTED] that the computer indicated the County's records indicated receipt of a doctor's note for that November 15<sup>th</sup> absence. The Union did not offer into evidence a copy of that doctor's note.

When asked how, as of April 24, he could have claimed that he had turned in a doctor's note a month earlier (i.e., on March 25<sup>th</sup>) and then claim that it had been five months earlier (on November 19, 2014), Officer [REDACTED] testified,

*I remember incidences. I remember events. I don't remember dates well at all. Especially on C watch. All the dates run together.*

Asked who had altered the doctor's note, Officer [REDACTED] stated,

*I didn't see anybody do it but, if I were to say somebody did, I would say it was Heather [his fiancée] because she was off of work on the exact same days that this was changed to and [that] my daughter was off of school, the 23, 25<sup>th</sup> and 26<sup>th</sup>.*

The Union offered into evidence attendance report sheets showing that his daughter had been off from school on March 23 and 25, and his fiancée off from work on March 23, 24 and 25, 2015.

### THE COUNTY'S POSITION

The evidence shows that Officer [REDACTED] altered the dates on the doctor's note. Although he originally speculated that the changes had been made by his children, it is unlikely that either child could read, let alone that they overwrote numbers on a doctor's excuse in such a way that, coincidentally, furthered their father's interests. Officer [REDACTED]'s later statements – that an unknown person had changed the *altered note*; that he – Officer [REDACTED] – had not read the note before submitting it; and that, when he had signed the *Sick Leave Notification Form*, he had not read it – are not credible.

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Q. Did you go back and pull any records or interview any witnesses to see if what he said had happened in November had actually happened?

A. No ma'am.



To explain away these difficulties associated with the *altered note*, Officer [REDACTED] said, for the first time at the pre-disciplinary conference, that he had confused the doctor's note furnished in March with one had had purportedly submitted five months earlier. His claim that he could not distinguish between an interval of one month and an interval of five is not credible.

Officer [REDACTED] falsified a County record and then attempted to cover-up the falsification with additional lies. He did this in order to gain a County benefit: sick leave. As for the degree of discipline, while CBA Article 10.05 provides for progressive discipline, the same Article permits the County to "skip any step of progressive action if the violations are of a serious nature."<sup>11</sup> The two Group 3 offenses charged were serious. Officer [REDACTED] made or used falsified records and made false claims and misrepresentations in an attempt to obtain a County benefit: avoiding the prior discipline that had been issued him. It was a minor discipline, but Officer [REDACTED] did not want to be classified as a sick leave abuser, and was willing to disregard the County's rules and policies to undo the discipline that had been issued him. In a law enforcement agency, even a single sustained case of dishonesty can provide just cause for termination. A finding of untruthfulness hinders a corrections officer's ability to testify in criminal proceedings because a prosecutor is required to disclose the officer's past untruthfulness to criminal defense attorneys. This is a factor that arbitrators have considered as a factor in just cause.

#### THE UNION'S POSITION

Prior to February 24, 2014, it was not uncommon for the County to misplace or lose doctor's notes. The County addressed this by issuing a directive on February 24, 2014 that prohibited officers from time stamping such notes and required that they submit them to the Shift Supervisors for stamping.<sup>12</sup> His discussion with Lt. Young had not occurred in March 2015 sick leave but in November 2014.

The County did not prove that Officer [REDACTED] falsified or altered the March 2015 doctor's note. Instead, the evidence for that points to his fiancée, who altered the note in order to be excused from her place of employment. The alterations made to the March 24<sup>th</sup> doctor's note did not benefit Officer [REDACTED], because the original, unaltered doctor's note already included the date of his absence: March 24, 2015. Officer [REDACTED] would not have risked his employment for no substantive benefit. On April 24<sup>th</sup>, he submitted what he thought to have been the doctor's note of March 23<sup>rd</sup>. Officer [REDACTED]'s use of sick leave for March 24<sup>th</sup> – a single day – was paid from his sick leave bank, and would have been paid

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<sup>11</sup> See footnote 3.

<sup>12</sup> February 24, 2014 inter-office memorandum from [then Lt.] Blunk:

*From now on, only supervisors are allowed to use the time stamp in the supervisor's office; officers are prohibited from using it. At this time the only (2) items that are required to be time stamped are a Doctor's Slip and an Absence Request Slip. When an officer has a doctor's slip or a COMPLETED Absence Request slip they are to submit it to the Shift Supervisor who will then time stamp the slip and turn it in.*



whether or not he had furnished a doctor's note. Officer [REDACTED] would not have risked losing his career by turning in a doctor's excuse when he was not required by policy to do so.

The quantum of proof required in discharge cases is higher than the quantum of proof in non-discharge cases because discharge is tantamount to industrial capital punishment. The County terminated Officer Long for conduct that it did not prove was committed.

Officer [REDACTED] testified that truthfulness, integrity and honesty are paramount in his job as a corrections officer. He had no history of a deficiency in any of those qualities. His performance evaluations affirm a conscientious, dedicated employee who had a professional and courteous demeanor with his supervisors and the inmates.

Officer [REDACTED]'s memory problem with dates is not grounds for discipline, and certainly does not rise to the level of just cause for termination.

The Employer's second charge against the Grievant is that he made a false claim or misrepresentation in an attempt to obtain a county benefit: the payment of sick leave. Officer [REDACTED] had over 600 hours of sick leave time in his bank at the time he was terminated, and was entitled to use it for his absence on March 24, 2015, whether or not he furnished a doctor's note. The only difference the doctor's excuse would make was to the write-up for taking sick leave in conjunction with his days off. The County failed to prove that Officer [REDACTED]'s actions in turning in the doctor's excuse was an attempt to gain or did gain him any type of County benefit.

Under prevailing arbitral and judicial rulings, unless a collective bargaining agreement specifies otherwise, an arbitrator has the authority to review the appropriateness of the level of discipline imposed, even after finding that just cause exists for discipline. The lack of evidence supporting the charges and the County's failure to consider Officer [REDACTED]'s record of performance and conduct warrant a lesser discipline, even if some degree of cause is deemed proven. The County did not show why it needed to impose the highest form of discipline rather than, e.g., suspension, for a first offense. The Sheriff, who made the decision to terminate, did not testify.

#### DECISION

Officer [REDACTED] was charged with having committed two Grade III offenses:

*making or using falsified records, time cards, etc. and*

*making false claims or, misrepresentation in an attempt to obtain any county benefit.*

Since no technical meaning of the term "county benefit" has been suggested, the Arbitrator will attribute the plain meaning to those words: something of tangible value paid or given by the County. Thus defined, the term "county benefit" does not encompass the avoidance of an *instruction and*



*cautioning*, because the non-imposition of an *instruction and cautioning* would not constitute something of tangible value paid or given by the County.

The County asserted that the “county benefit” alluded to in the second charge was the payment of sick leave. The Arbitrator finds that since Officer [REDACTED] would have been paid for his absence of March 24, 2015 regardless of whether he had submitted a doctor’s note for that date and regardless of whether he was issued the *instruction and cautioning*, for “sick leave abuse pattern,” the Arbitrator deems this charge to have been unproven. Officer [REDACTED] has not been shown to have attempted to obtain a county benefit.

The Arbitrator also finds that the County has failed to prove that it was Officer [REDACTED] who changed the dates on the *altered note*. The *altered note* included March 25 and 26, dates that corresponded to his fiancée’s absences from work, but not his own. It is just as likely (or more so) that his fiancée altered it as that he did and, since the County bore the burden of proving the charge, the Arbitrator deems it to be unproven.

The Arbitrator finds that the March doctor’s note, in its original form, would not have covered Officer [REDACTED]’s March 24<sup>th</sup> absence. It excused his daughter’s absence from school for a single day, March 23, and stated that she would be back at school on March 24<sup>th</sup>. The *altered note* covered March 24<sup>th</sup>, when his daughter was in school but Officer [REDACTED] was not at work. The Arbitrator finds that Officer [REDACTED] “used” a falsified record – the *altered note*; that he did so knowingly; and that he then lied to cover up his culpability. The bases for this conclusion follow.

An assessment of the credibility of a person’s testimony turns, in the first instance, on the inherent plausibility of the facts he is asserting. Multiple implausibilities doom credibility. In the case at hand, the Arbitrator finds several of Officer [REDACTED]’s statements to have been implausible, and their cumulative number to be conclusive of untruthfulness:

- That he did not read the *altered note* but only “glimpsed” at it before he submitted it.<sup>13</sup>
- That Lt. Douglas had erroneously noted his call-in as being for his sickness rather than his daughter’s. (Such a mistake was possible but not probable, as Lt. Douglas would not have made more incorrect entries than correct ones.)
- That he did not notice that the *Sick Leave Notification Form* mistakenly showed that he and not a family member had been sick.<sup>14</sup>

13 Officer [REDACTED] testified that on April 24<sup>th</sup> he “glimpsed” at the altered note, by which he implied that he did not read it and did not know of its contents. The Arbitrator does not accept that explanation. The altered note was his document (whether or not he altered it), which he submitted for its content. A reasonable person would have read the note before submitting it.

14 It is possible but improbable that Officer [REDACTED] would have failed to observe that the *Sick Leave Notification Form* he signed showed that he, and not a family member had been sick. He was obliged to know the *Form*’s contents because he signed it, and one does not sign documents one does not read.



- That, on April 24<sup>th</sup>, he mistakenly thought he had submitted a doctor's note for his March 24<sup>th</sup> absence.<sup>15</sup>
- That he had a cognitive deficit that impaired his being able to judge whether an event took place one month earlier or five months earlier.<sup>16</sup>
- That a doctor's note existed for his November 2014 absence but that he did not request or subpoena a copy from the County and did not obtain one from his doctor. Instead, he relied solely on the testimony of Officer Lapeer that she heard Lt. Young describe the color of the entry on her computer screen.

In sum, the Arbitrator finds these claims by Officer [REDACTED] to have been so implausible, in the aggregate, as to have been self-impeaching. Officer [REDACTED] was not a credible witness and his testimony will be given no evidentiary weight.

The evidence presented in this case warrants the following findings: Officer [REDACTED] conflated

- (a) the abuse of sick leave by its excessive consumption with
- (b) the abuse of sick leave by its use in conjunction with nonscheduled days.

Officer [REDACTED] took justified pride in his attendance record and when, in April, he received the *instruction and cautioning*, he was offended. He thought he had earned the right to take that March 24<sup>th</sup> day of sick leave without placing himself at risk of discipline. Incensed, he recklessly submitted the *altered note* knowing that, under scrutiny, it would not justify his absence.

#### CONCLUSION

The County has proven that Officer [REDACTED] knowingly used a falsified record. It has not proven that he did so in an attempt to obtain a county benefit or that he "made" the falsified note. Because the evidence indicates that Officer [REDACTED] acted out of pique and thoughtlessness rather than with the larcenous intent that the County attributed to him, the Arbitrator finds that there was not just cause for his discharge.

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15 April 24 was sufficiently proximate to March 25 that the events of that date, including his purported discussion with Lt. Misty Young, would have been fresh in his mind.

16 Given the testimony of Officer Lapeer, the Arbitrator will accept that some conversation took place in November 2014. But the Arbitrator finds Officer [REDACTED]'s claim of a temporal cognitive deficit to be both inherently incredible, and suspiciously tailored to permit his early statements to be disregarded. Officer [REDACTED]'s ability, during his testimony, to correctly identify the chronology of other events contradicted the existence of the impairment he claimed.



AWARD

The grievance is sustained. The discharge is to be reduced to a 30-day unpaid suspension and Officer [REDACTED] reinstated and made whole of all wages and benefits of employment, save for the aforesaid suspension.



---

Mark I. Lurie, Arbitrator

January 8, 2016

Fired 6/30/15  
Aug. 12. 80 9/4  
Jan. 15



Code.  
762

## Sick & Vacation Adjustments

Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
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Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:
Employee #	Employee Name:

Vacation:	+51.06	Sick:
Vacation:		Sick:
Vacation:		Sick:
Vacation:		Sick:
Vacation:		Sick:
Vacation:		Sick:
Vacation:		Sick:
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Vacation:		Sick:

- Per Award

+51.06

Per Award

DATE 4/20/16

REQUESTED BY: Erika Spiller





## Ohio Public Employees Retirement System

277 East Town Street Columbus, Ohio 43215-4642 1-888-400-0965 [www.opers.org](http://www.opers.org)

March 23, 2016

Employer: 2245-08

Diane Swank  
Deputy Auditor  
Richland County  
50 Park Ave E  
Mansfield, OH 44902

Dear Ms. Swank:

This is in reference to the settlement agreement for [REDACTED] and your request for an earnable salary determination.

Per Ohio Revised Code, Section 145.01, and the Ohio Administrative Code 145-1-26, payments made pursuant to final court order, arbitration, or personnel board of review order, where a member or retiree is reinstated without interruption or loss of time to the former position of employment and payments are awarded as actual back wages or salary for the full period of reinstatement are earnable salary.

Employer and member contributions on the award of back wages or salary shall be paid in the same amount as would have been contributed if the member or retiree had been reported to OPERS during the period of reinstatement and not offset by other wages or unemployment compensation.

Upon review of the settlement agreement for [REDACTED], it is determined earnable salary and contributions are to be submitted. Mr. [REDACTED] is to be reinstated to his former position as of July 1, 2015 and back wages will be awarded for the period of reinstatement between July 1, 2015 and January 14, 2016.

If you have any questions, please feel free to contact your Employer Outreach Representative at 1-888-400-0965 or e-mail us at [employeroutreach@opers.org](mailto:employeroutreach@opers.org).

Sincerely,

Heather Fullen  
Employer Compliance Specialist  
Ohio Public Employees Retirement System

HNF/02

EARNDET



██████████	rate R80	21.35	with servin a 30 day suspension		
check date	hours	gross	vac	sick	
8/21/2015	8	\$170.80	0.46	0.46	
9/4/2015	80	\$1,708.00	4.6	4.6	
9/18/2015	80	\$1,708.00	4.6	4.6	
10/2/2015	80	\$1,708.00	4.6	4.6	
10/16/2015	80	\$1,708.00	4.6	4.6	
10/30/2015	80	\$1,708.00	4.6	4.6	
11/13/2015	80	\$1,708.00	4.6	4.6	
11/27/2015	80	\$1,708.00	4.6	4.6	
12/11/2015	80	\$1,708.00	4.6	4.6	
12/25/2015	80	\$1,708.00	4.6	4.6	
1/8/2016	80	\$1,708.00	4.6	4.6	
1/22/2016	80	\$1,708.00	4.6	4.6	
		\$18,958.80	51.06	51.06	



The grievant, [REDACTED], had been employed by the County as a Correctional Officer since September 22, 2008. He was discharged for having committed the aforesaid two Group III offenses. At the time of his discharge, he had a substantial unused sick leave balance, and good performance evaluations for each of the preceding two years.

#### ISSUE

The issue is whether the termination of Officer [REDACTED]'s employment was for just cause and, if not what the remedy should be.<sup>6</sup>

#### FACTS

The County's sick leave policy states that corrective or disciplinary action will be taken for the "unauthorized use of sick leave" which includes three incidents within any twelve month interval of sick leave taken in conjunction with regular days off<sup>7</sup> (deemed a form of "pattern abuse" of sick leave).

#### March 24, 2015: County records show that Officer [REDACTED] reported absent due to his own illness

Officer [REDACTED] timely called in sick at 11:35 a.m. on March 24<sup>th</sup>. Lt. Katina Douglas took the call. According to the call log maintained by Lt. Douglas, Officer [REDACTED] stated that he was calling off sick because he himself was sick, and not in order to look after a family member who was sick.<sup>8</sup> The next day, March 25<sup>th</sup>, Officer Long reported to work and signed the *Sick Leave Notification Form* showing that his one-day's absence had been due to his own illness and not that of a family member.

6 The Union framed the issue as "Whether the Employer violated Article 12 of the Collective Bargaining Agreement when it terminated the Grievant? If so, what shall the remedy be?" The parties agreed that the only provision of Article 12 that is germane is that of just cause.

7 SOP 16.1.F.2.

Unauthorized Uses - It is the policy of the Employer to take corrective and/or disciplinary action for unauthorized use of sick leave and/or abuse of sick leave. Unauthorized use of sick leave shall include the following:...

h. Pattern abuse - inappropriate and unauthorized use or abuse of sick leave includes use:

1. Before or after holidays.
2. Before or after weekends or regular days off.
3. After paydays.
4. Any one specific day.
5. Absence following worked overtime.
6. Or any other approved time off - before or after.

Example: Three (3) incidents of pattern abuse in any twelve (12) month period will be considered prima facie evidence of pattern abuse...

G.2. When an employee falls under the conditions of pattern abuse as described in paragraph F.2.H. above, the employee will receive a Personal Complaint as a notification for pattern abuse.

8 This is recorded on a *Sick Leave Notification Form* prepared by the County. In this case, it was prepared by Lt. Katina Douglas. The form states the date and duration of the sick leave, whether it is for the officer himself or for the officer to attend to a sick relative, and the time at which the employee called-off sick. The employee is to sign the form upon returning to work.



April 21, 2015:

Officer [REDACTED] was issued discipline, an INSTRUCTION & CAUTIONING, for having exhibited a "sick leave abuse pattern": sick leave absences on November 15, 2014 and January 22 and March 24, 2015 taken in conjunction with nonscheduled days and for which, the County said, he had not submitted doctor's excuses.

One consequence of the INSTRUCTION & CAUTIONING was that every time thereafter Officer [REDACTED] called off sick, he was required to furnish a doctor's slip for the absence of face further discipline. If Officer Long could prove that he had timely submitted a valid doctor's note any of the three absences, the INSTRUCTION & CAUTIONING would be withdrawn.

April 24, 2015:

Seeking to prove that he had previously submitted a doctor's note for his March 24<sup>th</sup> absence, on April 24, 2015, Officer [REDACTED] submitted what he said was a copy of that note. It identified Officer [REDACTED]'s daughter as the patient, and then stated

*Please excuse from school from 3-23-15 to 3-26-15. Return to school 3-26-15.*

That copy will hereinafter be referred to herein as "*the altered note*." It was later determined that the original doctor's note did not say that. It said,

*Please excuse from school from 3-23-15 to **3-23-15**. Return to school **3-23-15**.*

(Arbitrator's bold font). The original note had thus excused a single day's absence: March 23, 2015. The *altered note* excused a 3-day absence, March 23 through March 26, 2015. The note excused Officer [REDACTED]'s daughter from school; it did not excuse Officer [REDACTED] from work.

April 24, 2015:

Regulations require that doctors' notes be turned in within three days of an employee's absence. On April 24, 2015, Captain Blunk hand-wrote a memo to Officer [REDACTED] stating that it appeared that the note had been submitted late (i.e., on April 25, beyond 3 days following his March 24<sup>th</sup> absence). Officer [REDACTED] responded with a handwritten memo (verbatim):

*No. This slip was turned in on time the very first day I came in, when Sgt. Fletcher was here. The next day, Lt. Young asked me to sign another one. Lt. Young said I was OK & did not need another; the original that was signed was stamped on the first day was time stamped.*

Officer [REDACTED] later explained what he meant by this: On March 25, 2015, he had submitted a doctor's note and signed a *Sick Leave Notification Form*. "The next day" (i.e., on March 26<sup>th</sup>) he had been told to complete another *Sick Leave Notification Form* for that same absence, but Lt. Misty Young then told him that that was unnecessary because (1) he had completed the *Form* the previous day and (2) according to the computer system, he had furnished a valid doctor's excuse. It was later determined that Lt. Young was not on duty on March 26<sup>th</sup>, and so Officer [REDACTED] could not have had that discussion with her on that date.



8/21

8 hours.

vac. . 46

9/4.

8/13

80

4.6

9/18

80

4.6

10/2

80

4.6

10/16

80

4.6

10/30

80

4.6

11/13

80

4.6

11/27

80

4.6

12/11

80

4.6

12/25

80

4.6

1/8

80

4.6.

1/22

~~80.~~

4.6.

---

11

50.60





# Employee Maintenance

ADD

Change

Salary/pay

Rate/hour

Alt Rate/hour

Longevity Payment

Annual Hours

Shift

Full/Part

STRS

PERS

Direct Dep. Route #

Direct Dep. Account #

20.55

Name

Employee#

Address

City, State, Zip Code

Telephone

Birthdate

Social Security Number

Marital Status:

Sex

Race

Title

Department Number

Munis Org

Business Phone Number

Start Date

Rehire Date

Termination Date

Reason for Termination

Has this person ever been employed by  
Richland County in the past? Yes or No

Class #

Account #

Object#

349

27525500

510200

TAXES

Code

Dep

TY

Add On

Federal

State

City

Status

Annual Salary

Signature *Emilia Spier*

Date

12/23/14

EFFECTIVE 12-18-2014

Comments



Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Bi-Annual Review

Review Period: Apr 1/16 to Oct 6/16

Review Deadline Date: 9-30-16

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

**GOAL ONE:** *Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets +1 Does Not Meet + 0

Explain:

Officer [redacted] is good about letting me know about any safety or security problems.

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):



GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2

Meets + 1

Does Not Meet + 0

Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2

Meets + 1

Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2

Meets + 1

Does Not Meet + 0

Explain:

Officer [REDACTED] is good at diffusing problem situations.

Any additional comments pertaining to GOAL TWO (4-6):



GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

Officer [REDACTED] is very timely with his paperwork

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2   Meets + 1   Does Not Meet + 0  
Explain:

Officer [REDACTED] gets along great with co-workers and supervisors.

Any additional comments pertaining to GOAL Three (7-10):



### OVERALL EVALUATION

Total Points: 14

Rater: Sgt. Collier Date: \_\_\_\_\_ Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 10-9-14 Comments:

Jail Administrator: [Signature] Date: 10/5/16 Comments:

Employee Signature [Redacted] Date: 09-28-2016 Comments:

I have read the above: I have I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.



R80 \$ 21.35

6/30/15

64 reg Hours

pay out

9-2208

comp 39.50

VAC.	119.45
current.	3.68
	<hr/>
	123.13

per. day = 32.00 hours =

RATO = 40 Hours

Holiday<sup>2015</sup> 8 hours.

<hr/>
242.63
X 21.35
<hr/>
5,180.15

Sick Leave  
record.

607.20
3.68
<hr/>
610.88.

Thank Erika Spree



Mem.  
Time  
used  
Prod.  
4 1/2  
day



Test Score 83

Questionnaire Form Mailed 8-5-08

Now Working at O'Riley Auto Parts  
on P.A.W.

Background Complete  
Negative CCH

Oral Interview 8/14/08 @ <sup>0730</sup> ~~0730~~ HRS

Home interview w/ Deputy Gunder - Done

OK for Int.

Hire date - 2 week notice? - will call back

9/22/08 1000 HRS





Spicer, Erika &lt;e.spicer@richlandcountyoh.us&gt;

---

New address

3 messages

---

[REDACTED]@richlandcountyoh.us>  
To: Erika Spicer <e.spicer@richlandcountyoh.us>

✓ /  
✓ Sat, May 14, 2016 at 3:02 AM ✓

---

May 14, 2016 at 10:24 AM

---

Erika Spicer <e.spicer@richlandcountyoh.us>

To: [REDACTED]@richlandcountyoh.us&gt;

Sat, May 14, 2016 at 10:24 AM

Monday I will e-mail you a new state form to fill out

Sent from my iPhone

[Quoted text hidden]



Name: [REDACTED]

Unit #: 7093

Bi-Annual Review

Review Period: Oct 15 to April 16  
Review Deadline Date: 4-28-16

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets +1 Does Not Meet + 0

Explain: Officer [REDACTED] is excellent at addressing and identifying any safety or security concerns.

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] is consistent about completing his security rounds.

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: Officer [REDACTED] maintains clear boundaries with inmates

Any additional comments pertaining to GOAL ONE (1-3):



GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: Officer [REDACTED] is always professional with inmates.

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: Officer [REDACTED]'s presence alone has diffused numerous problem situations.

Any additional comments pertaining to GOAL TWO (4-6):



GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record.  
(Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: Officer [REDACTED] always completes his duties and special assignments in a timely manner.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: Officer [REDACTED] is always respectful with all coworkers and supervisors.

Any additional comments pertaining to GOAL Three (7-10):



OVERALL EVALUATION

Total Points: 17

Rater: Sgt. Allen Date: 4-27-16 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 5-4-16 Comments:

Jail Administrator: Cpt. Allen Date: 5/5/16 Comments:

Employee Signature: [Redacted] Date: 04-27-16 Comments:


I have read the above: I have ☒ I have not responded under comments. My signature may not indicate agreement with the ratings.


Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.



**Richland County Sheriff's Office**  
**597 Park Avenue East**  
**Mansfield, OH 44905**

I acknowledge that I have been issued a signed copy of my Oath of Office and a signed copy of my job description for the position of Correction Officer.

  
Name printed

  
11-6-13  
Date

Lt. R. Santoro  
Witness printed

Lt. R. Santoro  
Witness signed



## OATH OF OFFICE

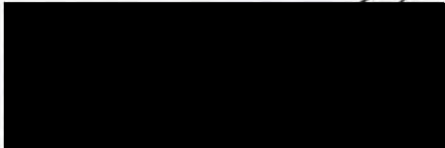
STATE OF OHIO  
COUNTY OF RICHLAND

I DO SOLEMNLY SWEAR OR AFFIRM THAT I WILL SUPPORT AND ABIDE BY THE CONSTITUTION OF THE UNITED STATES OF AMERICA, THE CONSTITUTION AND LAWS OF THE STATE OF OHIO, AND THE RULES AND REGULATIONS OF THE RICHLAND COUNTY SHERIFF'S OFFICE AND THAT I WILL FAITHFULLY DISCHARGE THE DUTIES OF CORRECTION OFFICER, TO WHICH I HAVE BEEN APPOINTED ACCORDING TO LAW AND TO THE BEST OF MY ABILITIES.

I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE PROVISIONS OF THIS OATH, WITH OR WITHOUT FAULT OF MY OWN, IS CAUSE FOR TERMINATION.

I HAVE NOT PAID, NOR HAVE I OFFERED OR PROMISED TO PAY, ANY MONEY OR OTHER THING OF VALUE TO ANY PERSON, FIRM OR CORPORATION FOR THE USE OF INFLUENCE TO PROCURE MY APPOINTMENT TO THIS POSITION.

  
PRINTED NAME OF MEMBER

  
SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE COUNTY OF RICHLAND, THIS 21<sup>st</sup> DAY OF March, 2013.

Shirley A. Dowdy  
NOTARY PUBLIC

My COMMISSION EXPIRES  
9-12-2015

SWORN TO AND SUBSCRIBED BEFORE ME, SHERIFF, IN AND FOR THE COUNTY OF RICHLAND, THIS 21<sup>st</sup> DAY OF March, 2013.

Justice Sheldon  
J. STEVE SHELDON,  
SHERIFF, RICHLAND COUNTY

NOTICE: A MEMBER WHO VIOLATES A SWORN OATH IS SUBJECT TO IMMEDIATE TERMINATION, AS WELL AS THE POSSIBILITY OF BEING CHARGED WITH VIOLATIONS OF CRIMINAL STATUTES.



## **Richland County Sheriff's Office Job Description**

<b>Job Title:</b>	Correction Officer
<b>Division:</b>	Corrections
<b>Bargaining Unit:</b>	FOP/OLC
<b>Employment Status:</b>	Full-Time
<b>Work Hours:</b>	Variable, Determined by FOP Contract
<b>Civil Service Status:</b>	Classified
<b>FLSA Status:</b>	Non-exempt
<b>Probation:</b>	One year
<b>Reports to:</b>	Correction Sergeant, Correction Lieutenant
<b>Job Summary:</b>	Under general direction, supervises inmates and attends to their safety and well-being, and maintains security in the Richland County Jail
<b>Minimum Qualifications:</b>	United States Citizen High School Diploma or G.E.D Ohio Driver License
<b>Essential Functions:</b>	Regular and predictable attendance  Arrive on time for shift, be dependable, and maintain good attendance records  Work in a 24 hour, 7 days a week operation in a variety of weather conditions  Work overtime as necessary and directed  Maintain the trust, faith and confidence of the Sheriff  Support and enforce the administrative and operational policies of the Sheriff  Make decisions aligned with the mission, goals, and directives of the Sheriff  Demonstrate appropriate respect for co-workers and supervisors  Maintain confidentiality in the performance of duties  Maintain a harmonious work relationship with other personnel and agencies  Ensure the safety of inmates by protecting them from harm and threats  Use physical force to control inmates



Qualify with firearms as required and defensive weapons

Work independent of direct supervision

Use directed and self-directed work time in an efficient and effective manner

Perform jobs, duties, tasks and assignments in a competent and proficient manner

Be physically, mentally, medically and psychologically fit to perform duties

**Duties and Responsibilities:**

Works under general supervision and requires considerable knowledge of custody, safety and security measures for detention of adult inmates in a controlled environment in order to maintain discipline, order and security.

Seeks information/advice from supervisors as appropriate and provides pertinent information to his/her supervisor and relieving shift officers

Conduct themselves professionally and support organization's mission and treat inmates in a firm, fair and consistent manner

Develop and maintain professional rapport with inmates

Communicate facility rules and expectations to inmates and respond to questions

Ensure inmates have access to grievance forms and kites

Make prudent and sound decisions and diffuse problem situations

Contribute to the efficiency and effectiveness of the facility

Uphold the highest standards of security and safety

Works rotation posts and assignments to maintain security on assigned area

Directs all inmate activity in assigned areas of the facility to include dayrooms, showers, cells, living and recreation areas

Attends meetings and committees and provides feedback

Responds to the need of staff and the concerns of inmates

Maintain discipline and order of inmates

Monitors and operates security controls and or computers

Open security doors between pods, cells, perimeter doors and security areas

Monitors and responds accordingly to alarms and medical emergencies

Utilize computers and monitor surveillance equipment as required by assigned post

Directs inmate trustees and work crews to ensure quality work and security

Direct, secure and supervise inmates at a medical center/office outside of the jail.



Maintain security internally as well as the perimeter, sally port and visitation area

Operates a county car or van in accordance with the county driving policy

Operates a county car or van under adverse and stressful conditions

Operates a county vehicle to transport inmates as required

Completes and maintains electronic post logs, JAMIN information and reports

Document information accurately, concisely and in proper grammar

Count inmates and then report them in accordance with count procedures

Distribute food trays to inmates at meal time and coordinates with the kitchen

Controls and distributes all incoming mail to proper inmates

Completes necessary paperwork as required in the performance of duties

Complete personal observation rounds inside the pods as required

Ensure orderly movements of inmates throughout the facility

Attend a corrections academy within the first year of employment

Successfully pass the OPOTA Corrections Officer Test

Successfully complete a 12 week field training corrections training program

Enforce inmate rules, regulations, and procedures and policies

Visually and tactfully detect contraband per facility rules and regulations

Electronically write incident reports and initiate inmate rule violations as needed

Report any unusual circumstances and information to supervision

Identify and address safety and security problems

Visually inspect and assure assigned areas are clean, safe and secure

Ensure cleanliness of the facility by directing inmates to clean

Conduct searches and inventories of inmate personal and issued property

Encouraged to participate on committees

Prevent escapes or incidents which threaten the security or safety of the facility, inmates, staff or the general public which includes, when necessary, using physical force, unarmed self-defense, firearms (if authorized to carry), or other force to detain or secure inmates.

Review and comply with jail policies and procedures and minimum jail standards

Comply with Standard Operating Procedures and County Policies and Procedures



Read and consistently follow post orders

Take only appropriate and/or reasonable risks; understand the importance of boundaries

Attends training as requested and directed

Maintains uniform and equipment issued by the department

Testify in depositions, hearings and trials

**Requisite Job Knowledge:**

Correctional practices and procedures  
Local, state and federal laws  
Administrative, criminal, civil and constitutional law  
Rules and regulations, policies and procedures  
Standard operating procedures  
Current labor contracts

**Equipment Used:**

Motor vehicle  
Portable hand unit or mobile radio  
Computer, fax, copy machine and telephone  
Firearms as required for job  
Body armor, handcuffs, chemical agents, electronic restraint devices  
Video recording devices

**Job Description Approval:**

I have reviewed this job description and understand that it reflects the major work requirements, essential job functions and tasks for which I am responsible. I understand that this job description is not all inclusive and that if I have questions, I can contact my supervisor for clarification. I acknowledge that I must follow all orders given to me by a superior officer unless the order is illegal, immoral or unethical.

  
Employee Printed Name

2-15-13  
Date

I have issued this job description to the employee.

Captain Wms.  
Supervisor Signature

2/15/13  
Date

This job description currently reflects the needed skills and abilities required to perform this position.

MAJ [Signature]  
Administrator Signature

02-07-13  
Date



## **RICHLAND COUNTY SHERIFF'S OFFICE**

### **CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT**

Dear [REDACTED]:

This letter is to advise you that your application for employment with the Richland County Sheriff's Office for the position of Corrections has been processed.

You have successfully completed the initial phases of the employment process. As a condition of employment, you must successfully meet the Minimum employment standards for a law Enforcement/Corrections Officer and/or required training entrance standards as mandated by state law. You must also successfully complete a Psychological Interview, physical and drug test.

Following successful completion and review of the aforementioned inquiries, you will be informed by letter of your employment status.

Thank you for your interest in employment with the Richland County Sheriff's Office. Upon successful completion of the employment process, your application will be presented to the Sheriff who will make the final determination as to your suitability for employment. This conditional offer of employment shall remain valid and in affect for one year from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon applicant's failure to meet any one of the above terms and conditions.

#### **ACKNOWLEDGEMENT AND ACCEPTANCE OF OFFER**

I hereby acknowledge and accept the terms and conditions provided above. I exercise this acceptance of my own free will, in good faith and with the understanding that I will be employed in the position of Corrections upon satisfactory completion of the conditions.

[REDACTED]

Witness

*Sheriff J. Steven DeLeon*

Date

9-09-08

Date

9-09-08



## BACKGROUND INVESTIGATION ACTIVITY LOG

[illegible]



**Certified Voice Stress Analysis Exam**  
**Deputy Stacy Dittrich/Examiner**

\*\*\*\*\*

**To:** Lt. Bob Brown

**Case #** Pre-Employ

**Subject:** [REDACTED]

**Date:** 09/04/08

**PREDICATION**

This truth verification examination was predicated upon a request by **Lt. Bob Brown**, of The Richland County Sheriff's Office, Mansfield, Ohio.

**SCOPE**

The scope of this truth verification examination shall be limited to the subject's honesty as it relates to the position of Corrections Officer with the Richland County Sheriff's Office.

**PRETEST INTERVIEW**

During the pre-test interview subject was polite and stated he last used marijuana in 1977 or 1978

**REPORT**

On Sept 4, 2008 this agency extended an interview to [REDACTED] relevant to the position of corrections officer. During the pretest interview, we formulated 31 questions as part of the pre-employment testing sequence (General series). I obtained the necessary release form, conducted the interview, and hereby submit the results to you. On the first chart, deception was indicated on questions 20 and 24. [REDACTED] said he'd had a friend awhile back who was into criminal acts and once he found out, he was no longer friends with the man. On the second chart, no deception was indicated.

*No Deception Indicated*

**POST-TEST INTERVIEW**

Following the initial examination, a second examination was conducted utilizing the same test form as the initial examination, as well as the same relevant questions.



### **CONCLUSION**

Based upon my training and experience, it is my opinion that the subject did respond truthfully to the post-test interview. Subject would have no problems performing within the scope of a corrections officer. I am maintaining a copy of this report on file as well as the original signed release form.

**Dep. Stacy Dittrich**  
**RCSO Certified Voice Stress Analyst**



# **RICHLAND COUNTY SHERIFF'S OFFICE**

## **PERSONAL HISTORY QUESTIONNAIRE**

A. **APPLICANT IDENTIFICATION:** Information provided in this section is used for identification purposes only.

1. NAME:

FIRST

MIDDLE

12. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: N/A



- B. **RESIDENCES:** List all addresses where you have lived during the past ten years, beginning with present address. List date by month and year, attach extra page if necessary.

DATE FROM: \_\_\_\_\_ DATE TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- C. **WORK HISTORY:** Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of employment.

1. FROM: 06-21-08 TO: present EMPLOYER: O'Reilly Auto Parts

ADDRESS: 861 Park Avenue West Mansfield Ohio 44906

PHONE: (419) 526-9000 JOB TITLE: Assistant Manager

DUTIES: Customer Service, stocking, cash handling, inventory ordering & receiving, store appearance, planograms, ect.

SUPERVISOR: Scott Wise NAME OF CO-WORKER: Ken Zeigler

REASON FOR LEAVING: N/A



2. FROM: 05-31-02 TO: 10-05-07 EMPLOYER Advance Auto Parts  
ADDRESS: 177 Lexington Ave. Mansfield Ohio 44907  
PHONE: (419) 522-0501 JOB TITLE: Store Manager  
DUTIES: Hiring, firing, schedules, budgets, Customer Service, Store Appearance, planograms, cycle counts, ect.  
SUPERVISOR: Harry Williams NAME OF CO-WORKER: Mike Perry  
REASON FOR LEAVING: issues w/PM. released for "Job performance"

3. FROM: 08-26-99 TO: 05-30-02 EMPLOYER Auto Zone  
ADDRESS: 727 E. Main St. Ashland Ohio 44805  
PHONE: (419) 289-2327 JOB TITLE: Assistant Manager in training  
DUTIES: Customer Service, stocking, ordering driving, scheduling planograms, cycle counts, parts testing, ect.  
SUPERVISOR: Bruce Buzzard NAME OF CO-WORKER: Terry Ellis  
REASON FOR LEAVING: Better opportunity for advancement consistent he's + more money

4. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_



5. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

6. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**D. MILITARY RECORD:**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ YES ☒ NO

2. DATE OF SERVICE: FROM: N/A TO: N/A

3. BRANCH OF SERVICE: N/A

UNIT DESIGNATION: N/A

MILITARY SERVICE NUMBER: N/A

HIGHEST RANK HELD: N/A

TYPE OF DISCHARGE: N/A



4. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE, INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.? \_\_\_\_\_ YES N/A NO

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
<u>N/A</u>	_____	_____	_____	_____
<u>N/A</u>	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

N/A

E. EDUCATIONAL HISTORY:

HIGH SCHOOL	CITY/STATE	DATES ATTENDED (FROM TO)	GRADUATED (YES OR NO)
<u>Northwestern</u>	<u>West Salem, Ohio</u>	<u>95</u> <u>99</u>	<u>yes</u>
_____	_____	_____	_____

1. COLLEGE OR UNIVERSITY ATTENDED: N/A

CITY AND STATE: N/A DATES ATTENDED: N/A

UNITS COMPLETED: N/A MAJOR / MINOR: N/A

DEGREE RECEIVED: N/A DATE RECEIVED: N/A

2. COLLEGE OR UNIVERSITY ATTENDED: N/A

CITY AND STATE: N/A DATES ATTENDED: N/A

UNITS COMPLETED: N/A MAJOR / MINOR: N/A

DEGREE RECEIVED: N/A DATE RECEIVED: N/A



3. LIST OTHER SCHOOLS ATTENDED: (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

N/A

F. SPECIAL QUALIFICATIONS AND SKILLS:

1. LIST ANY SPECIAL LICENSES YOU HOLD: SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC., SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

Ohio CCW Ashland County Sheriff's office 10-15-84 - 10-15-08

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

Forklift Arbitrator OBD II scanner

3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA, YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD OR FAIR.)

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
<u>N/A</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>N/A</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

Good with Fire Arms & Automobiles



**G. CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION:**

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONED INTO COURT? \_\_\_\_\_ YES \_\_\_\_\_ ☒ NO

IF YES, COMPLETE THE FOLLOWING: (LIST JUVENILE AS WELL AS ADULT OCCURRENCES.)

CRIME CHARGED	CITY/STATE POLICE AGENCY	DATE	CASE DISPOSITION
<u>N/A</u>	_____	_____	_____
<u>N/A</u>	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

\_\_\_\_\_ YES \_\_\_\_\_ ☒ NO IF YES, GIVE DETAILS: N/A

**H. TRAFFIC RECORD:**

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_ YES \_\_\_\_\_ ☒ NO

IF YES, GIVE DATE, LOCATIONS AND REASONS: N/A

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? Progressive

3. LIST TO THE BEST OF YOUR MEMORY, ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS:

MONTH & YEAR	CHARGE	CITY & STATE	CASE DISPOSITION
<u>10-9-05</u>	<u>Failure to control &amp; Speeding</u>	<u>Richland Co. Ohio</u>	_____
<u>July 07</u>	<u>Speeding</u>	<u>Sevierville Tenn</u>	_____
<u>03</u>	<u>Speeding</u>	<u>Ashland, Ohio</u>	_____

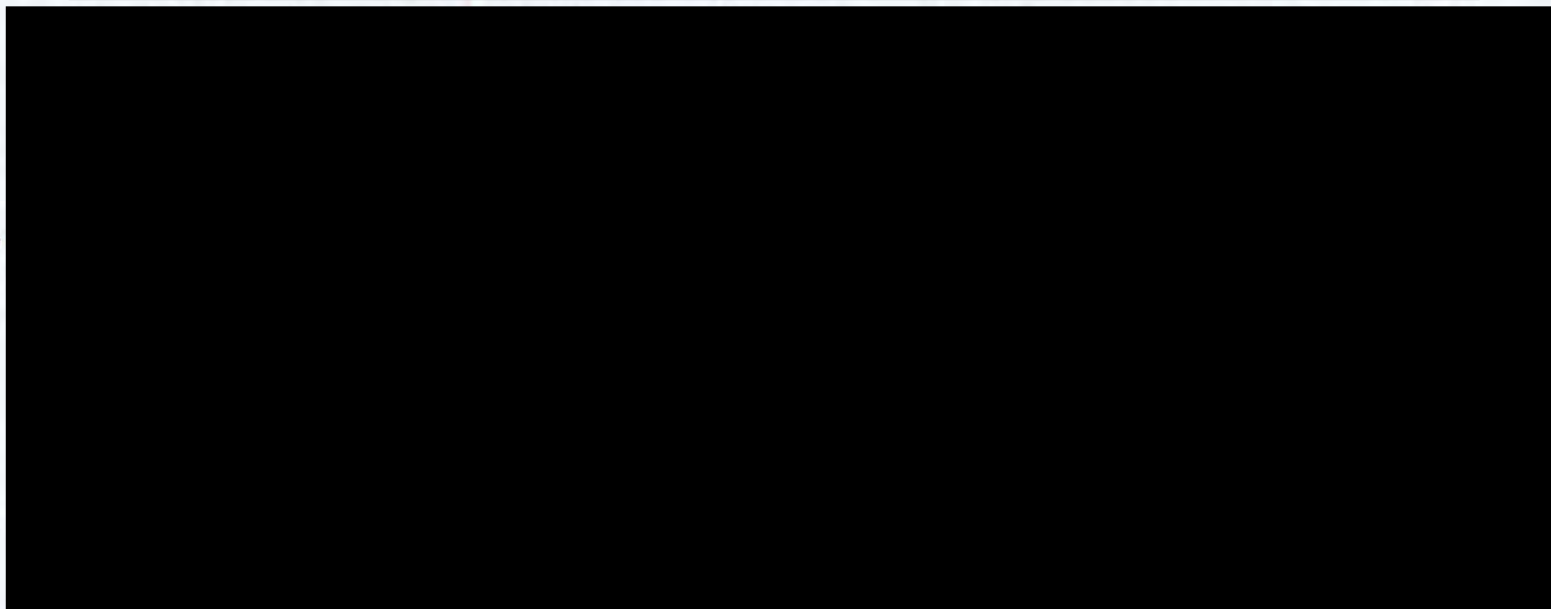
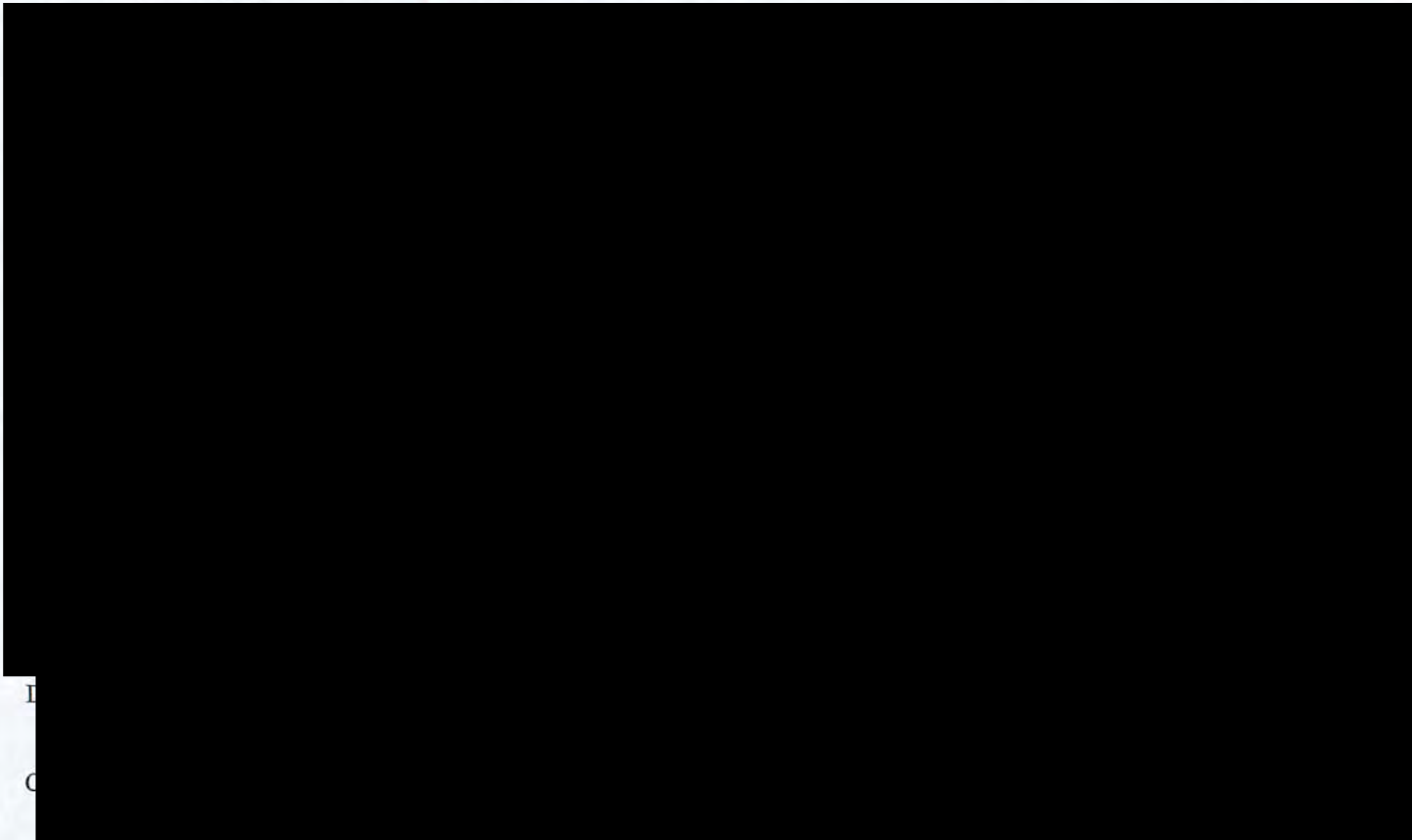


4. DESCRIBE IN A BRIEF NARRATIVE, ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

On 10-9-05 I was traveling South bound on I 71 & lost control of my 98 pontiac Trans Am  
getting on to state RT. 30, when in the Apex of exit ramp the rear of car kicked out & spun  
Vehicle into ditch, I was the only Vehicle involved.

I. MARITAL AND FAMILY HISTORY:

1. ARE YOU?



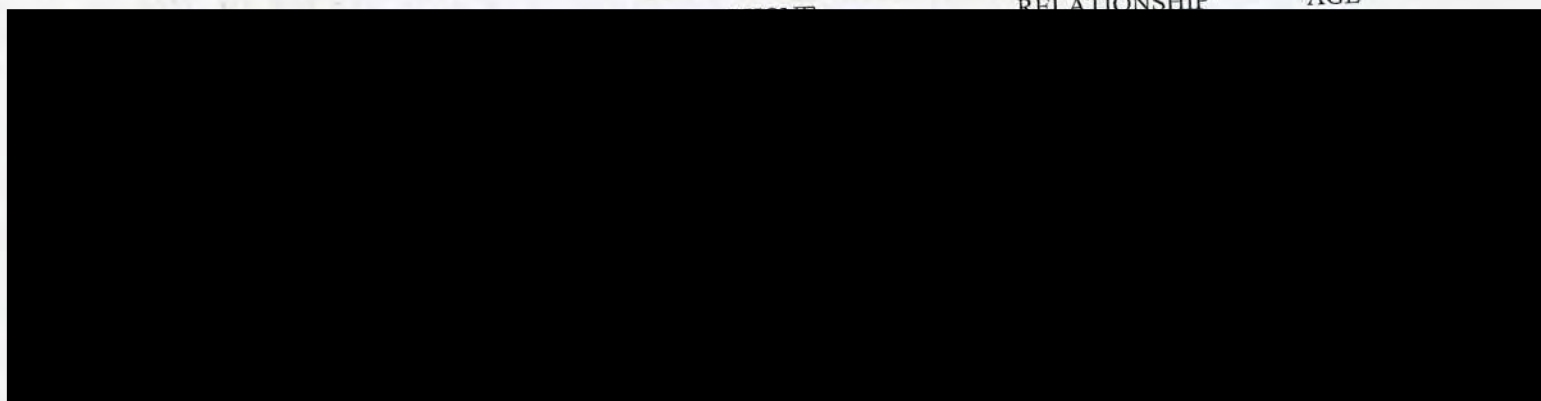


5. LIST ALL OTHER DEPENDENTS

NAME	ADDRESS	RELATIONSHIP
N/A		
N/A		
N/A		

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME) BROTHERS AND SISTERS. IF DECEASED, SO INDICATE.

RELATIONSHIP AGE



J. REFERENCES OR ACQUAINTANCES: LIST FIVE PERSONS WHO KNOW YOU. PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

1. NAME: Heather Shasky ADDRESS: 806 Valley Ct. Mansfield, Ohio, 44905

HOME PHONE: [REDACTED] YEARS KNOWN: 3 yrs

BUSINESS ADDRESS: 976 W. Fourth St. Mansfield Ohio 44906 BUSINESS PHONE: (419) 528-4480

2. NAME: Lynn Rexrode ADDRESS: 1798 Cranberry Ct. Mansfield, Ohio 44905

HOME PHONE: [REDACTED] YEARS KNOWN: 2 1/2 yr

BUSINESS ADDRESS: 690 Ashland Rd Mansfield Ohio 44905 BUSINESS PHONE: (419) 522-0471



3. NAME: Ben Hamilton ADDRESS: 455 topaz Ave, Mansfield, Ohio 44907

HOME PHONE: [REDACTED] YEARS KNOWN: 3 1/2 yrs

BUSINESS ADDRESS: 861 Park Ave. West Mansfield, Ohio 44906 BUSINESS PHONE: (419) 526-9000

4. NAME: Rene Clark ADDRESS: 64 Hoffman Ave, Mansfield, Ohio 44906

HOME PHONE: [REDACTED] YEARS KNOWN: 9 yrs

BUSINESS ADDRESS: 861 Park Ave. West Mansfield, Ohio 44906 BUSINESS PHONE: (419) 526-9000

5. NAME: Terry Ellis ADDRESS: 477 Agate Ave, Mansfield, Ohio 44907

HOME PHONE: [REDACTED] YEARS KNOWN: 9 yrs

BUSINESS ADDRESS: 427 Beall Ave. Wooster, Ohio 44691 BUSINESS PHONE: (330) 267-3420

K. FINANCIAL HISTORY: (SOURCES OF INCOME)

1. WHAT IS YOUR PRESENT SALARY OR WAGES? 10.50 per hr

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?

YES        NO ✓ IF YES, HOW MUCH       

HOW OFTEN: N/A

THE SOURCE: N/A

3. DO YOU OWN ANY REAL ESTATE? YES        NO ✓ VALUE N/A

LOCATION: N/A

4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER? YES        NO ✓ VALUE N/A

5. DO YOU OWN CORPORATE STOCK? YES        NO ✓ VALUE N/A







L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT.)

NAME & ADDRESS

TYPE (SOCIAL, FRATERNAL,  
PROFESSIONAL, ETC.)

DATES BELONGING

Harley Owners Group

Social

04-present

Automotive Service Excellence

Professional

03-08

M. PERSONAL DECLARATIONS:

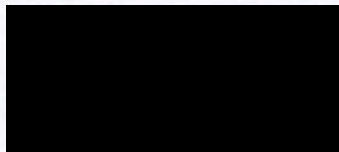
1. DESCRIBE IN YOUR OWN WORDS, THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS? about 2 drinks every 4 months
2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? YES \_\_\_\_\_ NO ☒  
IF YES, WHAT WERE THE CIRCUMSTANCES? N/A
3. HAVE YOU SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? YES \_\_\_\_\_ NO ☒  
IF YES, EXPLAIN IN DETAIL. N/A
4. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A LAW ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? YES \_\_\_\_\_ NO ☒  
IF YES, EXPLAIN IN DETAIL. N/A
5. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER? YES \_\_\_\_\_ NO ☒  
IF YES, EXPLAIN IN DETAIL. N/A



6. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN, WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? YES \_\_\_\_\_ NO ✓

IF YES, EXPLAIN IN DETAIL. N/A

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.



08-08-08

Date



ON 08/12/08 I MADE CONTACT WITH [REDACTED] AT HIS RESIDENCE IN REFERENCE TO A HOME VISIT FOR A BACKGROUND CHECK. THE RESIDENCE WAS NEAT AND ORDERLY AND MR. [REDACTED] WAS WELL DRESSED. UPON SPEAKING TO MR. LONG ABOUT EMPLOYMENT HE WAS WELL SPOKEN AND SHOWED AN EAGERNESS FOR THE JOB. MR. [REDACTED] ADVISED THAT HE IS LOOKING FOR STABLE EMPLOYMENT WITH OPPORTUNITY FOR ADVANCEMENT.

[REDACTED]

PREFER TO GIVE HIS PRESENT EMPLOYER TWO WEEKS NOTICE.

I CHECKED WITH MR. LONG'S PERSONAL REFERENCES AND ALL HAD NOTHING BUT GOOD THINGS TO SAY ABOUT HIM. A COUPLE HAVE WORKED WITH MR. [REDACTED] AND ADVISED THAT THEY WOULD NOT HESITATE TO HIRE HIM IN A SECOND.

MR. [REDACTED] APPEARS TO HAVE HIS LIFE IN GOOD ORDER AND WOULD BE A GOOD CANDIDATE FOR THE POSITION OF CORRECTIONS OFFICER.

DEPUTY BRIAN GUNDER #752



83

No RSO record

RICHLAND COUNTY SHERIFF'S OFFICE  
597 PARK AVENUE EAST  
MANSFIELD, OHIO 44905

PHONE: (419) 774-5881

FAX: (419) 522-8153

APPLICATION FOR EMPLOYMENT

Print Clearly and Answer All Questions.

Date of Application: 08-23-07

CORRECTIONS

Position Applied For: \_\_\_\_\_ Department: N/A

Name: \_\_\_\_\_  
First Middle

If hired, when would you be available to begin?: two weeks after notification

Have you filed an application with Richland County before: No Date: N/A

Have you worked for Richland County before? No If yes, when? N/A

In which department? N/A

Do you have any relatives currently employed by Richland County? No

If yes, in what department? N/A

Are you 18 or over? Yes ✓ No \_\_\_\_\_

Do you have the legal right to live and work in the US? Yes ✓ No \_\_\_\_\_

Do you meet the minimum qualifications for the classification for which you are applying? Yes ✓ No \_\_\_\_\_



Have you ever been convicted of a felony? Yes \_\_\_\_\_ No ✓

If yes, please explain: N/A

Do you possess a valid Driver's License? Yes ✓ No \_\_\_\_\_

If yes, what is the license number? [REDACTED] Issued in what state? Ohio

MILITARY SERVICE INFORMATION:

Branch of Service: N/A

Highest Rank Achieved: N/A Job Title: N/A

Duties: N/A

Total Length of Service Time: N/A

Reserve or National Guard Status: N/A

EDUCATION:

EDUCATION:	High School	College	Graduate / Professional
School Name	<u>Northwestern</u>	<u>N/A</u>	<u>N/A</u>
School Address	<u>7473 N. Elyria Rd</u>	<u>N/A</u>	<u>N/A</u>
Diploma/Degree	<u>West Salem OH 44287</u>	<u>N/A</u>	<u>N/A</u>
Describe Course of Study	<u>yes</u>	<u>N/A</u>	<u>N/A</u>
Grade Point	<u>general + Agshop</u>	<u>N/A</u>	<u>N/A</u>
Specialized Training:	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>



### EMPLOYMENT HISTORY:

Account for ALL times in the past TEN years, including periods of unemployment. Indicate name used if other than signature on this application. Begin with PRESENT position or occupation. In addition, list any other qualifying experience in the last ten years. If you need more room, use a separate piece of paper. A resume is welcome in addition to this application, however, it may not be substituted for any part of this application.

☐ Company Name / Address: Advance Auto Parts 177 Lexington Ave. Mansfield oh, 44907

Phone #: 419-522-0501 Fax #: 419 522-0763 Ending Salary: \$644.00/week

Your Title: Store Manager Dates worked: From: 5-31-02 to present

Your Duties: Responsible for myself + everyone elses Actions-Making budgets schedules, inventory, Sales parts lookup, diagnostics, customer service + problem customers.

Reason for Leaving: still there

☐ Company Name / Address: Auto Zone 727 E Main St Ashland oh 44805

Phone #: 419 289-2327 Fax #: N/A Ending Salary: \$8.50/hr

Your Title: Assistant Manager in training Dates worked: From: 8-26-99 to 5-30-02

Your Duties: Inventory, customer service, scheduling, sales, floors, managed red shirts

Reason for Leaving: More money + opportunity for advancement

☐ Company Name / Address: Blue Beacon Truckwash

Phone #: N/A Fax #: N/A Ending Salary: \$75.00/truck

Your Title: Semi Attendant Dates worked: From: 6-3-99 to 6-5-99

Your Duties: cleaning + detailing Semi's

Reason for Leaving: Company Shut down

☐ Company Name / Address: N/A

Phone #: N/A Fax #: N/A Ending Salary: N/A

Your Title: N/A Dates worked: From: N/A to N/A

Your Duties: N/A

Reason for Leaving: N/A

\*\*Place a check next to any employer whom you do not wish to be contacted.\*\*



SKILLS:

Typing: yes WPM: N/A Shorthand: N/A WPM: N/A

Computers: Word Excell

\* CURRENT SPECIAL LICENSES:

Type: CCW State: Ohio Number: 3-ASH-000469

Type: N/A State: N/A Number: N/A

List other special equipment or machinery operated in previous jobs: Forklift

motorized pallet Jack

RELEASE AND AUTHORIZATION

**\*\*PLEASE READ CAREFULLY\*\***

I certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from Richland County.

By signing this waiver, I expressly authorize Richland County, Ohio to make a thorough investigation of my past employment and activities which may include, but not be limited to, a motor vehicle record check, police record check, etc. I also authorize Richland County to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Richland County, Ohio with this information upon their request. I recognize the right of Richland County, Ohio to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Signature of applicant: \_\_\_\_\_

Date: 8-23-07

**\*\*Incomplete or missing information may prevent this application from being processed.\*\***



APPLICANT SCHEDULE C

Full Name: \_\_\_\_\_

I understand that as a condition of driving \_\_\_\_\_ personal vehicle on county business, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3) year period.

QUESTIONNAIRE:

During the previous thirty-six month period, have you been involved in any of the following:

1. Have automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?

NO

2. Been involved in any accidents either at fault or not at fault?

yes on 10-9-05 I wrecked my 98 Pontiac Trans Am on St RT 30 from interstate 71, hit bumper wet road.

3. Been arrested for any traffic related incidents?

No

4. Had any traffic violations other than overtime parking?

yes on 10-9-05 speeding + failure to control

Please provide all details including date and location for any question answered yes.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four hours or the next working day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

08-23-07  
Date



# Sample Form (Blank Form Attached)

## **BACKGROUND INVESTIGATION GENERAL DICTATION FORMAT**

NAME/ADDRESS:	
DATE & PLACE OF BIRTH:	
EDUCATION:	
OCCUPATION & EMPLOYMENT:	PRESENT OCCUPATION & TYPE OF WORK, EMPLOYER'S NAME, DATES OF EMPLOYMENT
PREVIOUS EMPLOYMENT:	ALL PREVIOUS EMPLOYMENT, DATES & COMPANY NAMES
ACCEPTANCE OF RESPONSIBILITY:	          GENERAL ATTITUDE TOWARD WORK.
INTERPERSONAL RELATIONS:	          HOW DOES APPLICANT GET ALONG WITH PEOPLE, EMPLOYER, AND OTHER EMPLOYEES?
ASSOCIATES:	          DESCRIBE TYPE OF PEOPLE APPLICANT ASSOCIATES WITH
ASSOCIATIONS:	          LIST PAST & PRESENT MEMBERSHIPS IN CHURCH, LODGES, CIVIC ORGANIZATIONS



[REDACTED]

HABITS & PERSONAL ATTRIBUTES:	DOCUMENT ANY RECORD IN POLICE FILES REGARDLESS OF HOW MINOR.
----------------------------------	---

RECORD:

DOCUMENT ANY RECORD IN POLICE FILES  
REGARDLESS OF HOW MINOR.

[REDACTED]

HABITS & PERSONAL ATTRIBUTES:	DOCUMENT HABITS, HOBBIES, TYPE OF AMUSEMENTS ENJOYED
REPUTATION & CHARACTER:	APPLICANT'S REPUTATION, CHARACTER, HONESTY, INTEGRITY, RELIABILITY
ABILITY & ACCOMPLISHMENTS:	

DOCUMENT HABITS, HOBBIES, TYPE OF  
AMUSEMENTS ENJOYED

REPUTATION &  
CHARACTER:

APPLICANT'S REPUTATION, CHARACTER, HONESTY,  
INTEGRITY, RELIABILITY

ABILITY &  
ACCOMPLISHMENTS:



	RECORD SPECIFIC SKILLS, ABILITIES, AND QUALIFICATIONS FOR A PARTICULAR TYPE OF WORK
FALSIFICATION OF APPLICATION OR OTHER RECORD:	RECORD ANY FALSIFICATION OF THE APPLICATION WHICH APPEARS TO BE DELIBERATE.
REMARKS:	RECORD ANY INFORMATION NOT COVERED IN PREVIOUS SECTIONS
INTERVIEWS:	RECORD INTERVIEW INFORMATION FROM NEIGHBORS, FRIENDS, PREVIOUS EMPLOYER



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Appendix I

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Assessors Name: Sgt. GULLS

Candidates Name: [REDACTED]

Questions

Poor

Average

Excellent

Total

1. Describe in your own words what specific duties are involved in a corrections officer?

*Listening to your supervisor  
INMATE SAFETY*

1 2 (3) 4 5 6 7

2. What do you think the negatives of this type of work will be?

*maybe stress. forced CT.*

1 2 3 4 (5) 6 7

3. What are some important things you yourself expect to get out of this job?

*more like a career  
not a job. Benefits  
Baby on way.*

1 2 3 4 (5) 6 7

4. Why do you think you would like this type of work?

*like the idea of helping  
each other out.*

1 2 3 (4) 5 6 7



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Appendix I

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	<u>Questions</u>	<u>Poor</u>	<u>Average</u>	<u>Excellent</u>	<u>Total</u>
5.	What would you say your strengths and weaknesses are for this job? <i>Something different + keep you guard up ? neg</i>	1	2	3	(4) 5 6 7
6.	Describe what you liked and disliked about your supervisor in your current or last job? <i>not fair. Did not respect his Boss. Made up stories about the store</i>	1	2	3	(4) 5 6 7
7.	From you're past experience, what are some specific job duties you would prefer to avoid in future jobs? <i>Nothing.</i>	1	2	3	(4) 5 6 7
8.	What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language? <i>use to the language.</i>	1	2	3	(4) 5 6 7
9.	What will your current or last employer say when we call for a reference check? <i>They would say nothing BAD. he treats his employees Good</i>	1	2	(3)	4 5 6 7



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Appendix I

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10. Do you have any questions about the Physical demands or equipment usage for this position?

Comments:

*Nothing he would have issues with*

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?

Comments:

*NO*

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?

Comments:

*NO*

TOTAL OF ALL COLUMNS:	<i>36</i>
AVERAGE SCORE To derive the average score add all columns and divide by the number of questions asked.	<i>4</i>

Any Additional Comments:



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Appendix I

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Assessors Name: SGT. C. BLUNK

Candidates Name: [REDACTED]

	<u>Questions</u>	<u>Poor</u> <u>Average</u> <u>Excellent</u>							<u>Total</u>
		1	2	3	4	5	6	7	
1.	Describe in your own words what specific duties are involved in a corrections officer? <i>Attention to detail</i> <i>Listening</i> <i>Reporting</i> <i>Employer, Prisoner Safety.</i>				④				4
2.	What do you think the negatives of this type of work will be? <i>Stress</i> <i>forced O.T.</i> <i>Physical Danger</i>					⑤			5
3.	What are some important things you yourself expect to get out of this job? <i>I want something more than</i> <i>a job - I want a career</i>					⑤			5
4.	Why do you think you would like this type of work? <i>Long Pause...</i> <i>helping out</i> <i>comrodery?</i>			③					3



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Appendix I

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Questions	Poor	Average	Excellent	Total				
5. What would you say your strengths and weaknesses are for this job? <i>I have watched S about L.E. don't let your guard down</i> <i>T.V. W I can't think of any.</i>	1	2	3	4	5	6	7	3
6. Describe what you liked and disliked about your supervisor in your current or last job? <u>Liked</u> <i>not much had no respect for him</i> <u>Disliked</u> <i>unfair Discipline b/c his 'buddy' got a job</i> <i>much to say bad about last supervisor</i> <i>apparently had a very bad supervisor</i>	1	2	3	4	5	6	7	3
7. From your past experience, what are some specific job duties you would prefer to avoid in future jobs? <i>not anything he would avoid.</i>	1	2	3	4	5	6	7	6
8. What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language? <i>pretty used to it working @ Lex Ave. Auto Store</i> <i>Nothing Personal</i>	1	2	3	4	5	6	7	4
9. What will your current or last employer say when we call for a reference check? <i>I treat my people good</i>	1	2	3	4	5	6	7	4



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

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Appendix I

10. Do you have any questions about the Physical demands or equipment usage for this position?

Comments:

*no questions*

*familiar w/ word / excel*

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?

Comments:

*No*

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?

Comments:

*No*

TOTAL OF ALL COLUMNS:	<i>37</i>
AVERAGE SCORE	<i>4.01</i>
To derive the average score add all columns and divide by the number of questions asked.	

Any Additional Comments:



Appendix I

**MINIMUM QUALIFICATIONS FOR  
PHYSICAL DEMANDS AND EQUIPMENT USAGE**

**PHYSICAL DEMANDS**

- Able to apply handcuffs
- Balancing
- Carrying
- Crouching and Squatting
- Hearing
- Kneeling
- Lifting (1 to 50 pounds)
- Reaching above shoulder level
- Reaching at or below shoulder level
- Running (100 yards or more)
- Sense of smell
- Simple grasping
- Sitting
- Speaking (talk)
- Standing
- Stooping and bending
- Twisting and turning
- Walking

**EQUIPMENT USAGE**

- Ankle restraints
- Belly chains
- Cell door
- Chains
- Closed circuit TV
- Computer
- Container and bags for property
- Electronic door and cell control
- Food cart
- Fingerprint cards
- Handcuffs and keys
- Inter-com system
- Keys (Jail Facility)
- Letex rubber gloves
- Leg restraints
- Master monitor panel
- Mechanical door and cell control
- Mug shot camera
- NCIC computer terminal
- Photographic equipment
- Radio (Control Console)
- Radio (portable)
- Sally port gate
- Surveillance camera
- Waist restraints





# Internet Security Request Form

Department: (please check one)

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Auditor            | <input type="checkbox"/> Codes & Permits | <input type="checkbox"/> Law Library | <input type="checkbox"/> Regional Planning  |
| <input type="checkbox"/> Auto Title         | <input type="checkbox"/> Commissioners   | <input type="checkbox"/> Maintenance | <input checked="" type="checkbox"/> Sheriff |
| <input type="checkbox"/> Board of Elections | <input type="checkbox"/> Coroner         | <input type="checkbox"/> Prosecutor  | <input type="checkbox"/> Tax Map            |
| <input type="checkbox"/> Central Services   | <input type="checkbox"/> EMA/911         | <input type="checkbox"/> Recorder    | <input type="checkbox"/> Treasurer          |

User: \_\_\_\_\_

What type of access? (Check one)

- ☐ **Filtered** Blocking anything to do with Destructive behavior: Criminal Activity, Hacking, Illegal Drugs, Intolerance & Hate, Phishing & Fraud, Tasteless & Offensive, Terrorism, Violence, Weapons, Spam.. Sexual content: Adult, Intimate Apparel & Swimsuit, Porn.. Gaming: Gambling, Game Playing.. Commerce: Advertisements & Pop-Ups, Auctions, Job Search & Career Development.. Communication & Technology: Chat, Downloads, Hosting Sites, Proxies, Peer-to-Peer, Social Networking, Spyware.. Leisure: Alcohol & Tobacco, Comics, Humor, & Jokes, Personals & Dating.. Knowledge: Sex Education.. Other: Uncategorized
- ☐ **Unfiltered** No sites blocked
- ☐ **Restricted** Specified sites only

**Approved List for All Users**

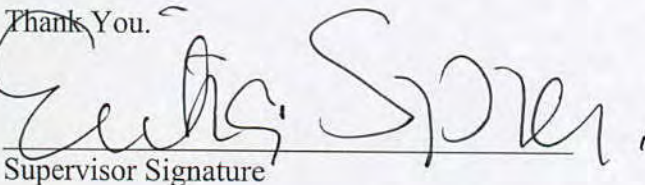
americasveba.com  
anthem.com  
caremark.com  
codes.ohio.gov  
friendsoffice.com  
landaccess.com  
mansfieldnewsjournal.com  
rcengineer.com  
richlandcountyauditor.org  
richlandcountyoh.us  
wmfd.com

If a restricted list is needed please provide the allowed web sites including any embedded pages needed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Please approve this form.

Thank You.

  
Supervisor Signature

Date

1-15-16





## Application Security Request Form

Date: 1-15-16

RE: Add additional security clearance

To: Information Systems, County IT

For Employee: [REDACTED]

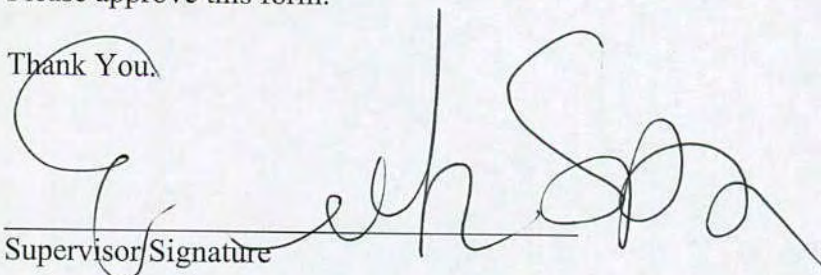
Requested Application Name(s): (Jail employee)  
(example: IAS/ FinX / PayX)

Please list the additional screen names that  
wishes to have added:

[REDACTED]  
(Employee Name)

Please approve this form.

Thank You.

  
Supervisor Signature



Employee Notification  
Form

On Date:

1-15-16

Date of Employment/Termination/etc.

RE:



Department:

Jail - Sheriff

Employee Department Location

To: Richland County IT

Please note that the above listed employee is considered:

- ☒ New Employee  
☐ Retired Employee  
☐ Resigned Employee  
☐ Terminated Employee

Please change your records accordingly to show this change for security purposes via any and all applications.

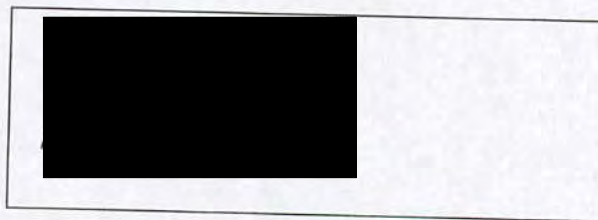
Thank You.

A handwritten signature in cursive script that reads "Erika Spicer".

Supervisor Signature

1-15-16

Date



Employee Signature - Stay within the lines



# CERTIFICATE OF APPOINTMENT

OF

As

CORRECTIONS OFFICER

Office

Sheriff

RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed

a suitable and competent person as

CORRECTIONS OFFICER

Therein, beginning on the 15TH day of January 2016 and continuing until otherwise ordered.

Said

as compensation the sum of \$20.55 dollars per hour payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

Witness my signature and seal of office, this

15TH

day of

Jan-16

*J. Steve Sheldon*  
RICHLAND COUNTY  
J. STEVE SHELDON SHERIFF

## OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

being duly sworn, says that he/she will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the Sheriff of said County.

Sheriff

Sworn to before me and signed in my presence, this day of January 2016

*J. Steve Sheldon*  
J. STEVE SHELDON SHERIFF  
Richland County

Future Changes



OATH OF OFFICE

I, [REDACTED], do solemnly swear or affirm that I will uphold the constitution of the United States of America, that I will uphold and abide by the laws of the State of Ohio, and that I will faithfully discharge the duties of my appointed office to the best of my abilities. So help me God.

Signature : [REDACTED]

Appointing Authority: [REDACTED]

Witness: X

Cpt. A. C. Blum #7-39

Date: 1/15/16





## Employee Maintenance

ADD

(circle one)

CHANGE

DELETE

Name

Employee#

Salary/pay

Rate/hour

20.5500

Alt Rate/hour SHIFT .80

Longevity Payment

Annual Hours

Shift

Full/Part

STRS

PERS OPERS (REG)

Direct Dep. Route #

Direct Dep. Account #

Race WHITE

Title CORRECTION OFFICER

Class #

Department Number 349

Account #

2550000

Munis Org

Object#

510200

Business Phone Number

Start Date 01-15-2016

Rehire Date

Termination Date

Reason for Termination

### TAXES

Code

Dep

TY

Add On

Federal

State

City

Status

Annual Salary

PER AGREEMENT

SEE ATTACHMENT

Comments

Signature

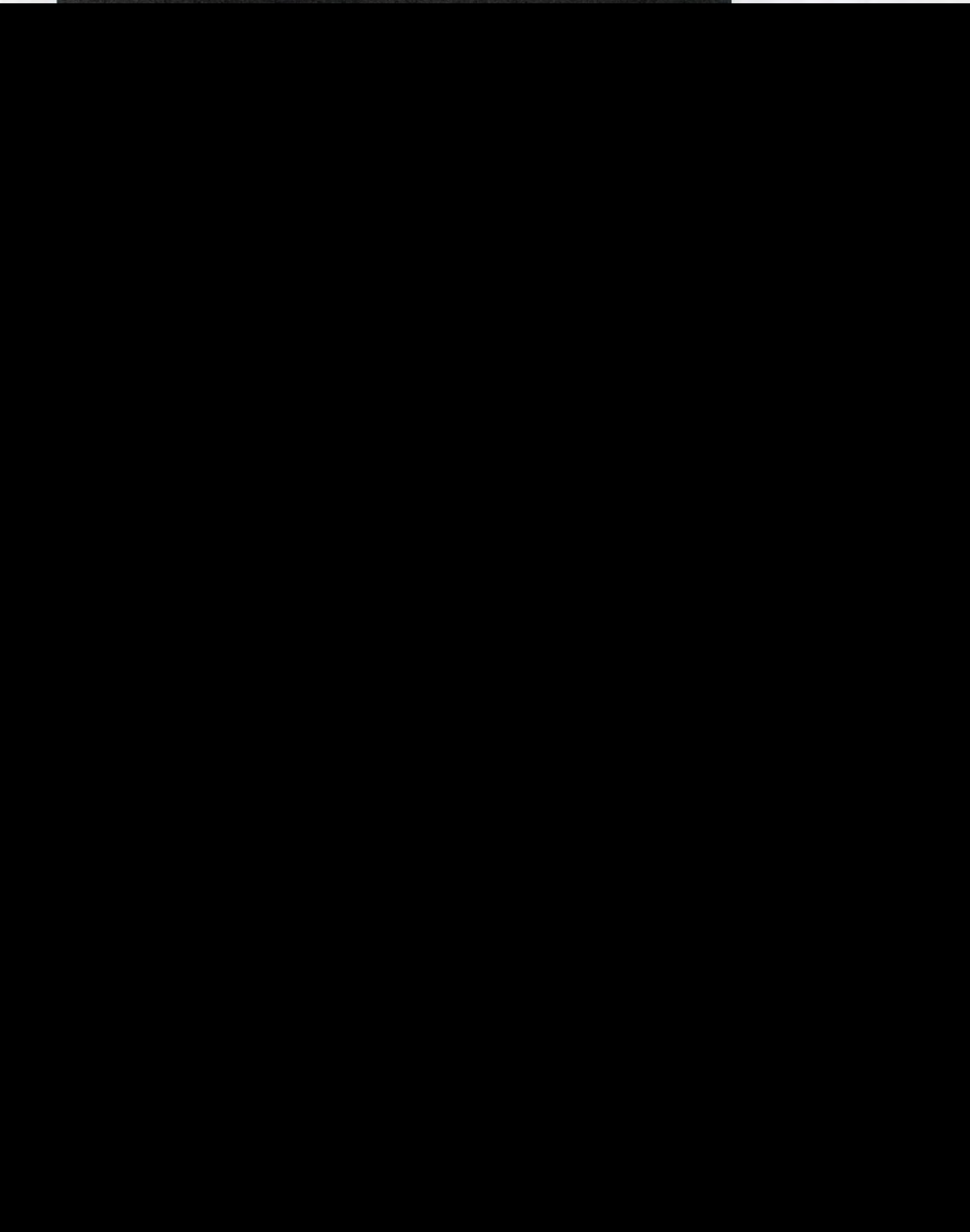
Date

1-15-16



















## DEPENDENT DESIGNATION

(Complete all details for Individuals applying for coverage: list names of all dependents.)

Last name, First name, M.I.	SSN (XXX-XX-XXXX)	Sex	Date of Birth (XX-XX-XXXX)	Age	Relationship (Spouse/ Domestic Partner/Child)
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

List address of all dependents if different from the applicant, including temporary address, e.g. college student.

Name/Address: \_\_\_\_\_ / \_\_\_\_\_

Name/Address: \_\_\_\_\_ / \_\_\_\_\_

## ELIGIBILITY AND AUTHORIZATION

### Employee Confirmation

My signature certifies that I (1) Apply for the coverages designated for which I am eligible under my employer's plan with the carrier. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health to the carrier. (3) Authorize any required deductions from my earnings. (4) Designate the beneficiary named on this application to receive any benefits payable in the event of death. (5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Signature \_\_\_\_\_

Date: 01.15.2016

*Premium calculations above may differ slightly based on rounding rules and other system factors, but will not vary significantly. Every effort has been made to match your premiums to the penny.*

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Anthem Blue Cross and Blue Shield is the trade name of: Community Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.



## OFFICIAL USE ONLY

DEDUCTIBLE

Medical Premium Amount Bi-Weekly \_\_\_\_\_

High \_\_\_\_\_

Dental Premium Amount Bi-Weekly \_\_\_\_\_

Low \_\_\_\_\_

RICHLAND COUNTY  
Enrollment/Change FormDepartment Name: **349**Employee Number: **[REDACTED]**CHECK ONE: ☐ OPEN ENROLLMENT ☒ NEW HIRE ☐ CHANGE

Date of Change:

Date of Hire:

Effective Date:

**01-15-2016****01-15-2016**OTHER  
CHANGES

CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE

☐ ADD/CANCEL DEPENDENT(S):☐ Marriage\* ☐ Birth ☐ Adoption ☐ Court Order ☐ Divorce \*if marriage, state previous name☐ CHANGE NAME/ADDRESS, state previous☐ Death ☐ Age Limit ☐ Change in student status ☐ Other (explain)

NAME OF EMPLOYEE:

First:

Middle:

Last:

Social Security #:

[REDACTED]



---

**"NEW EMPLOYEE" PROCESSING  
PERSONAL DATA**

The following information is required in order to correctly process new employees:

1. NAME: 



DATE: 01-15-2016 SIGNATURE: 









# Instructions for Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.



All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.



## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
  4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
  5. Sign and date the attestation on the date Section 2 is completed.
  6. Record the employer's business name and address.
  7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.



## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.



Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.



You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Names Used (if any)
[REDACTED]	[REDACTED]	[REDACTED]	
Address (Street Number and Name)			
[REDACTED]			
City or Town			
[REDACTED]			
State			
[REDACTED]			
Zip Code			
[REDACTED]			

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode  
Do Not Write in This Space

Signature of Employee: [REDACTED]	Date (mm/dd/yyyy): 01-12-1981
-----------------------------------	-------------------------------

Preparer and/or Translator (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page





## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A  
Identity and Employment Authorization

OR

List B  
Identity

AND

List C  
Employment Authorization

Document Title:

Document Title:

Issuing Authority:

Issuing Authority:

Document Number:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

Expiration Date (if any)(mm/dd/yyyy):

Issuing Authority:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

Document Title:

Issuing Authority:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

3-D Barcode  
Do Not Write in This Space

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative

Date (mm/dd/yyyy)

Title of Employer or Authorized Representative

Last Name (Family Name)

First Name (Given Name)

Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)

City or Town

State

Zip Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

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

Signature of Employer or Authorized Representative:

Date (mm/dd/yyyy):

Print Name of Employer or Authorized Representative:



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

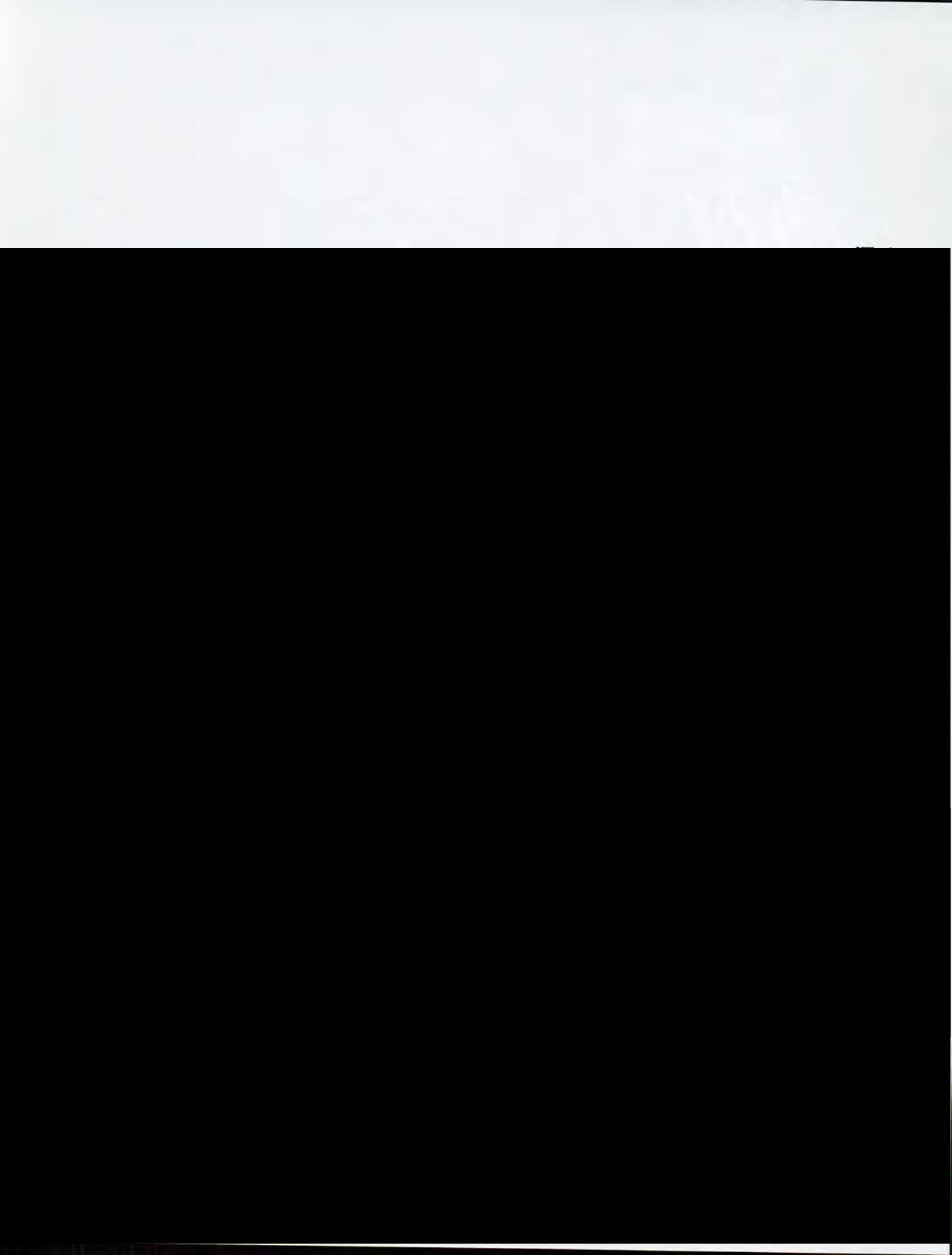
Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.







# Start building a brighter future today!

## The time is right — now

It's never too soon (or too late) to begin investing. And time is your new best friend. No matter what your age, you should be financially preparing for retirement. The more time money has to grow, the more you could potentially have later. That's why it's important to start now.

## The power of time

We've provided the hypothetical illustration here to show you how much different deferral amounts per biweekly paycheck could accumulate over 30 years, given an 8% annual effective rate of return. The black sections show how much is actually deferred in, and the red shows how much your account could be worth after 30 years.

## The tax-deferred advantage

Ohio Deferred Compensation is tax-deferred, which means the money that goes into your account comes out of your paycheck **before** it is subject to state and federal income taxes. By putting the power of tax-deferral to work for you, **more goes into your account than comes out of your paycheck.** Plus, the assets in your account, including any earnings, will have the opportunity to grow tax-deferred until you decide to withdraw them — usually in retirement. *Withdrawals will be taxed as ordinary income.*



*This illustration is a hypothetical compounding example that assumes biweekly deferrals (for 30 years) at an 8% annual effective rate of return. It illustrates the principle of time and compounding. It is not intended to predict or project the investment results of any specific investment. Investment returns are not guaranteed and will vary depending on investments and market experience. If fees, taxes, and expenses were reflected, the hypothetical returns would be less.*

**Remember, there are no guarantees. Investing involves risk, including possible loss of principal.**

Upon enrollment, you will be mailed a welcome kit that will include a copy of the Cancellation Form, Beneficiary Form, Memorandum of Understanding, and Plan Document with more detailed information on the provisions outlined below:

- My account balance will be held by Ohio Deferred Compensation in trust on behalf of my employer for the exclusive benefit of me or my beneficiaries.
- I may cancel my participation, before my forms are processed, by calling 1-877-644-6457 within seven days from the date that I signed this election form.
- Based on market fluctuations, the rate of return on my account could be either positive or negative. This could result in my account balance being worth less than my contributions.
- Investments may have underlying expenses or management fees that will reduce the investment results. Information on these expenses can be found in the investment profiles or the respective prospectus(es).
- Fund prospectuses can be obtained by calling 1-877-644-6457. Before investing, carefully consider the fund's investment objectives, risks, charges, and expenses. The fund prospectus contains this and other important information. Read the prospectuses carefully before investing.

The Internal Revenue Service imposes rules that limit the times I can make changes or receive withdrawals from the Program.

- At any time, I may change the amount I defer or the allocation of future investment options.
- I may withdraw funds from the Program only upon:
  1. Severance from employment (including termination or death)
  2. An Unforeseeable Emergency (as defined by Section 457 of the IRC)
  3. Small Balance Distribution (see Plan Document for eligibility)
- Withdrawals may begin after my severance from employment and the Program's receipt of my employer's verification of severance, final deferral, and Withdrawal Election form.
- Distributions must satisfy certain minimum requirements upon attaining age 70½.
- The funds in my account may be eligible for rollover to a traditional IRA or to an eligible retirement plan upon severance from employment.
- I realize my participation is for long-term retirement savings and I should maintain separate, available emergency funds to cover day-to-day, unanticipated, financial shortages.
- An Unforeseeable Emergency is defined by the IRS as a severe financial hardship. Please see the Program Plan Document for specific details. The purchase of a home, credit card debt, and the need to send your children to college are not qualifying events.









# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



## Personal History Record

### INSTRUCTIONS

1. As a public employee you are required to complete and file this Form within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in **blue or black ink**.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
5. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
6. The employer is required to mail the **completed** form to OPERS at the above address immediately upon hire.

### Section 1 - Personal Information

Social Security Number

Last Name

First Name

MI

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date Of Birth

Gender

Male

Female

Are you legally married?

Yes

No

Maiden Name

Work Phone Number

Home Phone Number

E-mail Address

### Section 2 - Current Employment Information

Job Title

If this is an elected position or if you have been appointed to an elected position, provide date present elective service began.



### Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? ☒ Yes ☐ No If "yes," give first date of public service: 09222008
- If "yes," list employer(s)
- Richland County Sheriff's Office
2. Do you have previous public service for which OPERS contributions were not submitted? Yes ☐ No ☒ If "Yes" and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.
3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from any of the following retirement systems? (If applicable, check *Refunded*, *Receiving a Disability Benefit* or *Receiving a Retirement Benefit*.)

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Teachers Retirement Systems (STRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System (SERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Today's Date

01-15-2016

Employee Signature (Do not print or type.)

### Section 5 - Employer Certification

Employer Code  -

Start Date

Is this an elected position? Yes ☐ No ☐ If "yes," provide Employer Code for elected position  -

Elected Position Title

Is this a law enforcement position? Yes ☐ No ☐ Full-Time ☐ Part-Time ☐

I hereby certify that \_\_\_\_\_ began earning salary from which OPERS

Employee Name

retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

Signature of Certifying Officer

Print Certifying Officer's Name



### Acknowledgement of receipt of Auditor of State fraud reporting-system information

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

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

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

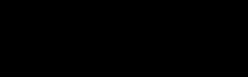

I \_\_\_\_\_, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

PRINT NAME, TITLE, AND DEPARTMENT corrections officer, Richland county sher.'s office

01-15-2016  
DATE



## Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name  Employee ID#   
Employer Name Richland county sheriffs office Employer ID# 34-6002296

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

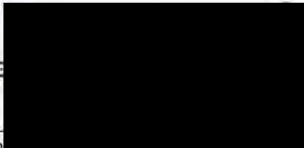
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee 

Date 01-15-2016



**Richland County**  
**Acknowledgement of Electronic Data Utilization Standards Policy**  
**and**  
**HIPAA Policy & Procedure for Security of Protected Health Information**

This form is used to acknowledge receipt of and compliance with the County's Electronic Data Utilization Standards Policy and the HIPAA Policy & Procedure for Security of Protected Health Information.

**Procedure:**

Complete the following steps:

1. Read the entire Electronic Data Utilization Standards Policy and HIPAA Policy & Procedure for Security of Protected Health Information.
2. Sign and Date this form in the spaces provided below.
3. Return this page only to the Human Resources Manager.

**Signature:**

By signing below, I agree to the following terms:

1. I have received and read a copy of the Electronic Data Utilization Standards Policy and HIPAA Policy & Procedure for Security of Protected Health Information and understand and agree to the same.
2. I understand and agree that any software and hardware devices provided to me by the County remain the property of the County.
3. I understand and agree that I am not to modify, alter, or upgrade any software programs or hardware devices provided to me by the organization without the permission of the County.
4. I understand and agree that I shall not copy, duplicate (except for backup purposes as part of my job), or allow anyone else to copy or duplicate any software in accordance with applicable copyright and other intellectual property laws.
5. I understand and agree that upon termination of my employment with the County, for any reason, I shall immediately return to the County any and all of the originals and copies of any and all software, computer materials, and/or computer equipment that I may have received from the County that is either in my possession or otherwise directly or indirectly under my care.
6. I understand and agree that I must make reasonable efforts to protect all County-provided software and hardware devices from theft and physical damage.

\_\_\_\_\_  
[Redacted Signature]

\_\_\_\_\_  
[Redacted Name]  
Employee's Printed Name


Corrections officer  
Employee Title

01-15-2016  
Date

Richland  
County / Location



NOTICE TO ALL NEW HIRES:

I  on, 01-15-2016 have been informed what is prior service time and that it is my responsibility to provide the Richland County Sheriff with this information.

SEE ATTACHMENT ORC 9.44



## **9.44 Prior public service counted in computing vacation leave.**

(A) Except as otherwise provided in this section, a person employed, other than as an elective officer, by the state or any political subdivision of the state, earning vacation credits currently, is entitled to have the employee's prior service with any of these employers counted as service with the state or any political subdivision of the state, for the purpose of computing the amount of the employee's vacation leave. The anniversary date of employment for the purpose of computing the amount of the employee's vacation leave, unless deferred pursuant to the appropriate law, ordinance, or regulation, is the anniversary date of such prior service.

(B) To determine prior service for the purpose of computing the amount of vacation leave for a person initially employed on or after July 5, 1987, by:

(1) A municipal corporation, the person shall have only prior service within that municipal corporation counted;

(2) A township, the person shall have only prior service with a township counted.

(C) An employee who has retired in accordance with the provisions of any retirement plan offered by the state and who is employed by the state or any political subdivision of the state on or after June 24, 1987, shall not have prior service with the state, any political subdivision of the state, or a regional council of government established in accordance with Chapter 167. of the Revised Code counted for the purpose of computing vacation leave.

Effective Date: 06-14-2000



### APPLICANT SCHEDULE C

Department Submitting Schedule C: Richland County Sheriff's Department

Full Name of Applicant: \_\_\_\_\_

Address \_\_\_\_\_

Ohio Driver License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

(The above information is required by the State of Ohio to run a Motor Vehicle Registration Report)

I understand that, as a condition of driving a county-owned/leased vehicle or my personal vehicle on County business, I must have a current and valid Ohio Driver License and an acceptable driving record, which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3)-year period.

#### QUESTIONNAIRE:

During the previous thirty-six month (3-year) period, have you been involved in any of the following:

1. Had automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?

No

2. Been involved in any accidents, either at-fault or not-at-fault?

No

3. Been arrested for any traffic-related incidents?

No

4. Had any traffic violations other than overtime parking?

No

Please provide all details including date and location for any question answered "yes".

I understand that, by giving incorrect information or by omitting information, I am falsifying my application; and, therefore, subject to dismissal if hired. I further agree that the County, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four (24) hours or the next working day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

01-15-2016





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

June 30, 2015

Mr. [REDACTED]  
[REDACTED]

Dear Mr. [REDACTED]:

Please be advised that as a result of the administrative investigation into disciplinary charges against you, your employment with the Richland County Sheriff's Office is terminated effective immediately.

You will need to drop off all county property/equipment to a Supervisor at the jail by Thursday, July 2<sup>nd</sup>, 2015 at 1600 hours.

Sincerely,

J. Steve Sheldon, Sheriff

Cc: file





RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
SERVICE NOTICE

Date 6 / 30 / 15

Paperwork to be served: Termination Notice for [REDACTED]

Attempts:

DATE	TIME	SERVING OFFICER SIGNATURE	OUTCOME
6/30/15	1130	<i>[Signature]</i>	UNAVAILABLE
6-30-15	1620	<i>[Signature]</i>	Served

[REDACTED]

6 / 30 / 15

Date

Witness *[Signature]*

Date 06 / 30 / 15 @ 1620

Witness \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



May 13, 2015

TO: CAPT BLUNK

FROM: ERIKA SPICER

REGARDING: OFFICER [REDACTED] (ALTERED DOCTOR SLIP)

ON APRIL 25 2015 AT 11:41PM I RECEIVED AN E-MAIL FROM LT. YOUNG THAT OFFICER [REDACTED] WAS QUESTIONING WHERE HIS SLIP WENT FOR MARCH 24, 2015.

ON APRIL 26 2015 AT 12:42AM I RESEND TO THE ORIGINAL E-MAIL THAT THIS WAS THE FIRST TIME I HAVE SEEN THE SICK SLIP AND THAT I WOULD HAVE QUESTIONED WHY DOCTOR SLIP DATES HAD BEEN ALTERED.

NOTE: OFFICER [REDACTED] CALLED OFF SELF SICK AND NOT FAMILY ON 3-24-2015 AND ALSO SIGNED SELF SICK FORM UPON HIS RETURN.

ON APRIL 27, 2015 I CONTACTED DR MELISSA BECKERS SPOKE WITH MISSY AT DOCTORS OFFICE ASKING WHY DATES HAVE BEEN ALTERED ON DOCTORS EXCUSE THAT NATHAN LONG SIGNED FOR. MISSY ASKED ME TO E-MAIL HER THE SICK SLIP THAT WAS GIVEN TO THE SHERIFF'S OFFICE. AFTER DR BECKERS OFFICE REVIEWED, CAME TO THE DECISION THAT THEY IN FACT DID NOT MAKE THOSE CHANGES AND E-MAIL MYSELF A COPY OF THE ORIGINAL EXCUSE THAT NATHAN LONG SIGNED FOR.

I HAVE PROVIDED CAPT BLUNK WITH A COPY OF ALL CORASPOENDING E-MAILS AND A COPY OF THE ORIGINAL DR EXCUSE THAT NATHAN LONG SIGNED FOR.

STATEMENT FROM:

*Erika Spicer*

DATE:

*5/13/15*

TIME:

*11:11AM*



**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
OFFICE OF UNEMPLOYMENT COMPENSATION  
DIRECTOR'S REDETERMINATION**

JFS-83100 06/23/2014

Claimant's Name [REDACTED]		[REDACTED]	
Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Application Date 07/03/2015	Date Issued 09/03/2015
RICHLAND COUNTY AUDITOR 50 PARK AVE E MANSFIELD, OH 44902		ODJFS Office	
		Redetermination Unit	
Employer's Name RICHLAND COUNTY AUDITOR		UC Account Number 0802170009	

**THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE**

**APPELLANT** A determination with ID # [REDACTED] issued on 07/23/2015, was appealed as follows:  
By: [REDACTED] on 08/13/2015

**DECISION & REASONING** **AFFIRMED** - A review of the original facts plus those submitted in the appeal does not support a change in the initial determination.

The determination with ID # [REDACTED] issued on 07/23/2015, is hereby affirmed.

In accordance with Section 4141.01(R)(2) of the Ohio Revised Code, the Ohio Department of Job and Family Services has **DISALLOWED** the claimant's application for unemployment compensation benefits dated 07/03/2015 due to a disqualifying separation from employment or other reasons described in the following text:

This portion of the determination has been affirmed.

The claimant was discharged by RICHLAND COUNTY AUDITOR on 06/29/2015. The employer discharged the claimant for violating a company rule. Evidence supports negligence or willful disregard of the rule on the part of the claimant. Evidence also allows that violating the rule was in connection with the work, did materially and substantially affect the employer's interest, and that the rule was reasonable, known and uniformly enforced. Ohio's legal standard that determines if a discharge is with just cause is whether the claimant's acts, omissions, or course of conduct were such that an ordinary person would find the discharge justifiable. After a review of the facts, this agency finds that the claimant was discharged with just cause under Section 4141.29(D)(2)(a), Ohio Revised Code. Therefore, no benefits will be paid until the claimant obtains employment subject to an unemployment compensation law, works six weeks, earns wages of \$1422, and is otherwise eligible.

**INTERESTED PARTIES** [REDACTED]

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



**APPEAL RIGHTS:** If you do not agree with this redetermination, you may file an appeal by mail to the ODJFS Director, Bureau of UC Benefits, PO Box 182863, Columbus, OH 43218-2863; by fax to 1-614-466-8392, or at the ODJFS website at <https://unemployment.ohio.gov>. The appeal should include the redetermination ID number, your name, the claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 09/24/2015** (21 calendar days after the Date Issued). If the 21st day falls on a Saturday, Sunday, or Legal Holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the redetermination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked within 21 calendar days after the ending date of the physical or mental condition. **If unemployed**, claimants should continue to file weekly claims for benefits while the redetermination is under appeal. For additional information, call the ODJFS automated telephone system at 1-877-644-6562 and select the General Information option or visit the agency's website at <https://unemployment.ohio.gov>. Claimants may also review the **Workers' Guide to Unemployment Compensation**.

If you appeal this redetermination and are employed 8:00am - 4:30pm, you may request that your hearing be scheduled during non-working hours. Include the request as part of your appeal, and list your hours of employment. Hearings scheduled after 4:30pm will be conducted by telephone.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.





**Department of  
Job and Family Services**

P.O. Box 1618  
Columbus, Ohio 43216-1618  
JFS 13142 (Rev. 2/2010)

11

**PRESORTED  
FIRST CLASS**



Shant

70 CHJ-ASEB 44902

20  
 21  
 22  
 23  
 24  
 25





**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
OFFICE OF UNEMPLOYMENT COMPENSATION  
NOTICE THAT A REQUEST FOR APPEAL HAS BEEN FILED**

JFS-83110 02/26/2015

Claimant's Name [REDACTED]	Benefit Year Ending Date 06/25/2016	Social Security Number [REDACTED]
RICHLAND COUNTY AUDITOR 50 PARK AVE E MANSFIELD, OH 44902		Date Issued 08/14/2015
		Return to:  REDETERMINATION UNIT OHIO DEPT. OF JOB AND FAMILY SERVICES PO BOX 182292 COLUMBUS, OH 43218-2292  Phone: (877) 574-0015 Fax: (614) 752-4810
Employer's Name RICHLAND COUNTY AUDITOR	UC Account Number 0802170009	

**IMPORTANT INFORMATION - DEADLINE FOR REPLY: 08/21/2015**

- A. A request for appeal of the initial determination # [REDACTED] mailed on 07/23/2015 has been filed by:

[REDACTED]

- B. Reason(s) for filing the request for appeal:

I was not terminated for job performance, or sick time abuse. I was terminated for being mistaken about a date, and turning in a doctors slip that someone else had changed. When asked about the slip I agreed that it did look poorly modified. That particular slip was used for school and work purposes as well, and was almost two months old at the point it was turned into my employer. I also worked two of the days the slip was changed on, if I had changed the slip to benefit myself, I would not have come into work on those days. Our policy states that a doctors note will only be accepted for three days after the occurrence, this was taken well after the allotted time frame had passed. When I did use a sick day for myself, I followed protocol and used one of the many sick days that I had previously earned. The discovery packet turned in by administration even showed that I had called in sick-self for the date in question. At no point did I lie, or misrepresent. This matter is going through arbitration currently under article 10.1 Just Cause. Thank you for your time and consideration. Nathan Long

- C. If you disagree with the statement(s) in paragraph B, or if you have additional information for consideration in this matter, please submit your reply in writing to the address or fax number noted above by the Deadline For Reply date.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**  
**OFFICE OF UNEMPLOYMENT COMPENSATION**  
**NOTICE THAT A REQUEST FOR APPEAL HAS BEEN FILED**

JFS-83110 02/26/2015

Claimant's Name [REDACTED]	Benefit Year Ending Date 06/25/2016	Social Security Number [REDACTED]
RICHLAND COUNTY AUDITOR 50 PARK AVE E MANSFIELD, OH 44902		Date Issued 08/14/2015
		Return to:  REDETERMINATION UNIT OHIO DEPT. OF JOB AND FAMILY SERVICES PO BOX 182292 COLUMBUS, OH 43218-2292  Phone: (877) 574-0015 Fax: (614) 752-4810
		UC Account Number 0802170009
Employer's Name RICHLAND COUNTY AUDITOR		

**IMPORTANT INFORMATION - DEADLINE FOR REPLY: 08/21/2015**

- A. A request for appeal of the initial determination [REDACTED] mailed on 07/23/2015 has been filed by:

[REDACTED]

- B. Reason(s) for filing the request for appeal:

I was not terminated for job performance, or sick time abuse. I was terminated for being mistaken about a date, and turning in a doctors slip that someone else had changed. When asked about the slip I agreed that it did look poorly modified. That particular slip was used for school and work purposes as well, and was almost two months old at the point it was turned into my employer. I also worked two of the days the slip was changed on, if I had changed the slip to benefit myself, I would not have come into work on those days. Our policy states that a doctors note will only be accepted for three days after the occurrence, this was taken well after the allotted time frame had passed. When I did use a sick day for myself, I followed protocol and used one of the many sick days that I had previously earned. The discovery packet turned in by administration even showed that I had called in sick-self for the date in question. At no point did I lie, or misrepresent. This matter is going through arbitration currently under article 10.1 Just Cause. Thank you for your time and consideration. Nathan Long

- C. If you disagree with the statement(s) in paragraph B, or if you have additional information for consideration in this matter, please submit your reply in writing to the address or fax number noted above by the Deadline For Reply date.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





## Notice of Portability Privilege



**ASSURANT** Employee  
Benefits®

All of your group Life insurance has been terminated as of the termination date indicated.

You are hereby notified that you may be entitled to port the terminated group Life insurance in accordance with the terms of the group policy's portability provision, summarized in your Certificate of Group Insurance. The maximum portability period is summarized in your Certificate of Group Insurance.

An application for portability and quote can be obtained by submitting this Notice of Portability Privilege form to the email address, fax or address shown below.

Your application must be completed and sent to Assurant Employee Benefits with the first full premium within 31 days after the termination date indicated.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\*Group policyholder \_\_\_\_\_

Group policy number \_\_\_\_\_

Termination date 6-30-15 Date of this notice \_\_\_\_\_

Original effective date \_\_\_\_\_ Life Amount terminated \$ \_\_\_\_\_

Reason for termination termination.

Date of birth \_\_\_\_\_ Totally disabled? ☐ Yes ☐ No

\* If the group policy is self-administered or Third Party Administered, an employer signature is required to verify the above employee information.

Employer Signature Rich Spier Title Payroll

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

**Assurant Employee Benefits** PO Box 219304 Kansas City Missouri 64121  
T 866.909.6065; F 816.556.7747; individualteam@assurant.com

KC4487 (12/2012)





NOTE: Coverage ends on the last day of the month of the termination





# Employee Maintenance

ADD

CHANGE

DELETE

(circle one)

Name

Employee# 8889

Salary/pay

Address

Rate/hour

City, State, Zip Code

Alt Rate/hour

Telephone

Has this person ever been employed by

Longevity Payment

Birthdate

Richland County in the past? Yes or No

Annual Hours

Social Security Number

Shift

Marital Status:

Full/Part

Sex

STRS

Race

PERS

Title

Class #

Direct Dep. Route #

Department Number

Account #

Direct Dep. Account #

Munis Org

Object#

Business Phone Number

Start Date

Rehire Date

Termination Date 06-30-2015 AT 4:30PM

Reason for Termination

TAXES

Code

Dep

TY

Add On

Federal

State

City

Status

Annual Salary

Signature *Ecille Spire*

Date

7/1/15

TERMINATED 6-30-2015 AT 4:30PM

Comments



**RECORD OF SUSPENSION OF THREE DAYS OR LESS (Form R-8A)**

Date: 2/23/2012

Department: Sheriff's Office / Jail

Employee's Name / Title: [REDACTED] / Correction Officer

**VIOLATION:**

**ORIGINAL**

Date violation occurred: January 23, 2012

Location where violation occurred: Richland County Jail

Date(s) of prior verbal warning(s): November 26, 2011

Date(s) if prior written reprimand(s): \_\_\_\_\_

Type of Violation: \_\_\_\_\_ Group: II Number: 7

**Description of Violation:**


That on January 23, 2012, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office when you violated Ohio Minimum Jail Standards 3.1.6 by leaving a door unsecured in the jail.

Date of Pre-Disciplinary Conference: February 9, 2012

Was the employee represented? Yes If so, by whom? Chuck Choate

Date(s) that suspension without pay will occur: March 8, 2012

**This suspension is issued as a corrective measure in an effort to help you improve your conduct. This suspension will be removed from your personnel file after eighteen (18) months. Any further violations could result in more severe disciplinary actions.**

  
Signature of Appointing Authority

2-23-12  
Date

**I hereby acknowledge that a copy of the above Order of Suspension has been given to me this day.**

[REDACTED]

2-23-12  
Date



Date Instruction & Cautioning was Issued: 12-14-11


Date Violation Occurred: November 26, 2011

Location Where Violation Occurred: Richland County Jail

Type of Violation	Group <u>I</u>	Number 13
-------------------	----------------	-----------

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

  
Signature of person issuing reprimand

\_\_\_\_\_  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

12-14-11  
Date

cc: Employee  
Supervisor  
Appointing Authority



Correction Officer

4-21-15

## November 15, 2014, January 22, 2015, and March 24, 2015

Number 13

cc: Employee  
Supervisor  
Appointing Authority




**RICHLAND COUNTY SHERIFF'S OFFICE  
INSTRUCTION & CAUTIONING**Employee's Name:                      Employee's Classification: Correction OfficerDate Instruction & Cautioning was Issued: 1-26-15**VIOLATION**Date Violation Occurred: December 8, 2014Location Where Violation Occurred: Richland County JailType of Violation                      Group I                      Number 17

Description of Violation: That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates in the jail as required. This is your 1<sup>st</sup> Group I # 17 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

  
\_\_\_\_\_  
Signature of person issuing reprimandLieutenant  
\_\_\_\_\_  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

  
01-26-15  
\_\_\_\_\_  
Datecc: Employee  
Supervisor  
Appointing Authority



# **RICHLAND COUNTY SHERIFF'S OFFICE** **"PERSONNEL COMPLAINT REPORT"**

☐ Internal Complaint  
☐ External Complaint

DATE/ TIME REPORTED	DATE/TIME OF INCIDENT	DATE/TIME BECAME AWARE OF INCIDENT	
01-18-15/0040 hrs.	12-08-14/0548 hrs.	01-14-15/0331 hrs.	
COMPLAINANT'S NAME	ADDRESS	PHONE NUMBER:	
Lt. Misty Young	RCSO-Jail	419-774-7870	
TYPE OF COMPLAINT	PLACE OF OCCURRENCE		
Unsatisfactory work performance	RCSO-Jail 2 <sup>nd</sup> flr. East		
DESCRIPTION OF COMPLAINT: Officer [REDACTED] failed to properly log a personal observation check for this post.			
PERSON(S) INVOLVED IN INCIDENT:			
NAME:	VIOLATOR	WITNESS	CIVILIAN
Officer [REDACTED]	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lt. Misty Young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.			

- On 12-08-14, which is the work night of 12-07-14 for third shift, at 0448 hrs. a personal observation check was logged for the second floor east side. Another POC was not logged until 0617 hrs. for this location. Upon checking the shift schedule of posts it was determined that Officer [REDACTED] was posted this post. There should have been another POC logged for this post within sixty minutes of the one logged at 0448 hrs.
- Upon speaking with Officer [REDACTED] in reference to this he advised the following: He was working overtime that next morning, which was verified by speedshift that he was working over, and may went to the supervisor's office to find out where he would be posted for A-watch. He also advised there should have been an early car working at 0530 hrs. which would have been responsible for logging their walk thru once they completed their count. He then checked the logs from the west to verify that there was an early car which it did not appear to be one. Around 0535 hrs. it was that Officer Bradford completed a check on the west end and Officer [REDACTED] advised that if he did for the west end due to no early car he would have completed a POC on the east end as well. asked why it wouldn't have been logged he advised he wasn't sure due to he may have relieved another officer of their post after finding out his post for his overtime shift. Officer [REDACTED] was submit a statement of these facts. His statement will be attached. *He decided not to submit a statement.*
- All officers completing a POC are required to log their POC. If an officer is posted in a POC's are required they need to make sure they are logged properly due to their being no another officer completing the POC other than the officer responsible for it.



**Shift Log Report**  
**RICHLAND COUNTY SHERIFF'S OFFICE**  
**Event POC - Location JA2E**

**Run Date/Time : 01/14/2015 -**  
**03:31**  
**From 12/01/2014 - To 12/08/2014**  
**From (time) 00:00 - To (time)**  
**23:59**

<b>Date-Time</b>	<b>Officer</b>	<b>Location</b>
<b>Event</b>	<b>Description</b>	<b>Comment</b>
12/08/2014-10:55	Tosbun	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLR EAST BY 81</b>	
12/08/2014-09:58	Tosbun	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLR EAST BY 81</b>	
12/08/2014-09:00	Tosbun	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLR EAST BY 81</b>	
12/08/2014-08:02	Tosbun	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLR EAST BY 81</b>	
12/08/2014-07:28	Tosbun	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLR EAST BY 79</b>	
12/08/2014-07:10	Tosbun	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLR EAST BY 81</b>	
12/08/2014-06:17	Tosbun	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLR EAST BY 81</b>	
12/08/2014-04:48	Aspencer	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLOOR, EAST SIDE, BY 7C9,7C90</b>	
12/08/2014-03:49	Aspencer	Jail 2nd Floor East
<b>Personalobservationchecks/Security Check</b>	<b>2ND FLOOR, EAST SIDE, BY 7C26,7C93</b>	
12/08/2014-02:51	Aspencer	Jail 2nd Flr



**NOTICE OF PRE-DISCIPLINARY CONFERENCE**

TO: 

This notice is provided to you to advise that a pre-disciplinary conference will be held at:

**5:30 a.m. on June 5, 2015 at the Richland County Jail**

to provide you with an opportunity to respond to the following disciplinary charges.

That on April 24, 2015, you used a falsified record during the course of employment with the Richland County Sheriff's Office in an attempt to have disciplinary action removed from your file. This is a Group III # 2 violation.

That on April 24, 2015, the Employer became aware that on March 24, 2015, you made a false claim or misrepresentation in an attempt to obtain a county benefit. This is a Group III # 3 violation.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

The employee may select a union representative to be present at the hearing on his/her behalf.

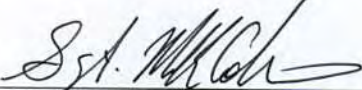
Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

  
\_\_\_\_\_  
Employer Signature

5/29/15  
\_\_\_\_\_  
Date

**Proof of Service**

I served the above notice on Nathan Long on the 30 day of May, 2015.

  
\_\_\_\_\_  
Name

Corrections Sergeant  
\_\_\_\_\_  
Title

5-30-15  
\_\_\_\_\_  
Date



ORIGINAL

**NOTICE OF PRE-DISCIPLINARY CONFERENCE**

TO: [REDACTED]

This notice is provided to you to advise that a pre-disciplinary conference will be held at 2:15pm at the Richland County Jail on February 9, 2012 to provide you with an opportunity to respond to the following disciplinary charges.

That on January 23, 2012, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office when you violated Ohio Minimum Jail Standards 3.1.6 by leaving a door unsecured in the jail.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

The employee may select a union representative to be present at the hearing on his/her behalf.

Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

MAJ. [Signature]  
Employer Signature

01-27-12  
Date

**Proof of Service**

I served the above notice on Nathan Long on the 24<sup>th</sup> day of Jan., 2012.

Sgt. Misty Sprung  
Name

Officer  
Officer

Sgt. Corrections  
Title

Corrections  
Corrections

1-27-12  
Date



Name \_\_\_\_\_  
Unit \_\_\_\_\_

Review Period: October to April 2015  
Review Deadline Date: \_\_\_\_\_

Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2    Meets + 1    Does Not Meet + 0  
Explain:

Any additional comments pertaining to GOAL ONE (1-3):



GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2    Meets + 1    Does Not Meet + 0

Explain: Officer [REDACTED] Maintains an even temperament which is quite useful in problem situations, as his judgement is not impaired.

Any additional comments pertaining to GOAL TWO (4-6):



GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

Officer [REDACTED] is always respectful with  
Co-Workers and Supervisors.

Any additional comments pertaining to GOAL Three (7-10):



OVERALL EVALUATION

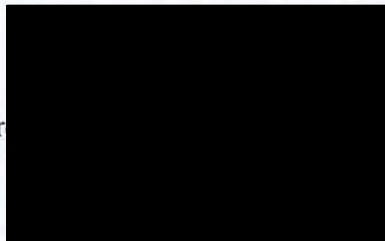
Total Points: 12

Rater: Sgt. Allen Date: 3-23-15 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 4-22-15 Comments:

Jail Administrator: Cpt. C. Allen Date: 4/22/15 Comments:

Employee Signature



Date: 4-16-15 Comments:

I have read the above: I have ☒ I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.

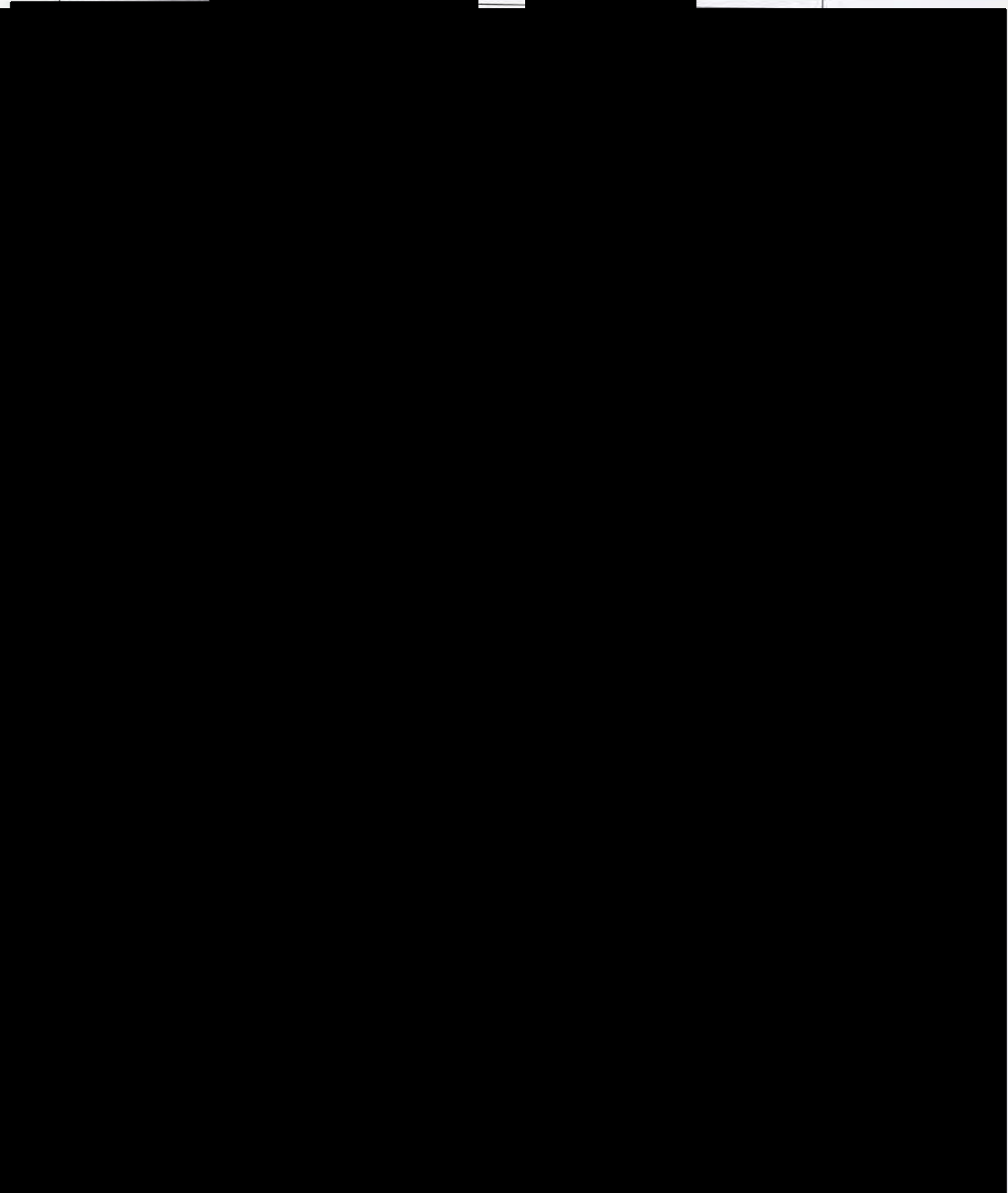


RICHLAND COUNTY Enrollment/Change Form  
(use ballpoint pen and press firmly)

Department Number: 349  
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: 09-22-08	Effective Date: 01-01-2014
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				

NAME OF EMPLOYEE:	First: [REDACTED]	Middle: [REDACTED]	Last: [REDACTED]	Social Security #: [REDACTED]
-------------------	-------------------	--------------------	------------------	-------------------------------





**NOTICE OF PRE-DISCIPLINARY CONFERENCE**

TO: 

This notice is provided to you to advise that a pre-disciplinary conference will be held at:

**5:30 a.m. on June 5, 2015 at the Richland County Jail**

to provide you with an opportunity to respond to the following disciplinary charges.

That on April 24, 2015, you used a falsified record during the course of employment with the Richland County Sheriff's Office in an attempt to have disciplinary action removed from your file. This is a Group III # 2 violation.

That on April 24, 2015, the Employer became aware that on March 24, 2015, you made a false claim or misrepresentation in an attempt to obtain a county benefit. This is a Group III # 3 violation.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

The employee may select a union representative to be present at the hearing on his/her behalf.

Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

Capt. C. B. Lee  
Employer Signature

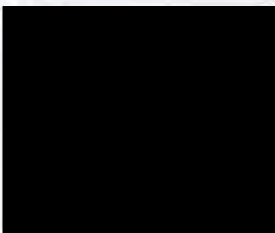
5/29/15  
Date

**Proof of Service**

I served the above notice on Nathan Long on the 30 day of May, 2015.

Sgt. M. L. Lee  
Name

Corrections Sergeant  
Title



5-30-15  
Date



Employee Notification  
Form

On Date:

6/30/15

RE:



6/30/15

Department:

Sheriff

Employee Department Location

To: Richland County IT

Please note that the above listed employee is considered:

- ☐ New Employee  
☐ Retired Employee  
☐ Resigned Employee  
☒ Terminated Employee

Please change your records accordingly to show this change for security purposes via any and all applications.

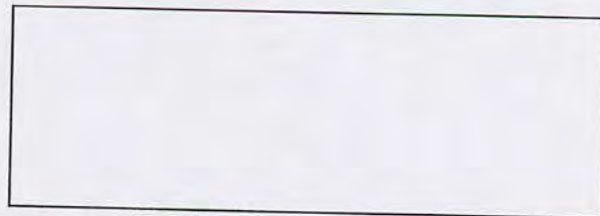
Thank You.

Handwritten signature of Eric Spuer.

Supervisor Signature

7-1-15

Date



Employee Signature - Stay within the lines





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

June 30, 2015

Mr. [REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr. [REDACTED]

Please be advised that as a result of the administrative investigation into disciplinary charges against you, your employment with the Richland County Sheriff's Office is terminated effective immediately.

You will need to drop off all county property/equipment to a Supervisor at the jail by Thursday, July 2<sup>nd</sup>, 2015 at 1600 hours.

Sincerely,

J. Steve Sheldon, Sheriff

Cc: file







*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

June 30, 2015

Mr. [REDACTED]

Dear Mr. [REDACTED]:

Please be advised that as a result of the administrative investigation into disciplinary charges against you, your employment with the Richland County Sheriff's Office is terminated effective immediately.

You will need to drop off all county property/equipment to a Supervisor at the jail by Thursday, July 2<sup>nd</sup>, 2015 at 1600 hours.

Sincerely,

J. Steve Sheldon, Sheriff

Cc: file





RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTIONS DIVISION  
SERVICE NOTICE

Date 6 / 30 / 15

Paperwork to be served: Termination Notice for [REDACTED]

Attempts:

DATE	TIME	SERVING OFFICER SIGNATURE	OUTCOME
6/30/15	1130	<i>[Signature]</i>	UNAVAILABLE
6-30-15	1620	<i>[Signature]</i>	Served

[REDACTED]

6 / 30 / 15

Date

Witness *[Signature]*

Date 06 / 30 / 15 @ 1620

Witness \_\_\_\_\_

Date   /  /



Emp No	Employee Name	Dept.	Check Date	Week Ending	Type	Check No.						
		PAYROLL	07/24/2015	07/15/2015	BI-WEEKLY	9191						
Earnings	Rate	Days/Hrs.	Current	YTD	FYTD	Deductions	Current	YTD	FYTD	Emplr	Empr YTD	Empr FYTD
OT BLE				256.20								
VACSHF				854.00								
VACCON				2,530.32								
SICKSH				1,024.80								
PE W/S				341.60								
PERSON				657.60								
HOL CO				164.40								
HOLIDA				328.80								
HOL SH				1,366.40								
CT U 1				341.60								
COMPSH				64.05								
COMP C				811.73								
RATOCO				822.00								
LUMP			194.10	194.10								
SHIFT				20,261.15								

Leave	Beginning	Earned	Used	Balance	YTD Earned	YTD Used	Withholding Allowances
							Filing Status Exemptions Extra Amount

Type	Current	YTD
Taxable Pay	194.10	26,755.69
Gross Pay	194.10	30,018.75
Deductions	7.52	5,213.45
Net Pay	186.58	17,289.82

THIS CHECK IS PRINTED IN BLUE INK ON WHITE PAPER WITH A SECURITY VOID BACKGROUND PATTERN. DO NOT CASH IF VOID APPEARS.



**Patrick W. Dropsey**  
Auditor of Richland County  
50 Park Avenue East  
Mansfield, Ohio 44902

Richland Bank  
3 N. Main St.  
Mansfield, Oh 44902

56-151/412

Check Date	Check Number
07/24/2015	9191

**VOID 30 DAYS FROM DATE OF ISSUE**

\$186.58

Pay One Hundred Eighty Six Dollars and 58 cents \*\*\*\*\*

To The  
Order Of

\_\_\_\_\_  
Authorized Signature



## OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

## OFFICE OF UNEMPLOYMENT COMPENSATION

## DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS

JFS-83000 01/27/2015

Claimant's Name [REDACTED]	Social Security Number [REDACTED]	Determination Identification Number [REDACTED]
Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Application Date 07/03/2015
Date Issued 07/23/2015		ODJFS Office Reno Processing Center PO Box 182212 Columbus, OH 43218-2212 Phone: (866) 867-0044 Fax: (614) 466-7449
Employer's Name RICHLAND COUNTY AUDITOR		UC Account Number 0802170009

**THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE**

In accordance with Section 4141.01(R)(2) of the Ohio Revised Code, the Ohio Department of Job and Family Services has **DISALLOWED** the claimant's application for unemployment compensation benefits dated 07/03/2015 due to a disqualifying separation from employment or other reasons described in the following text:

The claimant was discharged by RICHLAND COUNTY AUDITOR on 06/29/2015. The employer discharged the claimant for violating a company rule. Evidence supports negligence or willful disregard of the rule on the part of the claimant. Evidence also allows that violating the rule was in connection with the work, did materially and substantially affect the employer's interest, and that the rule was reasonable, known and uniformly enforced. Ohio's legal standard that determines if a discharge is with just cause is whether the claimant's acts, omissions, or course of conduct were such that an ordinary person would find the discharge justifiable. After a review of the facts, this agency finds that the claimant was discharged with just cause under Section 4141.29(D)(2)(a), Ohio Revised Code. Therefore, no benefits will be paid until the claimant obtains employment subject to an unemployment compensation law, works six weeks, earns wages of \$1422, and is otherwise eligible.

Interested  
Parties: [REDACTED]

**APPEAL RIGHTS:** If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 08/13/2015** (21 calendar days after the 'Date Issued'). If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. **If unemployed**, claimants should continue to file weekly claims for benefits while the determination is under appeal. For additional information, call the ODJFS automated telephone system at 1-877-644-6562 and select the General Information option or visit the agency's website at <https://unemployment.ohio.gov>. Claimants may also review the **Worker's Guide to**

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.



Auditor's Office of Richland County - Mansfield, OH 44902

Emp No	Employee Name				Dept.	Check Date	Week Ending	Type	Check No.			
					PAYROLL	07/10/2015	07/01/2015	BI-WEEKLY	9181			
Earnings	Rate	Days/Hrs.	Current	YTD	FYTD	Deductions	Current	YTD	FYTD	Emplr	Empr YTD	Empr FYTD
OT BLE				256.20								
VACSHF				854.00								
VACCON	20.5500	123.13	2,530.32	2,530.32								
SICKSH				1,024.80								
PE W/S				341.60								
PERSON	20.5500	32.00	657.60	657.60								
HOL CO	20.5500	8.00	164.40	164.40								
HOLIDA				328.80								
HOL SH				1,366.40								
CT U 1				341.60								
COMPSH	21.3500	3.00	64.05	64.05								
COMP C	20.5500	39.50	811.73	811.73								
RATOCO	20.5500	40.00	822.00	822.00								
SHIFT	21.3500	48.00	1,024.80	20,261.15								
SHIFT	21.3500	8.00	170.80									
SHIFT	21.3500	5.00	106.75									
<div>123.13 32.00 8.00 40.00 39.50 194.10 \$194.10</div> <div>Back pay</div> <div>17.67</div>												
Leave	Beginning	Earned	Used	Balance	YTD Earned	YTD Used	Withholding Allowances					
VACATION	119.4500	4.6000	123.130	.920	64.40	163.13						
SICK	607.1960	3.6800		610.876	68.08							
COMP TIME	-16.0000		42.500	-58.500		58.50						
							Taxable Pay	6,230.05	26,561.59			
							Gross Pay	6,352.45	29,824.65			
							Deductions	2,280.32	5,205.93			
							Net Pay	4,072.13	17,103.24			

THIS CHECK IS PRINTED IN BLUE INK ON WHITE PAPER WITH A SECURITY VOID BACKGROUND PATTERN. DO NOT CASH IF VOID APPEARS.



**Patrick W. Dropsey**  
Auditor of Richland County  
50 Park Avenue East  
Mansfield, Ohio 44902

Richland Bank  
3 N. Main St.  
Mansfield, Oh 44902  
56-151/412

Check Date 07/10/2015  
Check Number 9181

VOID 30 DAYS FROM DATE OF ISSUE

\$4,072.13

Pay Four Thousand Seventy Two Dollars and 13 cents \*\*\*\*\*

To The  
Order Of



Authorized Signature MP



**DISCIPLINARY AGREEMENT**

To: [REDACTED] Correction Officer

From: J. Steve Sheldon, Sheriff

Date: September 19, 2012

On July 21, 2012, Correction Officer [REDACTED] willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office when he refused visitation for an inmate due to not following proper procedure. This is a Group II # 7 offense.

Also on July 21, 2012, Correction Officer [REDACTED] exhibited insubordination by repeatedly refusing a direct order from a Sergeant to provide a written statement related to an inmate/civilian grievance.

This agreement is intended to memorialize that CO [REDACTED] and his union representatives have agreed to waive his right to file a grievance over any discipline issued as a result of this incident and instead accept a two-day suspension for the Group II offense and a three-day suspension for the Group III offense to be deducted from his accrued vacation or compensatory time as a result of his actions on July 21, 2012.

[REDACTED]

9-24-12  
Date

[Signature]  
Union Representative

9-24-12  
Date

J. Steve Sheldon - Sheriff  
J. Steve Sheldon, Sheriff

9-21-12  
Date

SEP 25 2012 AM8:07

C. T. BANK  
0.00 HRS



**RICHLAND COUNTY SHERIFF'S OFFICE  
"PERSONNEL COMPLAINT REPORT"**

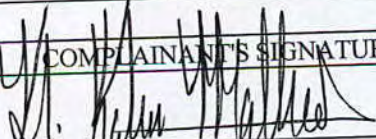
DATE/TIME REPORTED 12/09/2011		LOCATION OF INTERVIEW		COMPLAINT NO 11-067
COMPLAINANT'S NAME Lt. Mathews	RESIDENCE ADDRESS RCSO	RES. PHONE	BUS. PHONE 419 774-7870	
TYPE OF COMPLAINT Violation of Policy 3.4.8. and Reception and Release section 5120:1-8-01	PLACE OF OCCURRENCE Bookin	DATE 11/28/11	TIME 14:50	

**BRIEF DESCRIPTION OF COMPLAINT:**  
On the above date and time after inmate Campos/Joseph was booked into our facility Officer [REDACTED] did not follow policy and provide this inmate with a mattress, bed linens, or towels. This inmate went a total of 19 hrs. and 40 minutes before receiving these items.

OFFICER(S) INVOLVED:		
NAMES	BUREAU	UNIT NO.
Officer [REDACTED]	Corrections	[REDACTED]
Officer Smiley	Corrections	7c82
Officer Lapeer	Corrections	7c52
Officer [REDACTED]	Corrections	[REDACTED]

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

**\*NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF \$1,000.**

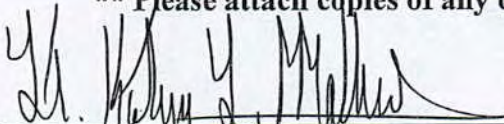
COMPLAINANT'S SIGNATURE 	INVESTIGATING OFFICER	DATE 12-9-11
--	-----------------------	-----------------



## EMPLOYEE DISCIPLINE INCIDENT REPORT

Date: 12-9-11	Department: HCSO
Employee Name: [REDACTED]	Title: officer
Person Completing: Malina Matthews	Title: Lieutenant
Contact #: (419) 295-6730	Email:
Date of Incident: 11-27-11	Date Became Aware: 11-27-11
Policy/Contract Section/Work Rule/Rule/Directive Violated: 3.4.8. Inmate Housing And 5120: 1-8-01 Reception & Release	
Date / Violation of Prior Discipline:	
Description of Incident: Officer [REDACTED] did not give this inmate a Mattress, bed Linens, or Towels after being booked into our facility.	

\*\* Please attach copies of any documentation to support this incident \*\*

  
 Signature of Person Completing

12-9-11  
 Date

To be completed by Human Resources

Date Received by HR:	Deadline to Act:
NOTES:	
ACTION TAKEN:	





# Employee Maintenance

ADD

Change

Delete

Salary/pay

Rate/hour

Alt Rate/hour

Longevity Payment

Annual Hours

Shift

Full/Part

STRS

PERS

Direct Dep. Route #

Direct Dep. Account #

Name

Employee#

Ad

City, State, Zip

Telep

as this person ever been employed by

Birthdate

Richland County in the past? Yes or No

Social Security Number

Marital Status:

Sex

Race

Title

Class #

Department Number

349

Account #

Munis Org

27525500

Object#

510200

Business Phone Number

Start Date

Rehire Date

Termination Date

Reason for Termination

TAXES

Code

Dep

TY

Add On

Federal

State

City

Status

Annual Salary

ADDRESS CHANGE

Signature

Date

Comments

*Keith Sprue*

*12-14-14*



Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Review Period: 4/14 to 9/14

Review Deadline Date: 10/5/14

☒ Bi-Annual Review

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

2. Consistently completes required security rounds and documents as appropriate.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL ONE (1-3):



GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL TWO (4-6):



GOAL THREE: *Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.*

7. Consistently follows post orders, policies and procedures.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record.  
(Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

☒ Above + 2 ☐ Meets + 1 ☐ Does Not Meet + 0

Explain:

Officer [REDACTED] doesn't miss work and shows up on time.

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

☐ Above + 2 ☒ Meets + 1 ☐ Does Not Meet + 0

Explain:

Any additional comments pertaining to GOAL Three (7-10):



OVERALL EVALUATION

Total Points: 11  
Rater: Sgt [Signature] Date: 9/18/14 Comments:

Lieutenant/Staff Lieutenant: [Signature] Date: 10-4-14 Comments:

Jail Administrator: [Signature] Date: 10/6/14 Comments:

Employee Signature: [Redacted Signature] Date: 09-18-2014 Comments:

I have read the above: ☒ I have ☐ I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.



**RICHLAND COUNTY Enrollment/Change Form**  
*(use ballpoint pen and press firmly)*

Department Number: 349  
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: <u>09-22-08</u>	Effective Date: <u>01-01-2014</u>
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce   *If marriage, state previous name			
	<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)			

NAME OF EMPLOYEE:	First:	Middle:	Last:	Social Security #:
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

EMPLOYEE/DEPENDENT DATA

BENEFIT SELECTIONS

OTHER INSURANCE

WAIVER

[REDACTED]



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[Redacted Address]

**COMPLETE THIS SECTION ON DELIVERY**

[Redacted Delivery Information]

Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7004 1160 0002 2077 5118

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 1160 0002 2077 5118

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To [Redacted]  
 Street, Apt. or PO Box [Redacted]  
 City, State [Redacted]  
 PS Form 3811



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Richland County Sheriff's Office  
597 Park Avenue East  
Mansfield OH 44905  
Attn: Det/Mjr. Fortney



*e-mailed to Kelly 7-16-15*

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**  
**OFFICE OF UNEMPLOYMENT COMPENSATION**  
**REQUEST TO EMPLOYER FOR SEPARATION INFORMATION**

JFS-82000 03/18/2015

Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Form ID Number [REDACTED]
Application Date 07/03/2015	Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Issue Date 07/06/2015
RICHLAND COUNTY AUDITOR 50 PARK AVE E MANSFIELD, OH 44902		Return to:  Reno Processing Center PO Box 182212 Columbus, OH 43218-2212  Phone: (866) 867-0044 Fax: (614) 466-7449	
		Employer's Name RICHLAND COUNTY AUDITOR	
		UC Account Number 0802170009	Employer Telephone Number (419) 774-4107

**IMPORTANT INFORMATION - DEADLINE FOR REPLY: 07/20/2015**

**FAILURE TO PROVIDE INFORMATION MAY AFFECT EMPLOYER CHARGES FOR BENEFIT PAYMENTS.**

**EMPLOYER INSTRUCTIONS:** The claimant identified above has filed a claim for benefits and has listed your company/business as a former employer. Complete this form, sign, and fax or mail to the office listed above or use our online OJI website at <https://unemployment.ohio.gov>. This agency will use the information you furnish to determine the claimant's eligibility for unemployment compensation benefits. Failure to timely or adequately respond to this information request may result in the employer being charged for benefits in this case.

1. Is the address and/or account number reported for you above correct? ..... ☒ YES ☐ NO
2. Was the claimant's employment covered by an unemployment insurance law? ☒ YES ☐ NO
3. (a) For the most recent period of employment, please provide the start date ... 

06	18	15
MONTH	DAY	YEAR
- (b) For the most recent period of employment, please provide the end date ... 

07	01	15
MONTH	DAY	YEAR
4. **During the period you entered in Items 3(a) and 3(b):**
  - Did the claimant work six or more weeks and earn at least \$1,422.00 ? ..... ☒ YES ☐ NO
  - If "NO": (a) How many weeks did the claimant work? ..... 

02
----

 No. of weeks
  - (b) How much did the claimant earn? ..... 

1,366	40
DOLLARS	CENTS
  - (c) Did the claimant have any periods of employment with you prior to the start date in Item 3(a)? ..... ☐ YES ☒ NO

**-- CONTINUED ON REVERSE --**

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Form ID Number [REDACTED]
Application Date 07/03/2015	Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Issue Date 07/06/2015

5. If you have paid or will pay this applicant any money allocated to the period subsequent to 06/28/2015, please complete all applicable fields.

(check all that apply)

<input type="checkbox"/> PENSION	START DATE	END DATE	TOTAL AMOUNT	NORMAL WEEKLY WAGE	MONTHLY AMOUNT
<input type="checkbox"/> SEVERANCE	ALLOCATED FROM	THROUGH	TOTAL AMOUNT	NORMAL WEEKLY WAGE	
<input checked="" type="checkbox"/> VACATION	ALLOCATED FROM	THROUGH 6/30/15	TOTAL AMOUNT 4,986.05		
<input type="checkbox"/> 1ST HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT			
<input type="checkbox"/> 2ND HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT			

paid the following:  
 comp time 811.73  
 vac. 2,530.32  
 personal 657.50  
 RATO 822.00  
 Holiday 164.40

6. Please enter all wages earned by the claimant from 06/28/2015 to 07/04/2015.

6	3	5	2	4	5
DOLLARS				CENTS	

7. Claimant's stated reason for separation was: Discharge - Dishonesty

-- Was the claimant separated due to Lack of Work? ☐ YES ☐ NO

If "NO", please complete the questions on the additional page(s) and return them to the address or fax number shown on the front of this page.

8. Is the claimant expected to return to work? ☐ YES ☐ NO

If yes, what is the date? .....

MONTH		DAY		YEAR	

9. If the claimant is on a voluntary leave of absence, disciplinary layoff, or off due to labor dispute, please explain fully, indicating the beginning and ending dates of the time off, the reason for the time off, and if the leave, layoff, or labor dispute period has ended, what date the claimant returned to work.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Form ID Number [REDACTED]
Application Date 07/03/2015	Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Issue Date 07/06/2015

5. If you have paid or will pay this applicant any money allocated to the period subsequent to 06/28/2015, please complete all applicable fields.

(check all that apply)					
<input type="checkbox"/> PENSION	START DATE	END DATE	TOTAL AMOUNT	NORMAL WEEKLY WAGE	MONTHLY AMOUNT
<input type="checkbox"/> SEVERANCE	ALLOCATED FROM	THROUGH	TOTAL AMOUNT	NORMAL WEEKLY WAGE	
<input checked="" type="checkbox"/> VACATION	ALLOCATED FROM	THROUGH 6/30/15	TOTAL AMOUNT 4,986.05	paid the following	
<input type="checkbox"/> 1ST HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT	comp time 811.73 Holiday 164.40		
<input type="checkbox"/> 2ND HOLIDAY	DATE OF HOLIDAY	GROSS AMOUNT	vac. 2,530.32 personnl 657.50 RATO 822.00		

6. Please enter all wages earned by the claimant from 06/28/2015 to 07/04/2015.
- |         |   |   |   |       |   |
|---------|---|---|---|-------|---|
| 6       | 3 | 5 | 2 | 4     | 5 |
| DOLLARS |   |   |   | CENTS |   |

7. Claimant's stated reason for separation was: Discharge - Dishonesty

-- Was the claimant separated due to Lack of Work? ☐ YES ☐ NO

If "NO", please complete the questions on the additional page(s) and return them to the address or fax number shown on the front of this page.

8. Is the claimant expected to return to work? ☐ YES ☐ NO
- If yes, what is the date?
- |       |     |      |  |  |
|-------|-----|------|--|--|
|       |     |      |  |  |
| MONTH | DAY | YEAR |  |  |

9. If the claimant is on a voluntary leave of absence, disciplinary layoff, or off due to labor dispute, please explain fully, indicating the beginning and ending dates of the time off, the reason for the time off, and if the leave, layoff, or labor dispute period has ended, what date the claimant returned to work.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Form ID Number [REDACTED]
Application Date 07/03/2015	Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Issue Date 07/06/2015

10. What was the reason the claimant was separated from employment (quit, discharge, laid off, leave of absence etc.)?
- A. If the claimant quit, answer questions 11 to 15 and then answer question 23 until the end of the fact finding questions.
- B. If the claimant was discharged or placed on suspension/disciplinary layoff, skip to question 16 until the end of the fact finding questions.
11. If the claimant quit, what reason(s) were provided for quitting?
12. Did the claimant give notice (verbal or written) of quitting? If notice was given in writing, provide copy of written notice.
13. Was there a change to the claimant's hiring agreement?
- A. If yes, provide details of the change(s).

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Form ID Number [REDACTED]
Application Date 07/03/2015	Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Issue Date 07/06/2015

14. Did the claimant take any action with the employer to avoid quitting? If yes, provide detailed information describing the action, the dates it occurred, and the employer's response to the action.
15. Was the claimant made aware that continuing work was available? If yes, indicate why the claimant chose to quit even though continuing work was available.
16. Describe in detail the final event that caused the discharge or suspension/disciplinary layoff, including the date it occurred and when it was discovered by the company.
17. Explain the company rule or policy violated by the claimant and the consequences of violating the policy (disciplinary procedure)? Provide a copy of the company rule or policy the claimant violated, the disciplinary procedure, admissions, witness statements, police reports, drug/alcohol tests, or other documents that establish the rule was violated.
18. How and when was the claimant aware of the rule or policy? Include signed acknowledgement if available.
- A. Is this rule uniformly applied to all employees, including this claimant?
- B. If not applied uniformly, please explain.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Form ID Number [REDACTED]
Application Date 07/03/2015	Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	07/06/2015

14. Did the claimant take any action with the employer to avoid quitting? If yes, provide detailed information describing the action, the dates it occurred, and the employer's response to the action.
  
15. Was the claimant made aware that continuing work was available? If yes, indicate why the claimant chose to quit even though continuing work was available.
  
16. Describe in detail the final event that caused the discharge or suspension/disciplinary layoff, including the date it occurred and when it was discovered by the company.
  
17. Explain the company rule or policy violated by the claimant and the consequences of violating the policy (disciplinary procedure)? Provide a copy of the company rule or policy the claimant violated, the disciplinary procedure, admissions, witness statements, police reports, drug/alcohol tests, or other documents that establish the rule was violated.
  
18. How and when was the claimant aware of the rule or policy? Include signed acknowledgement if available.
  - A. Is this rule uniformly applied to all employees, including this claimant?
  - B. If not applied uniformly, please explain.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Form ID Number [REDACTED]
Application Date 07/03/2015	Benefit Year Beginning Date 06/28/2015	Benefit Year Ending Date 06/25/2016	Issue Date 07/06/2015

19. Please explain your disciplinary policy (please provide/attach a copy).

20. Please explain how employees, including this specific claimant, are advised of the disciplinary policy (please provide/attach a copy of the claimant's signed acknowledgement, if available).

21. Did the claimant receive warnings and/or discipline for same or similar incidents in the past year?

A. If yes, provide copies and details including dates of warnings or other discipline and the nature of the discipline.

22. If no prior discipline, or if your company's disciplinary policy was not applied to this claimant, explain why claimant was discharged or placed on suspension/disciplinary layoff at this time.

23. Is there a grievance procedure available to claimant, either through a company plan or through a labor union?

A. If yes, did claimant follow an established grievance procedure?

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





Claimant's Name	[REDACTED]		Social Security Number	[REDACTED]	Form ID Number	[REDACTED]
Application Date	Benefit Year Beginning Date	Benefit Year Ending Date	Issue Date			
07/03/2015	06/28/2015	06/25/2016	07/06/2015			

24. Please provide the name, title, fax and phone number of the individual who is the source of the above information and the preferred contact, if different than the source.

25. Do you have any additional copies or proof that you would like to submit in electronic media format (e.g. video surveillance, audio recordings, etc.)?

A. If so, please mail to address listed on this form.

26. If you have any additional information you would like to provide, please explain.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.





Claimant's Name

Application Date

07/03/2015

Benefit Year Beginning Date

06/28/2015

Benefit Year Ending Date

06/25/2016

Issue Date

07/06/2015

24. Please provide the name, title, fax and phone number of the individual who is the source of the above information and the preferred contact, if different than the source.

25. Do you have any additional copies or proof that you would like to submit in electronic media format (e.g. video surveillance, audio recordings, etc.)?

A. If so, please mail to address listed on this form.

26. If you have any additional information you would like to provide, please explain.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





Claimant's Name [REDACTED]	Social Security Number [REDACTED]	
Issue Raised Discharge - Dishonesty	Issue Start Date 2015-06-29	Benefit Year End Date 06/25/2016

**Fact Finding Questions for Discharge - Dishonesty issue involving NATHAN J. LONG, (XXX-XX-6021).**

Claimant's stated reason for separation was: Discharge - Dishonesty

Do you agree with the claimant's stated reason for separation?      Yes      No

**If "Yes," please complete the following questions.**

1 . Please describe how the incident was considered to be dishonest on the part of the claimant.

2 . Please describe how the incident was in connection with the work.

3 . What was the monetary value of the incident?

4 . How did the incident result in financial loss to the company?

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





Claimant's Name	Social Security Number	
Issue Raised	Issue Start Date	Benefit Year End Date
Discharge - Dishonesty	2015-06-29	06/25/2016

5 . What other evidence do you have that supports the allegation of dishonesty?

6 . Were there witnesses? (if yes, please provide written statements.)

7 . Did claimant admit to dishonesty? (If yes, please provide details).

8 . Were charges filed? (If yes, please provide a copy.)

9 . Was claimant convicted of the act in a court of law? (If yes, please provide a copy of the court's decision).

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





Claimant's Name [REDACTED]	Social Security Number [REDACTED]	
Issue Raised Discharge - Dishonesty	Issue Start Date 2015-06-29	Benefit Year End Date 06/25/2016

5 . What other evidence do you have that supports the allegation of dishonesty?

6 . Were there witnesses? (if yes, please provide written statements.)

7 . Did claimant admit to dishonesty? (If yes, please provide details).

8 . Were charges filed? (If yes, please provide a copy.)

9 . Was claimant convicted of the act in a court of law? (If yes, please provide a copy of the court's decision).

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.





**EMPLOYER'S CERTIFICATION:** I certify that the information furnished is true and correct.

Signature of Employer's Representative <i>Travis Spner</i>	Title <i>Payroll Supervisor</i>	
Name of Company/Firm <i>Richland Co. Sheriff</i>	Telephone Number <i>(419) 771-3559</i>	Date Completed <i>7-15-15</i>

If ODJFS needs additional information about the claimant's reason for separation, when is the best time to contact you?

(circle your preference)

8 a.m. - Noon   or   Noon - 5 p.m.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



Anne Channon Wendling, LLC  
668 Park Avenue West  
Mansfield, Ohio 44906

**CERTIFIED MAIL™**

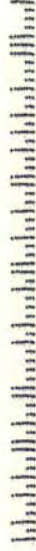


7010 1870 0001 5739 8627



Richland County Sheriff Department  
Human Resources/Keeper of Records  
597 Park Avenue East  
Mansfield, Ohio 44903

4490682848





RICHLAND COUNTY Enrollment/Change Form  
(use ballpoint pen and press firmly)

Department Number: 349

Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE		9-22-08	1-1-2012
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				

NAME OF EMPLOYEE:	First:	Middle:	Last:	Social Security:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



**RICHLAND COUNTY Enrollment/Change Form**  
*(use ballpoint pen and press firmly)*

Department Number: **349**  
Employee Number: [REDACTED]

<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	<b>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</b>		<b>9-22-08</b>	<b>1-1-2012</b>
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce   *If marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				
NAME OF EMPLOYEE: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Social Security #: [REDACTED]				



**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

Department Number: 349

Employee Number: [REDACTED]

<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	<b>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</b>			
	<input checked="" type="checkbox"/> Reinstate above indicated coverage with no lapse <input type="checkbox"/> Change name/address			
	<input checked="" type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage* <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order   *If marriage, state previous name			
	<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status			

NAME OF EMPLOYEE: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Social Security #: [REDACTED]



**RICHLAND COUNTY Enrollment/Change Form**  
(use ballpoint pen and press firmly)

Department Number: **349**

Employee Number: [REDACTED]

<b>OTHER CHANGES</b>	<b>CHECK ONE:</b> <input type="checkbox"/> OPEN ENROLLMENT <input checked="" type="checkbox"/> <b>NEW HIRE</b> <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: <b>9-22-08</b>	Effective Date: <b>11-01-08</b>
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>			
	<input type="checkbox"/> Reinstatement above indicated coverage with no lapse <input type="checkbox"/> Change name/address			
	<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order    *If marriage, state previous name			
	<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status			

NAME OF EMPLOYEE:	First:	Middle:	Last:	Social Security #:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**COPY**



Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Bi-Annual Review

Review Period: 10-01-13 to 03-31-14  
Review Deadline Date: 04-01-14

**RICHLAND COUNTY SHERIFF'S OFFICE  
CORRECTION OFFICER PERFORMANCE EVALUATION**

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

*GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.*

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

*Does P.O.C. as Required.*

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

3

Any additional comments pertaining to GOAL ONE (1-3):



GOAL TWO: *Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.*

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

*Good Repore w/ I/m.*

5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2    Meets + 1    Does Not Meet + 0

Explain:

*3*

Any additional comments pertaining to GOAL TWO (4-6):



GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

completes Read + Signs  
as Required on time.  
Follows p.p.

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2 ~~Meets + 1~~ Does Not Meet + 0

Explain:

Good attendance Record.

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Takeing care of Floors,  
cleaning of + waxing of  
Floors.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

5  
Any additional comments pertaining to GOAL Three (7-10):



OVERALL EVALUATION

Total Points: 11  
Rater: St. R. Smith Date: 03-20-14 Comments:  
K-9 handler.  
wants to be an Fto, too,

Lieutenant/Staff Lieutenant: St. J. J. Date: 3-25-14 Comments:

Jail Administrator: Capt. C. Blue Date: 3/25/14 Comments:

Employee Signature:  Date: 03-21-14 Comments:

I have read the above: I have I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation \_\_\_\_\_.





**Mike DeWine**  
Ohio Attorney General

October 28, 2013

806 VALLEY COURT  
MANSFIELD, OH 44905

**NO BCI&I RECORD ON FILE**  
**AUTHENTICATION NO. CS0019413A394329**

The Ohio Bureau of Criminal Identification and Investigation (BCI&I) has completed a criminal history record check on the applicant listed below. Based upon information furnished by your agency, BCI&I has **NO CRIMINAL HISTORY RECORD** on file for:

<b>Name:</b>	[REDACTED]
<b>SSN:</b>	[REDACTED]
<b>BCI Completion Date:</b>	<b>October 3, 2013</b>
<b>Reason Fingerprinted:</b>	<b>Law Enforcement Criminal Justice</b>
<b>Agency ID:</b>	<b>CSV526</b>

This "No Record" verification 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  
Identification & Investigation



**Ohio Bureau of Criminal Identification and Investigation**

P.O.Box 365  
London, OH 43140  
Telephone: (740) 845-2000  
Facsimile: (740) 845-2020



*An Internationally Certified Law Enforcement Agency*

[www.ag.state.oh.us](http://www.ag.state.oh.us)



**Mike DeWine**

Ohio Attorney General

October 28, 2013

806 VALLEY COURT  
MANSFIELD, OH 44905**NO FBI RECORD ON FILE**  
**AUTHENTICATION NO. CS0019413A394329**  
**ICN: E2013280000000188479**

The Federal Bureau of Investigation (FBI) has completed a criminal history record check on the applicant listed below. Based upon the information furnished by your agency, the FBI has **NO CRIMINAL HISTORY RECORD** on file for:

<b>Name:</b>	[REDACTED]
<b>SSN:</b>	[REDACTED]
<b>FBI Completion Date:</b>	<b>October 7, 2013</b>
<b>Reason Fingerprinted:</b>	<b>LAW</b>
<b>Agency ID:</b>	<b>CSV526</b>

This "No Record" verification 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  
Identification & Investigation

**Ohio Bureau of Criminal Identification and Investigation**

P.O.Box 365  
London, OH 43140  
Telephone: (740) 845-2000  
Facsimile: (740) 845-2020

*An Internationally Certified Law Enforcement Agency*[www.ag.state.oh.us](http://www.ag.state.oh.us)



STATE OF OHIO ) TO: Richland County Sheriff Department  
 ) Human Resources Department/Keeper of Records  
 ) 597 Park Avenue East  
 RICHLAND COUNTY ) Mansfield, Ohio 44905

Anne Channon Wendling, Attorney  
Anne Channon Wendling, LLC  
668 Park Avenue West  
Mansfield, Ohio 44906  
Telephone (419) 589-5291  
Facsimile (419) 529-3786

Court of Common Pleas of Richland County, Ohio  
 [REDACTED] s. [REDACTED]  
 Case No. 2009-PAT-0473

Produce the following documents regarding Nathan Long, DOB: 01/12/1981:

1. A complete and accurate copy of his personnel file from the commencement of his employment to present;
2. An accurate copy of his W-2 for the year 2011; and
3. An accurate copy of his six most recent pay stubs.

Notary Public

**ROBIN L. DASHKOVITZ**  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires April 22, 2017

71 PGD

45.68

PCSO need  
~~weight~~  
~~weight~~



**BADNELL & DICK Co.**  
LEGAL PROFESSIONAL ASSOCIATION

DAVID C. BADNELL  
DAVID M. DICK  
JEFFEREY R. STIFFLER  
KELLY L. BADNELL  
ERIC M. PHENEGER

21 NORTH WALNUT STREET  
MANSFIELD, OHIO 44902

212 NORTH ELIZABETH STREET  
COLONIAL BUILDING, SUITE 322  
LIMA OHIO, 45801

870 NORTH HIGH STREET  
COLUMBUS, OHIO 43085

RESPOND TO THE MANSFIELD OFFICE, (419) 525-0800, FAX (419) 525-0804

---

April 25, 2012

Mr. [REDACTED]

RE: [REDACTED] vs. [REDACTED]  
Richland County Court of Common Pleas  
Domestic Relations Division  
Case No. 2009-PAT-0473

Mr. [REDACTED]

Enclosed find the Mediation Order. Be advised the Court has scheduled Mediation for May 7, 2012 at 1:00 p.m. in the Richland County Court of Common Pleas, Mediation Office, 3<sup>rd</sup> floor. Your attendance at this hearing is required. Please contact my office upon its conclusion and advise as to whether an agreement was met.

Also, the Court has scheduled a Pretrial for May 30, 2012, at 8:30 a.m. Your attendance at this hearing is also required. As such, I will meet you at the Richland County Court of Common Pleas, Domestic Relations Division a few minutes prior to this time.

Please feel free to contact my office if you have any questions or concerns.

Sincerely,

*Dictated - Not Read*

David C. Badnell  
Attorney at Law

DCB/ceb  
Enclosure





# Employee Maintenance

ADD

Change

Delete

(circle one)

Name	
Address	
City, State, Zip Code	
Telephone	
Birthdate	
ocial Security Number	
Marital Status:	
Sex	
Race	
Title	Correction Officer
Department Number	50082
Business Phone Number	
Start Date	
Rehire Date	
Termination Date	
Reason for Termination	
Status	
Annual Salary	

Employee # [REDACTED]

Has this person ever been employed by  
Richland County in the past? Yes or No

Account # 349

Salary/pay	
Rate/hour	\$ 15.3655
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	\$0.70
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Signature

9/1/2011  
Date

Raise Eff.: 09-01-11  
Comments



**"NEW EMPLOYEE" PROCESSING  
PERSONAL DATA**

The following information is required in order to correctly process new employees

1. NAME:

FIRST

MIDDLE

DATE: 05-11-2011 SIGNATURE \_\_\_\_\_



**Information about Social Security Form SSA-1945**  
**Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.









*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

COPY

May 5, 2011

[REDACTED]

Re: Recall from Layoff

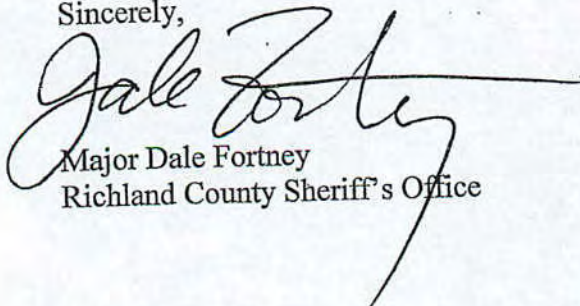
Dear Mr. [REDACTED]

Pursuant to the Collective Bargaining Agreement Article 38 "Layoff and Recall", Section 38.04, this is the official notice that you are being recalled from layoff status. You have ten (10) days from receiving this letter to notify me of your intentions to return to duty as a Correction Officer for the Richland County Sheriff's Office.

Please notify me as soon as possible by calling 419-774-3569 or notify me in person at the Richland County Sheriff's Office at 597 Park Avenue East Mansfield, Ohio.

Thank you.

Sincerely,

  
Major Dale Fortney  
Richland County Sheriff's Office

DF:df  
Cc:file





Richland Co. Payroll Form

DOH 09-22-08 @ 1000 Hrs.		Gross Amount						Additional			Comments
Pay Period	Date Paid	Regular	Corr Pay	Overpay	Overtime	Corr OT	Overpay	Holiday	Corr Hol Pay	Overpay	
1	01/01/10	1,109.17									
2	01/15/10	1,214.32	1,171.42	42.90							A.T. bonus
3	01/29/10	1,214.32	1,171.42	42.90	182.15	175.71	6.44				8 hrs. OT
4	02/12/10	1,214.32	1,171.42	42.90							
5	02/26/10	1,214.32	1,171.42	42.90				182.15	175.71	6.44	12 hrs. Pres. Day
6	03/12/10	1,214.32	1,171.42	42.90							
7	03/26/10	1,214.32	1,171.42	42.90							TOTAL OVERPAID
Y.T.D.				257.40			6.44			6.44	\$ 270.28
OT RATE: 21.9642											

270.28





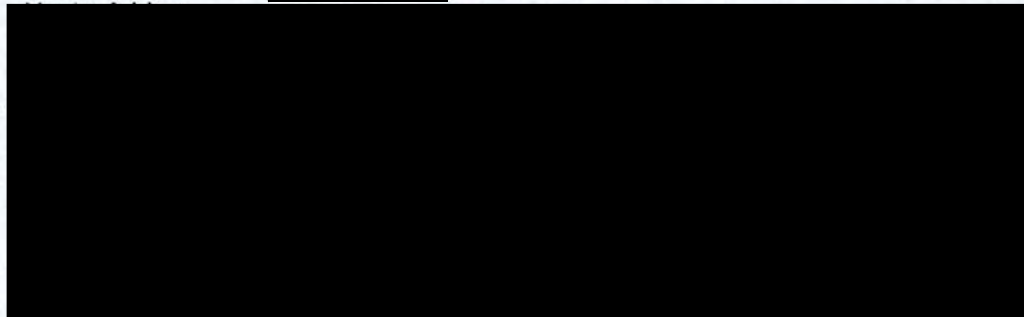
AUTHORIZATION FOR DUES DEDUCTION  
**FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC.**  
222 E. Town St., Columbus, Ohio 43215  
1-800-FOP-OLCI

I, the undersigned, hereby authorize my Employer to check off and deduct from my payroll an amount equal to dues, remitting directly to the F.O.P. Ohio Labor Council, Inc.

(PLEASE PRINT)

Place of Employment Richland Co. Sheriff Office

Name of Employee: [REDACTED]



**Richland Co. Sheriff Office**  
**Appointment/Salary Change Record**

Name: [REDACTED]

New Salary Lay Off / hour

Effective Date 04-08-10

Signed: [Signature]





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

DATE: April 15, 2010

TO: Bookkeeping Department  
Richland County

FROM: J. Steve Sheldon, Sheriff  
Richland County

RE: [REDACTED] - Lay Off

[REDACTED] began employment with the Richland County Sheriff's Office on 09-22-08 and laid off on 04-08-10.

Therefore he is entitled to the following for the pay period of 04-01-10 through 04-14-10:

Regular Hours	48.00
Overtime Hours	0.00
Holiday Hours -	40.00
Personal Days -	16.00
RATO Days -	0.00
Comp Time Hours -	18.00
Vacation Hours	124.03
Sick Leave Hours	0.00
<b>SICK LEAVE FOR RECORD ONLY</b>	<b>185.719</b>

Your assistance in this matter is appreciated.

Sincerely,

J. Steve Sheldon, Sheriff  
Richland County





D.D.H. 09-22-08  
LAYOFF 04-08-10

14.6427 R70hrs 48 \$702.35  
OT 0

15.1790 Holiday 40 \$607.16

VETS PERsma 16 \$242.86

EXTRA RATO 0

CHRISTMAS COMP 18

\$273.22

F430

04-08-09-04-08-10

N.Y.S VAC 124.03

\$1882.65

S430

MLK

SICK For record mly 185.719

VAC BAL

SICK BAL

03-31-10

122.170

182.959

+ 1.86

+ 2.76

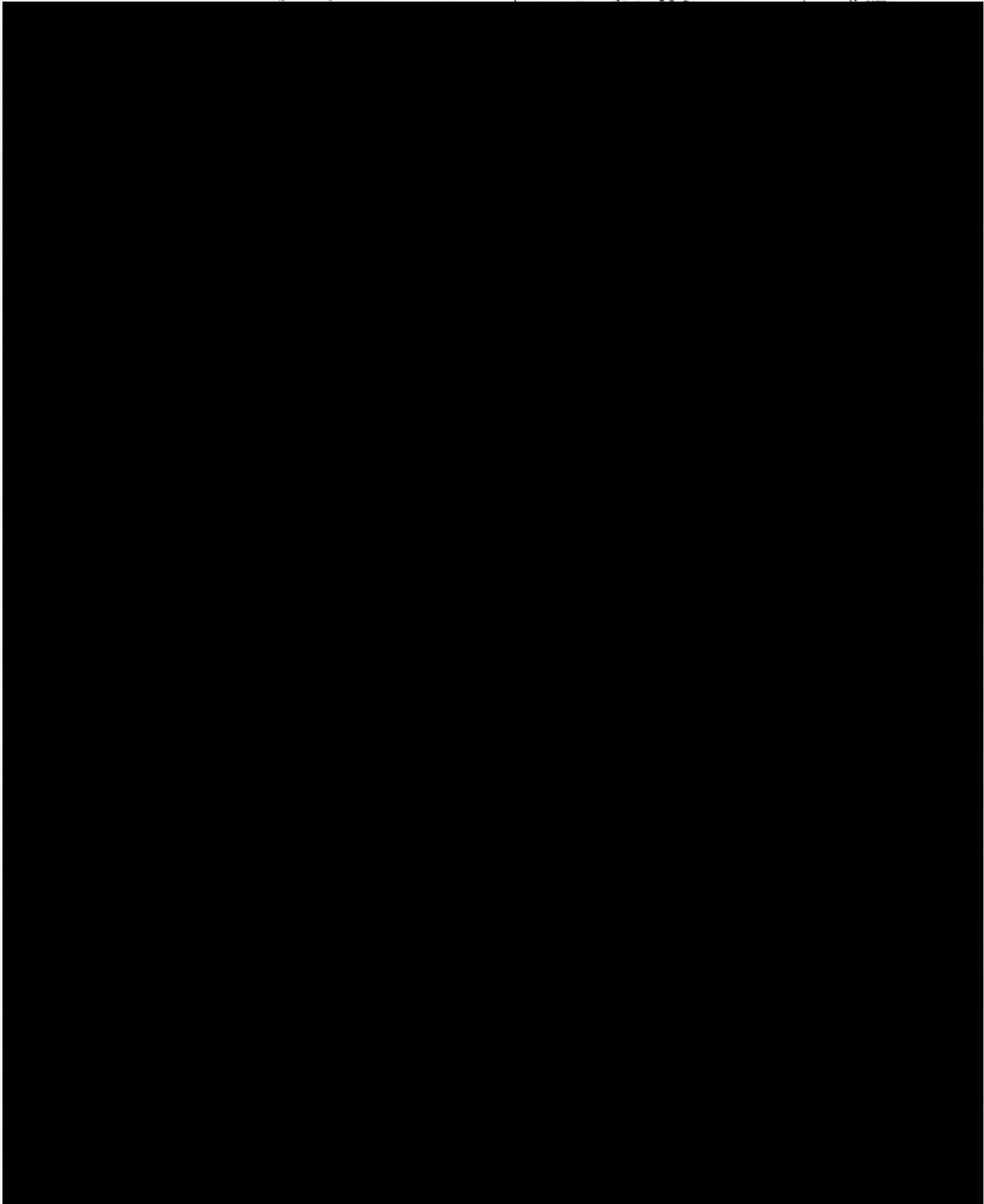
124.03

185.729

185.719

OP - \$270.28  
1.28







# Anthem



RICHLAND COUNTY Enrollment/Change Form  
(use ballpoint pen and press firmly)

Department Symbol  
Employee Number

349

CHECK ONE: ☒ OPEN ENROLLMENT ☐ NEW HIRE ☐ CHANGE : Date of Change

Date of Hire

Effective Date

9-22-08

01-01-2010

OTHER  
CHANGES

CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE

☒ Reinstate above indicated coverage with no lapse ☐ Change name/address

☒ ADD DEPENDENT(S): ☐ Marriage ☒ Birth ☐ Adoption ☐ Court Order \*If marriage state previous name

☐ CANCEL DEPENDENT(S): ☐ Divorce ☐ Death ☐ Age Limit ☐ Change in student status

NAME OF EMPLOYEE

Social Security #



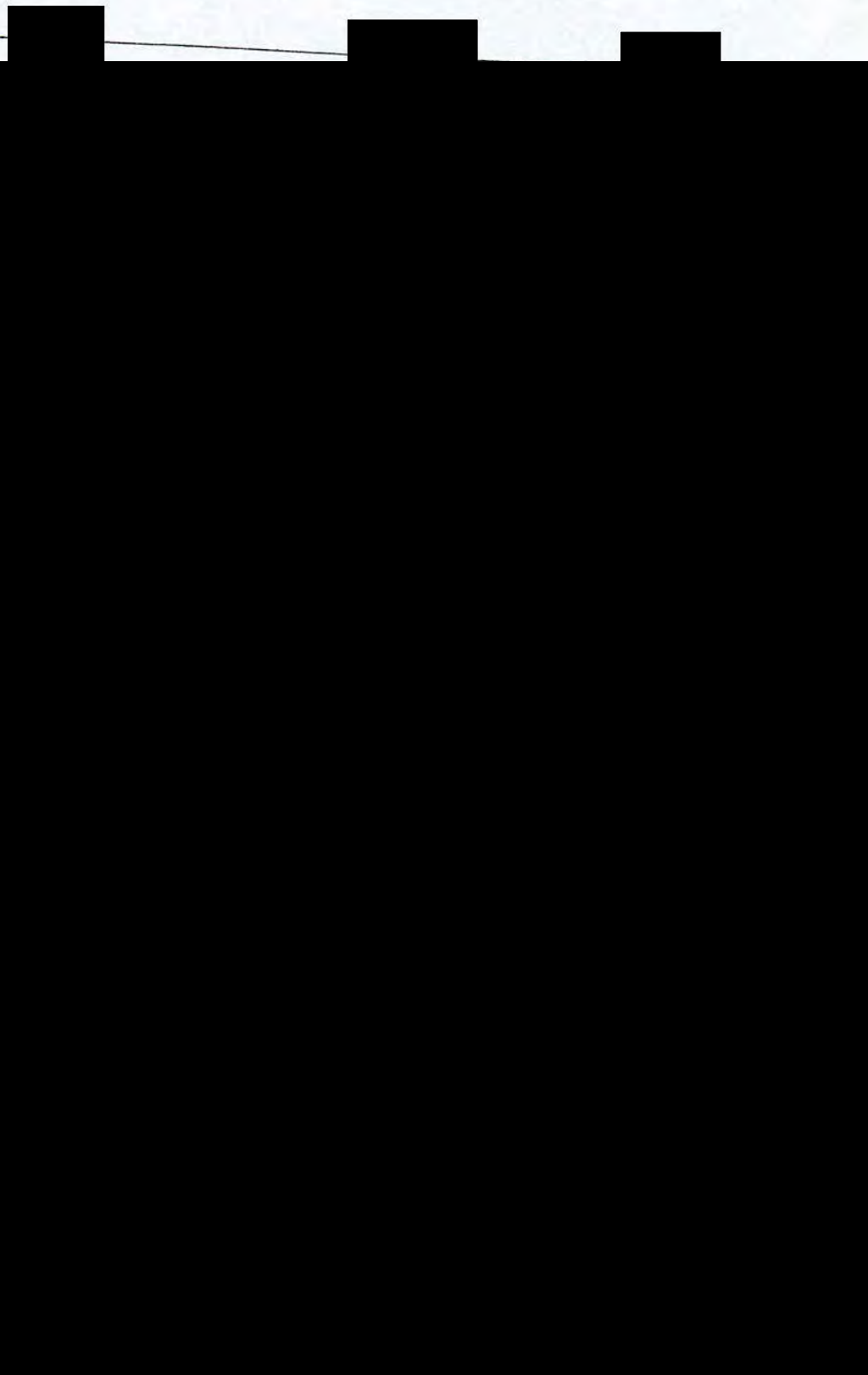
11400#



"NEW EMPLOYEE" PROCESSING  
PERSONAL DATA

The following information is required in order to correctly process new employees:

1. NAME:





Read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers must specify which document(s) they will accept from an employee. The refusal to hire an individual because of an expiration date may also constitute illegal discrimination.

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

Name: Last First Middle Initial Maiden Name  
Apt. # Date of Birth (month/day/year)  
Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

- ☒ A citizen or national of the United States  
☐ A Lawful Permanent Resident (Alien #) A  
☐ An alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Alien # or Admission #)

Date (month/day/year) 09-22-08

Employee's Signature

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

Preparer's/Translator's Signature

Print Name

Date (month/day/year)

Address (Street Name and Number, City, State, Zip Code)

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

AND

List C

employee, that the above-listed document(s) \_\_\_\_\_ and that to the best of my knowledge the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative

Print Name

Business or Organization Name

Address (Street Name and Number, City, State, Zip Code)

Title  
Date (month/day/year)

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

A. New Name (if applicable)

B. Date of rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_

Document #: \_\_\_\_\_

Expiration Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_

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


Signature of Employer or Authorized Representative

Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.




INTERNAL SCHEDULE C

Full Name: 

Department: 349

Position: Correction Officer

Address: 

Date of Birth 01-12-1981  
State of Ohio to run a MVR)

I understand that as a condition of driving a County-owned/leased vehicle or my personal vehicle on County business, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing county minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3) year period.

QUESTIONNAIRE:

During the previous thirty-six month period, have you been involved in any of the following:

1. Have automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?

NO

2. Been involved in any accidents either at fault or not at fault?

10-9-05 ~~failure to control~~

3. Been arrested for any traffic related incidents? yes

NO

4. Had any traffic violations other than overtime parking?

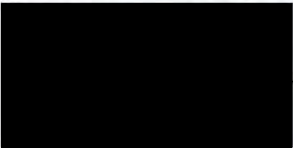
10-9-05, July 01 07 speeding

yes

Please provide all details including date and location for any question answered yes.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four hours or the next business day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

  
Date 09-22-08



PLAN NAME: Richland County Employee Health Benefit Plan

### NOTICE TO NEW HIRES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes certain benefit plan mandates beginning with plan year anniversary dates of July 1, 1997. Non-Federal governmental plans may elect to be exempt from this requirement.

The above named Plan hereby elects under authority of §146.180 of Title 45 of the Code of Federal Regulations to be exempt from the following provisions of HIPAA:

1. Limitations on pre-existing conditions exclusion periods. This Plan will continue to apply the pre-existing conditions provision.
2. Special enrollment periods for individuals (and dependents) losing other coverage. This Plan will continue to allow enrollment under current contract language.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status. This Plan will continue to require the completion of a Health Statement for all late enrollees.
4. Parity on the application of certain limits to mental health benefits. This Plan will continue to allow benefits for mental health related claims as listed in the Summary Plan Document (Benefit Booklet).

I have read the above notification regarding exemption from the Health Insurance Portability and Accountability Act of 1996, and understand this exemption.

Name:

[Redacted]

Date:

09-22-08

Witness:

*Esther A. Malloway*

Date:

9-22-08

(By Employer Representative)

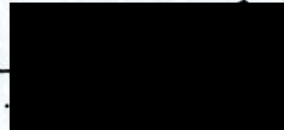


[Redacted Content]



MANSFIELD CITY INCOME TAX

I hereby authorize the Richland County Auditor to make the proper deduction for the Mansfield City Income Tax from my compensation beginning with my first pay period.



09-22-08

DATE

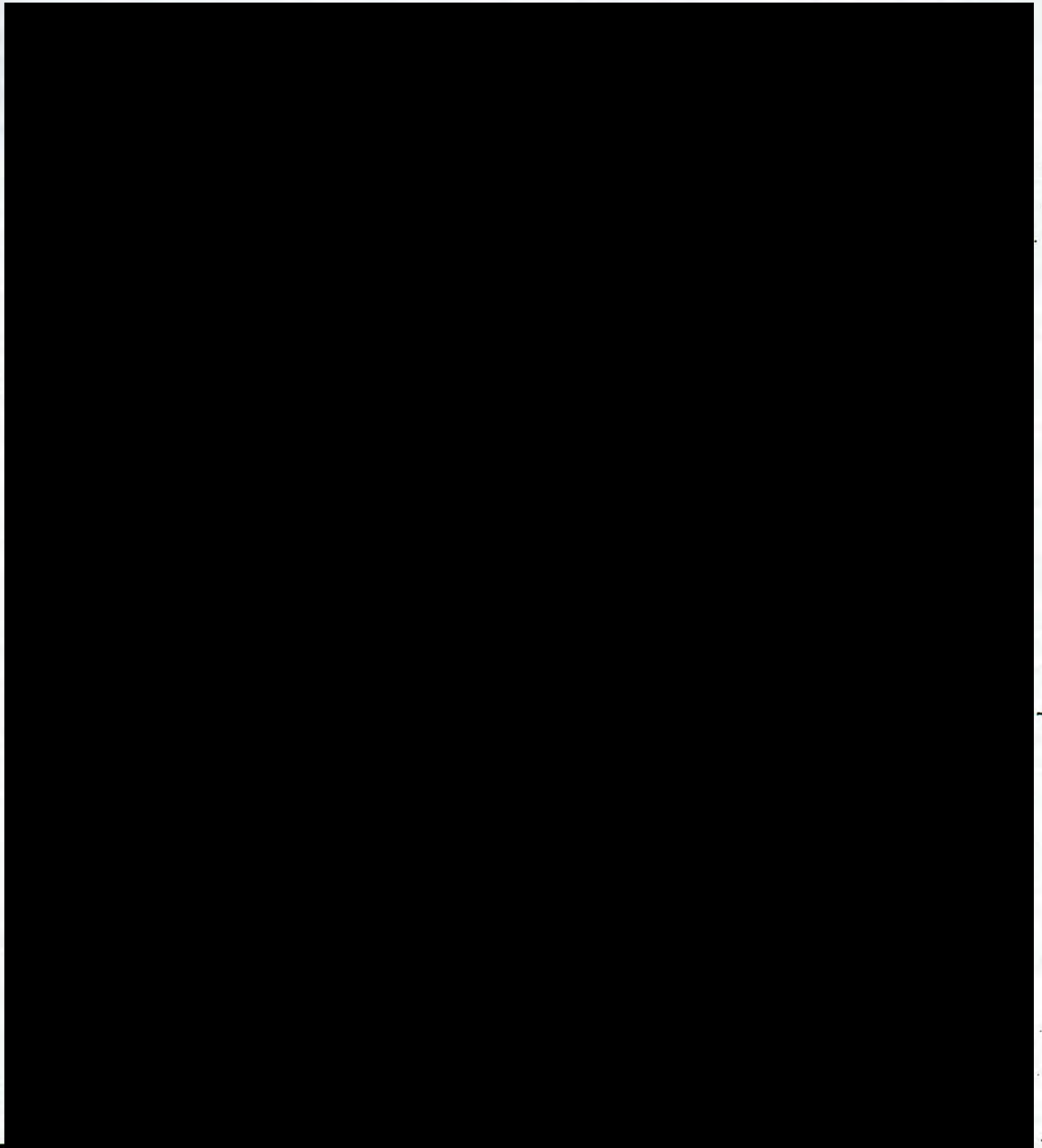
Collections

POSITION

ADDRESS

25











OPERS LAW ENFORCEMENT

EMPLOYEE'S NAME



IS THE EMPLOYEE FULL TIME

☒ YES

☐ NO

DOES EMPLOYEE HAVE PEACE OFFICER'S TRAINING SCHOOL CERT.

☐ YES

☒ NO

IF YES PLEASE ENCLOSE A COPY OF THE CERTIFICATE

WAS EMPLOYEE HIRED AFTER 3-4-1975

☒ YES

☐ NO





# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) [www.opers.org](http://www.opers.org)

## Personal History Record

### INSTRUCTIONS

1. As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in blue or black ink.
2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
3. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
4. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
5. The employer is required to mail the completed form to OPERS at the above address immediately upon hire.

### Section 1 - Personal Information

Social Security Number

Last Name

First Name

MI

Street or Mailing Address

Date Of Birth

Month Day Year

01 12 1981

Gender

Male

Female

☒

☐

Yes No

Maiden Name

Are you legally married?

☐

☒

Work Phone Number

Home Phone Number

Fax Phone Number

### Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

Month Day Year

09 22 2008

Full-Time

Part-Time

☒

☐

Employee Title

Corrections officer



### Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes No If "yes," give first date of service: Month Day Year

If "yes," which employer(s)

[illegible]

2. Do you have previous public service for which OPERS contributions were not submitted? Yes ☐ No ☒  
If "Yes," and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from of any of the following retirement systems? (If applicable, check Refunded, Receiving a Disability Benefit, or Receiving a Retirement Benefit.)

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Teachers Retirement Systems (STRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System (SERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4 - Employee Certification

1 state that the information contained in this form is complete and true to the best of my knowledge and belief.

Month Day Year  
09 22 2008

## Section 5 - Employer Certification

**Employer Name**

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	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

Is this an elected position? Yes ☐ No ☒

If "Yes," OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) and submit it to OPERS.

Is this a law enforcement position? Yes ☐ No ☒

I hereby certify that \_\_\_\_\_ began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment Information, and the statements set forth are true and accurate as disclosed by the records of \_\_\_\_\_

**Certifying Officer Title**

Signature of Certifying Officer



Statement Concerning Your Employment in a Job  
Not Covered by Social Security

Employee Name

Employee ID#

Employer Name

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee

Date 09-22-08



**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	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	COUNTY
		Richland

**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.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
Yes ☒ No
- 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
- 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



09-22-08

Date



**Richland County**  
**Acknowledgement of Electronic Data Utilization Standards Policy**  
**and**  
**HIPAA Policy & Procedure for Security of Protected Health Information**

This form is used to acknowledge receipt of and compliance with the County's Electronic Data Utilization Standards Policy and the HIPAA Policy & Procedure for Security of Protected Health Information.

**Procedure:**

Complete the following steps:

1. Read the entire Electronic Data Utilization Standards Policy and HIPAA Policy & Procedure for Security of Protected Health Information.
2. Sign and Date this form in the spaces provided below.
3. Return this page only to the Human Resources Manager.

**Signature:**

By signing below, I agree to the following terms:

1. I have received and read a copy of the Electronic Data Utilization Standards Policy and HIPAA Policy & Procedure for Security of Protected Health Information and understand and agree to the same.
2. I understand and agree that any software and hardware devices provided to me by the County remain the property of the County.
3. I understand and agree that I am not to modify, alter, or upgrade any software programs or hardware devices provided to me by the organization without the permission of the County.
4. I understand and agree that I shall not copy, duplicate (except for backup purposes as part of my job), or allow anyone else to copy or duplicate any software in accordance with applicable copyright and other intellectual property laws.
5. I understand and agree that upon termination of my employment with the County, for any reason, I shall immediately return to the County any and all of the originals and copies of any and all software, computer materials, and/or computer equipment that I may have received from the County that is either in my possession or otherwise directly or indirectly under my care.
6. I understand and agree that I must make reasonable efforts to protect all County-provided software and hardware devices from theft and physical damage.

By \_\_\_\_\_

\_\_\_\_\_  
Employee's Printed Name

Corrections officer  
Employee Title

09-27-08  
Date

Richland  
County / Location



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

## COMPLETE THIS SECTION ON DELIVERY

## 3. Service Type

- ☒ Certified Mail    ☐ Express Mail  
☐ Registered    ☐ Return Receipt for Merchandise  
☐ Insured Mail    ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 1160 0002 2077 5118

Domestic Return Receipt

102595-02-M-11

U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To





• Sender: Please print your name, address, and ZIP+4 in this box •

Richland County Sheriff's Office  
597 Park Avenue East  
Mansfield OH 44905  
Attn: Det / Mjr. Fortney

**Certified Mail Provides:**

Form 3800, June 2002 (Reverse)

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

**Important Reminders:**

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. Valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the mailpiece at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT:** Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.



# CERTIFICATE OF APPOINTMENT

OF

As

Correction Officer

Office

Sheriff

RICHLAND COUNTY

THIS IS TO CERTIFY that the undersigned being of opinion that the business of this office requires it, has appointed

a suitable and competent person as Correction Officer

Therein, beginning on the 12th day of May 2011 and continuing until otherwise ordered.

Said

as compensation the sum of \$14.4790 dollars (\$ 14.4790 per hour payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

Witness my signature and seal of office, this

12th day of May 2011

*J. Steve Sheldon - Sheriff*  
RICHLAND COUNTY  
J. STEVE SHELDON SHERIFF

## OATH OF OFFICE

Rev. Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

Nathan J. Long being duly sworn, says that he/she will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the Sheriff of said County.

Sworn to before me and signed in my presence, this May 2011

*J. Steve Sheldon - Sheriff*  
J. STEVE SHELDON SHERIFF  
Richland County

Future Changes



Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary \$14.4790 / hour

Effective date 12-24-09

Signed:

*Sheff J. Stinson*

5163 MC AVERY



www.avery.com  
800-GO-AVERY

Use template for 5163®

Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary 13.1646 / hour

Effective Date 09-22-09

Signed:

*Sheff J. Stinson*

111

Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary 13.9427 / hour

Effective date 12-24-09

Signed:

*Sheff J. Stinson*

TrueBlock™ Brevet de Technologie en attente  
Utilisez le gabarit 5163 MC



# CERTIFICATE OF APPOINTMENT

OF

As

Correction Officer

Office

Sheriff

RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed [REDACTED]

a suitable and competent person as                      Correction Officer

Therein, beginning on the 22nd day of September 2008 at 1000 Hrs.  
and continuing until otherwise ordered.

Said

as compensation the sum of \$12.4731 dollars  
(\$ ) per hour payable bi-weekly from the County Treasury upon the warrant of the  
County Auditor.

Witness my signature and seal of office, this 22nd day of September 2008

**RICHLAND COUNTY**

J. STEVE SHELDON SHERIFF

## OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

\_\_\_\_\_ being duly sworn, says that he/she will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the \_\_\_\_\_ Sheriff of said County.

Sworn to before me and signed in my presence, this 22nd day of September 2008

J. STEVE SHERIDON SHERIFF

## Richland County

## Future Changes





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

TO:



FROM: J. Steve Sheldon, Richland County Sheriff

SUBJECT: Probationary Status - Civilian Employees

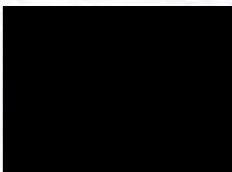
Inasmuch as you have applied for employment with the Richland County Sheriff's Office, I would like to take this opportunity to inform you of the county policy of probationary status for newly hired Civilian Employees.

It is the policy of Richland County, Ohio, that all newly hired employees, as mentioned above, do successfully complete one year probationary period before being considered a permanent county employee. Should you be accepted for employment, you will be required to fulfill this one year probationary period. If, during this period, it becomes apparent through job performance and training that you are unable or unwilling to carry out your assigned duties as a Civilian Employee, you will be notified of such and terminated from your employment with the Richland County Sheriff's Office.

This letter is not meant to scare or otherwise intimidate you. Furthermore, the job requirements and standards are such that if you are hired, you should have no problem in getting through your probationary period. It will require an honest effort on your part to learn your job and perform it to the best of your ability. If for some reason, you are unwilling or unable to measure up to that which is required of you, the Richland County Sheriff's Office does reserve the right to terminate your employment for the convenience and betterment of the county. You would, of course, receive adequate notice of any such notice of any decision to terminate.

I wish you the best of luck in your application process, and should you be hired, I am sure you and Richland County will benefit from your service at the Richland County Sheriff's Office.

J. Steve Sheldon, Richland County Sheriff



09-22-08

Date.

**Richland County Jail**

55 East Second Street • Mansfield, Ohio 44902

Phone: 419-774-5678 Fax: 419-774-5646





**RICHLAND COUNTY SHERIFF'S OFFICE**

**CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT**

Dear [REDACTED]

This letter is to advise you that your application for employment with the Richland County Sheriff's Office for the position of Corrections has been processed.

You have successfully completed the initial phases of the employment process. As a condition of employment, you must successfully meet the Minimum employment standards for a law Enforcement/Corrections Officer and/or required training entrance standards as mandated by state law. You must also successfully complete a Psychological Interview, physical and drug test.

Following successful completion and review of the aforementioned inquiries, you will be informed by letter of your employment status.

Thank you for your interest in employment with the Richland County Sheriff's Office. Upon successful completion of the employment process, your application will be presented to the Sheriff who will make the final determination as to your suitability for employment. This conditional offer of employment shall remain valid and in affect for one year from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon applicant's failure to meet any one of the above terms and conditions.

**ACKNOWLEDGEMENT AND ACCEPTANCE OF OFFER**

I hereby acknowledge and accept the terms and conditions provided above. I exercise this acceptance of my own free will, in good faith and with the understanding that I will be employed in the position of Corrections upon satisfactory completion of the conditions.

[REDACTED]

Witness

*[Signature]*

9-09-08  
Date

9-09-08  
Date



## BACKGROUND INVESTIGATION ACTIVITY LOG

Case No.:

Investigator: B Gunder

Applicant:

<div style="text-align: right;"> <b>D. SANCHEZ</b>  <b>PP-100</b> </div>	
<b>LIST ALL ACTIVITY PERFORMED DURING BACKGROUND INVESTIGATIONS</b>	

[illegible]



RICHLAND COUNTY SHERIFF'S OFFICE

PERSONAL HISTORY QUESTIONNAIRE

A. APPLICANT IDENTIFICATION: Information provided in this section is used for identification purposes only.

1. NAME: [REDACTED] [REDACTED] [REDACTED]



10. HEIGHT: 6'4" WEIGHT: 280

11. EYE COLOR Blue HAIR COLOR: dark Blonde

12. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: N/A



- B. RESIDENCES: List all addresses where you have lived during the past ten years, beginning with present address. List date by month and year, attach extra page if necessary.

DATE FROM:	DATE TO:	ADDRESS
<u>04-07</u>	<u>Present</u>	<u>-----</u>
<u>01-12-1981</u>	<u>04-07</u>	<u>-----</u>
<u>-----</u>	<u>-----</u>	<u>-----</u>
<u>-----</u>	<u>-----</u>	<u>-----</u>
<u>-----</u>	<u>-----</u>	<u>-----</u>
<u>-----</u>	<u>-----</u>	<u>-----</u>
<u>-----</u>	<u>-----</u>	<u>-----</u>

- C. WORK HISTORY: Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of employment.

1. FROM: 06-21-08 TO: present EMPLOYER O'Reilly Auto Parts

ADDRESS: 861 Park Avenue West Mansfield Ohio 44906

PHONE: (419) 526-9000 JOB TITLE: Assistant Manager

DUTIES: customer service, stocking, cash handling, inventory ordering & receiving, store appearance, planograms, etc.

SUPERVISOR: Scott Wise NAME OF CO-WORKER: Ken Zeigler

REASON FOR LEAVING: N/A



2. FROM: 05-31-02 TO: 10-05-07 EMPLOYER Advance Auto Parts

ADDRESS: 177 Lexington Ave. Mansfield Ohio 44907

PHONE: (419) 522-0501 JOB TITLE: Store Manager

DUTIES: Hiring, firing, schedules, budgets, customer service, store appearance, programs, cycle counts, ect.

SUPERVISOR: Harry Williams NAME OF CO-WORKER: Mike Perry

REASON FOR LEAVING: issues w/DM. related for "Job performance"

3. FROM: 08-26-99 TO: 05-30-02 EMPLOYER Auto Zone

ADDRESS: 727 E. Main St. Ashland Ohio 44805

PHONE: (419) 289-2327 JOB TITLE: Assistant Manager in training

DUTIES: customer service, stocking, ordering driving, scheduling programs, cycle counts, parts testing, ect.

SUPERVISOR: Bruce Buzzard NAME OF CO-WORKER: Terry Ellis

REASON FOR LEAVING: Better opportunity for advancement consistent he's + more money

4. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_



5. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

6. FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

\* DUTIES: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ NAME OF CO-WORKER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**D. MILITARY RECORD:**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ YES ☒ NO

2. DATE OF SERVICE: FROM: N/A TO: N/A

3. BRANCH OF SERVICE: N/A

UNIT DESIGNATION: N/A

MILITARY SERVICE NUMBER: N/A

HIGHEST RANK HELD: N/A

TYPE OF DISCHARGE: N/A



4. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE, INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.? \_\_\_\_\_ YES N/A NO

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
<u>N/A</u>	_____	_____	_____	_____
<u>N/A</u>	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

N/A

E. EDUCATIONAL HISTORY:

HIGH SCHOOL	CITY/STATE	DATES ATTENDED (FROM TO)	GRADUATED (YES OR NO)
<u>Northwestern</u>	<u>West Salem, Ohio</u>	<u>95</u> <u>99</u>	<u>yes</u>
_____	_____	_____	_____

1. COLLEGE OR UNIVERSITY ATTENDED: N/A

CITY AND STATE: N/A DATES ATTENDED: N/A

UNITS COMPLETED: N/A MAJOR / MINOR: N/A

DEGREE RECEIVED: N/A DATE RECEIVED: N/A

2. COLLEGE OR UNIVERSITY ATTENDED: N/A

CITY AND STATE: N/A DATES ATTENDED: N/A

UNITS COMPLETED: N/A MAJOR / MINOR: N/A

DEGREE RECEIVED: N/A DATE RECEIVED: N/A



# Richland Co. Payroll Form

270.28





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

COPY

May 5, 2011

Re: Recall from Layoff

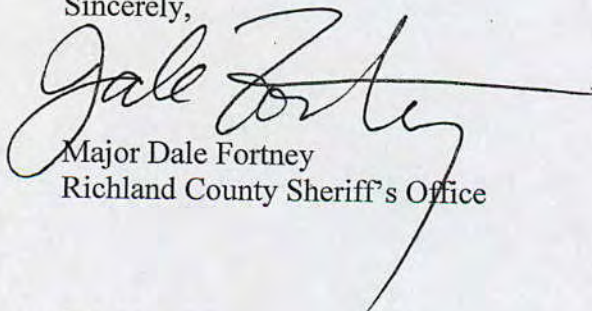
Dear Mr. [REDACTED]:

Pursuant to the Collective Bargaining Agreement Article 38 "Layoff and Recall", Section 38.04, this is the official notice that you are being recalled from layoff status. You have ten (10) days from receiving this letter to notify me of your intentions to return to duty as a Correction Officer for the Richland County Sheriff's Office.

Please notify me as soon as possible by calling 419-774-3569 or notify me in person at the Richland County Sheriff's Office at 597 Park Avenue East Mansfield, Ohio.

Thank you.

Sincerely,

  
Major Dale Fortney  
Richland County Sheriff's Office

DF:df  
Cc:file





**Richland County**  
**Acknowledgement of Electronic Data Utilization Standards Policy**  
**and**  
**HIPAA Policy & Procedure for Security of Protected Health Information**

This form is used to acknowledge receipt of and compliance with the County's Electronic Data Utilization Standards Policy and the HIPAA Policy & Procedure for Security of Protected Health Information.

**Procedure:**

Complete the following steps:

1. Read the entire Electronic Data Utilization Standards Policy and HIPAA Policy & Procedure for Security of Protected Health Information.
2. Sign and Date this form in the spaces provided below.
3. Return this page only to the Human Resources Manager.

**Signature:**

By signing below, I agree to the following terms:

1. I have received and read a copy of the Electronic Data Utilization Standards Policy and HIPAA Policy & Procedure for Security of Protected Health Information and understand and agree to the same.
2. I understand and agree that any software and hardware devices provided to me by the County remain the property of the County.
3. I understand and agree that I am not to modify, alter, or upgrade any software programs or hardware devices provided to me by the organization without the permission of the County.
4. I understand and agree that I shall not copy, duplicate (except for backup purposes as part of my job), or allow anyone else to copy or duplicate any software in accordance with applicable copyright and other intellectual property laws.
5. I understand and agree that upon termination of my employment with the County, for any reason, I shall immediately return to the County any and all of the originals and copies of any and all software, computer materials, and/or computer equipment that I may have received from the County that is either in my possession or otherwise directly or indirectly under my care.
6. I understand and agree that I must make reasonable efforts to protect all County-provided software and hardware devices from theft and physical damage.

E

ame

Corrections officer  
Employee Title

09-27-08  
Date

Richland  
County / Location



## 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	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		

## 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



Statement Concerning Your Employment in a Job  
Not Covered by Social Security

Employee Name



Employee ID#

Employer Name

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

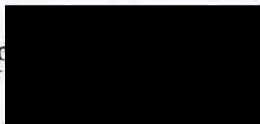
For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee



Date 09-22-08





# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

## Personal History Record

### INSTRUCTIONS

1. As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in blue or black ink.
2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
3. Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
4. The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
5. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

### Section 1 - Personal Information

Social Security Number

Last Name

First Name

MI

Apt. Number

Date Of Birth

Month Day Year

01 12 1981

Gender

Male

Female

☒

☐

Yes No

Maiden Name

Are you legally married?

☐ ☒

Work Phone Number

Fax Phone Number

E-mail Address

### Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

Month Day Year

09 22 2008

Full-Time

Part-Time

☒

☐

Employee Title

Corrections officer



### Section 3 - Prior Service Information

- Ye**

No

Month

Day

Year

[illegible]

2. Do you have previous public service for which OPERS contributions were not submitted? Yes ☐ No ☒  
If "Yes," and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from of any of the following retirement systems? (If applicable, check Refunded, Receiving a Disability Benefit, or Receiving a Retirement Benefit.)

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Teachers Retirement Systems (STRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System (SERS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Month

Day

Year

0	9	2	2	2	0	0	8
---	---	---	---	---	---	---	---

## Section 5 - Employer Certification

\_\_\_\_\_

Is this an elected position? Yes ☐ No ☒

**If "Yes," OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) and submit it to OPERS.**

Is this a law enforcement position? Yes ☐ No ☒

I hereby certify that \_\_\_\_\_ began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment Information, and the statements set forth are true and accurate as disclosed by the records of \_\_\_\_\_

Signature of Certifying Officer



OPERS LAW ENFORCEMENT

EMPLOYEE'S NAME



IS THE EMPLOYEE FULL TIME

☒ YES

NO

DOES EMPLOYEE HAVE PEACE OFFICER'S TRAINING SCHOOL CERT.

YES

☒ NO

IF YES PLEASE ENCLOSE A COPY OF THE CERTIFICATE

WAS EMPLOYEE HIRED AFTER 3-4-1975

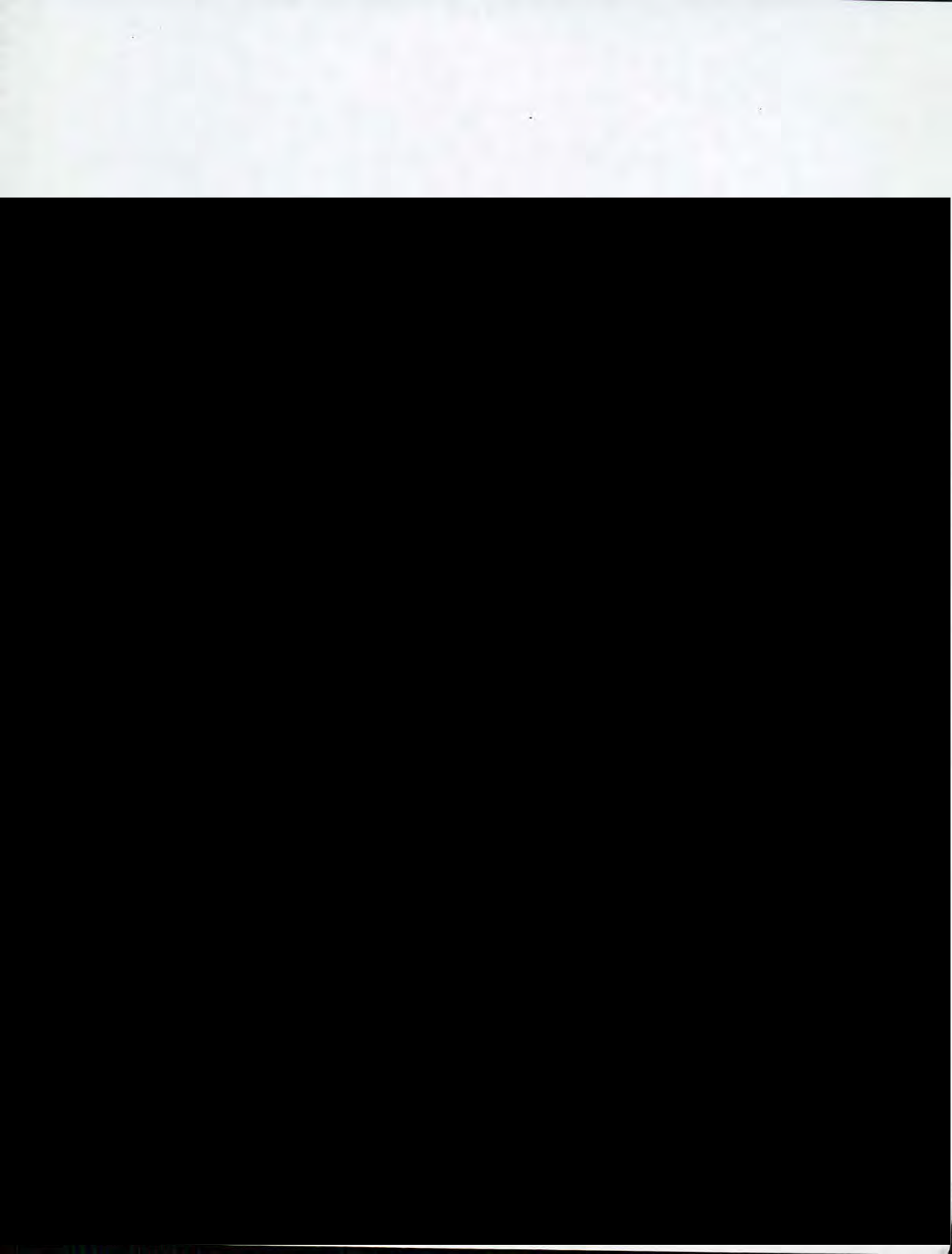
☒ YES

NO











MANSFIELD CITY INCOME TAX

I hereby authorize the Richland County Auditor to make the proper deduction for the Mansfield City Income Tax from my compensation beginning with my first pay period.

[REDACTED]

E

09-22-08

DATE

*Collections*

POSITION

[REDACTED]

*Mansfield Oh, 44905*

ADDRESS



[Redacted content]



PLAN NAME: Richland County Employee Health Benefit Plan

### NOTICE TO NEW HIRES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes certain benefit plan mandates beginning with plan year anniversary dates of July 1, 1997. Non-Federal governmental plans may elect to be exempt from this requirement.

The above named Plan hereby elects under authority of §146.180 of Title 45 of the Code of Federal Regulations to be exempt from the following provisions of HIPAA:

1. Limitations on pre-existing conditions exclusion periods. This Plan will continue to apply the pre-existing conditions provision.
2. Special enrollment periods for individuals (and dependents) losing other coverage. This Plan will continue to allow enrollment under current contract language.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status. This Plan will continue to require the completion of a Health Statement for all late enrollees.
4. Parity on the application of certain limits to mental health benefits. This Plan will continue to allow benefits for mental health related claims as listed in the Summary Plan Document (Benefit Booklet).

I have read the above notification regarding exemption from the Health Insurance Portability and Accountability Act of 1996, and understand this exemption.

Name:

[REDACTED]

Date:

09-22-08

Witness:

*Estelita A. Hallway*

Date:

9-22-08

(By Employer Representative)



INTERNAL SCHEDULE C

Full Name: \_\_\_\_\_

Department: 544

Position: Correction Officer

Date of Birth 01-12-1981  
State of Ohio to run a MVR)

I understand that as a condition of driving a County-owned/leased vehicle or my personal vehicle on County business, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing county minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3) year period.

QUESTIONNAIRE:

During the previous thirty-six month period, have you been involved in any of the following:

1. Have automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?

NO

2. Been involved in any accidents either at fault or not at fault?

10-9-05 ~~failure to control~~ failure to control

3. Been arrested for any traffic related incidents?

yes

4. Had any traffic violations other than overtime parking?

10-9-05, July 01 07 speeding

NO

yes

Please provide all details including date and location for any question answered yes.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four hours or the next business day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

09-22-08  
Date



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

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

Name: Last [redacted] First [redacted] Middle Initial [redacted] Maiden Name [redacted]  
Apt. # [redacted] Date of Birth (month/day/year) 01-12-1981

Prisonment a  
e of false documents in  
completion of this form.

(Alien # or Admission #) [redacted] Date (month/day/year) 09-22-08

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

Print Name [redacted] Date (month/day/year) [redacted]  
Address (Street Name and Number, City, State, Zip Code) [redacted]

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

[redacted] AND [redacted] List C [redacted]

employee, that the above-listed [redacted] employee began employment on (month/day/year) [redacted] and is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)  
Signature of Employer or Authorized Representative [redacted] Print Name PATRICIA A. GALLIWAY  
Business or Organization Name P.C.S.O. 597 P.A.E. Mansfield, OH 44905 Date (month/day/year) 09-22-08  
Title Payroll Supervisor

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

A. New Name (if applicable) [redacted] B. Date of rehire (month/day/year) (if applicable) [redacted]  
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: [redacted] Document #: [redacted] Expiration Date (if any): [redacted]  
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.  
Signature of Employer or Authorized Representative [redacted] Date (month/day/year) [redacted]

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.



**Anthem**

GROUP NAME: Richland County Employee Benefit Plan



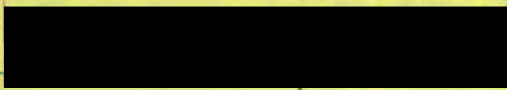
**Group Insurance Change Report**

*American United Life Insurance Company\**  
*One American Square, P.O. Box 6123*  
*Indianapolis, IN 46206-6123*  
*(800) 559-5318 Telephone*





D.O.H. 09-22-08  
LAYOFF 04-08-10



14.6427 R70hrs 48 \$702.85  
OT 0

15.1790 Holiday 40 \$607.16

VETS PERMA 16 \$242.86

EXTRA RATO 0

CHRISTMAS COMP 18 \$273.22 <sup>F430</sup>

04-08-09-04-08-10

N.Y.S VAC 124.03 \$1882.65 <sup>5430</sup>

MLK

Sick For record mly 185.719

03-31-10 VAC BAL  
122.170  
+ 1.86  

---

124.03

SICK BAL  
182.959  
+ 2.76  

---

185.729  
  
185.719

OP - \$270.27<sup>.28</sup>





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

DATE: April 15, 2010

TO: Bookkeeping Department  
Richland County

FROM: J. Steve Sheldon, Sheriff  
Richland County

RE: [REDACTED] Lay Off

[REDACTED] began employment with the Richland County Sheriff's Office on 09-22-08 and laid off on 04-08-10.

Therefore he is entitled to the following for the pay period of 04-01-10 through 04-14-10:

Regular Hours	48.00
Overtime Hours	0.00
Holiday Hours –	40.00
Personal Days –	16.00
RATO Days –	0.00
Comp Time Hours –	18.00
Vacation Hours	124.03
Sick Leave Hours	0.00
<b>SICK LEAVE FOR RECORD ONLY</b>	<b>185.719</b>

Your assistance in this matter is appreciated.

Sincerely,

J. Steve Sheldon, Sheriff  
Richland County





Employee#

**"NEW EMPLOYEE" PROCESSING  
PERSONAL DATA**

The following information is required in order to correctly process new employees:

1. NAME:

[Redacted content]



RICHLAND COUNTY SHERIFF'S OFFICE  
Mansfield, Ohio

**ACKNOWLEDGEMENT SHEET**

I acknowledge receipt of the Richland County Sheriff's Office Employee Handbook and hereby affirm I will read and understand the written information in this booklet and agree to follow all the rules and regulations therein. I further agree if any subject matter in this booklet is not clear to me, I will contact my immediate supervisor for clarification. I understand that as a Richland County Sheriff's employee, I must always strive to do my best on the job and treat others with respect, and follow the rules described in this handbook.

Employee's Signature \_\_\_\_\_

Date 9-22-08

**Date of Revision Copy Issued 04/2008**

NOTE: Return signed acknowledgement to Pat Galliway





AUTHORIZATION FOR DUES DEDUCTION  
**FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC.**

222 E. Town St., Columbus, Ohio 43215

1-800-FOP-OLCI

\$15.90

I, the undersigned, hereby authorize my Employer to check off and deduct from my payroll an amount equal to dues, remitting directly to the F.O.P. Ohio Labor Council, Inc.

(PLEASE PRINT)

Place of Employment Richland County Sheriff's office

Name of Employee: [REDACTED]



Richland Co. Sheriff Office  
Appointment/Salary Change Record

Name: [REDACTED]

New Salary Lay Off / hour

Effective Date 04-08-10

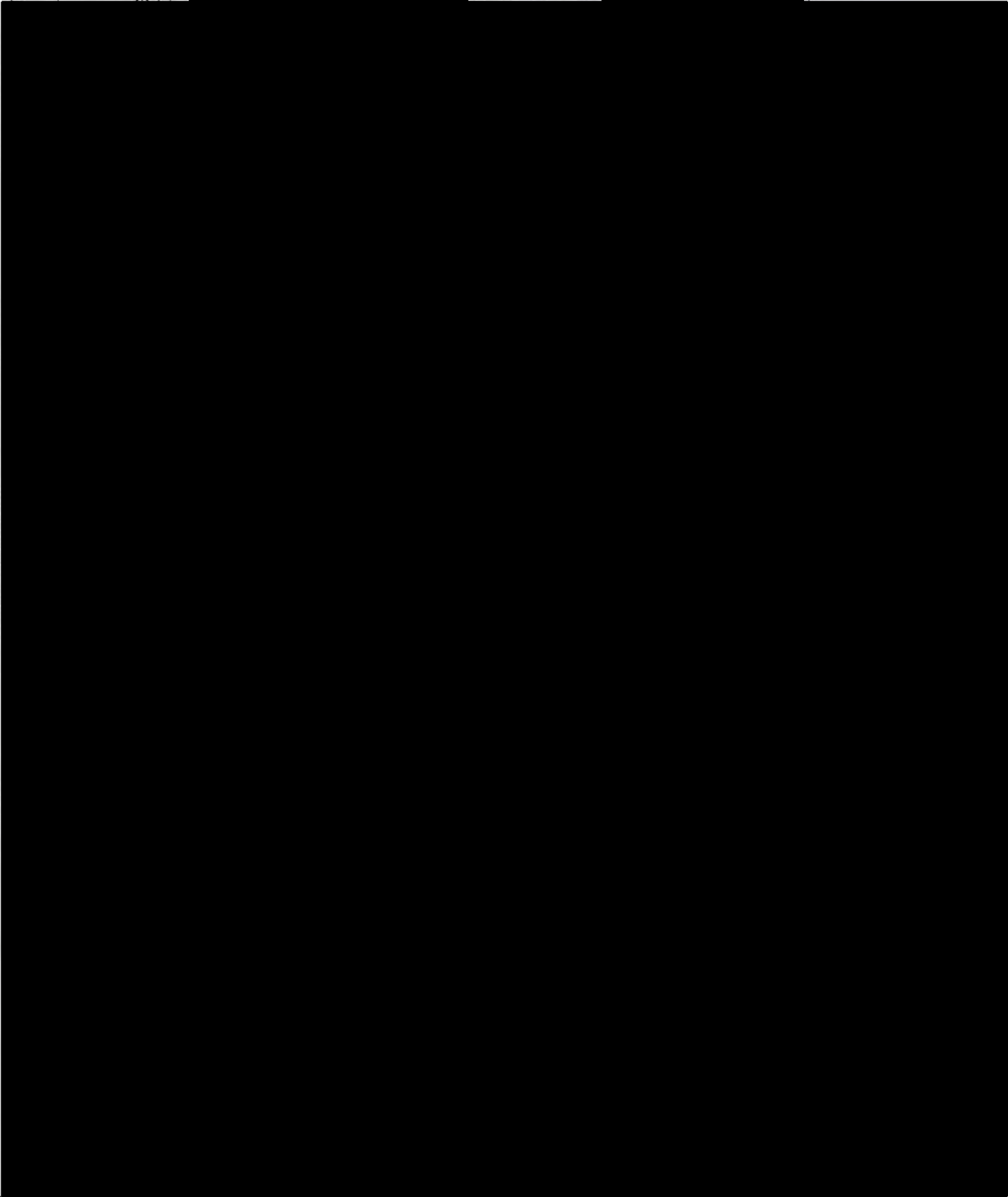
Signed: *Sherriff J. L. - A. L. L.*



**RICHLAND COUNTY Enrollment/Change Form**  
*(use ballpoint pen and press firmly)*

Department Number: 071  
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE		9-22-08	1-1-2013
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				
NAME OF EMPLOYEE: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED]				
Social Security #: [REDACTED]				





Erika

Can I please get my address changed to

[REDACTED]

[REDACTED]

[REDACTED]



83

NO Kase record

RICHLAND COUNTY SHERIFF'S OFFICE  
597 PARK AVENUE EAST  
MANSFIELD, OHIO 44905

PHONE: (419) 774-5881

FAX: (419) 522-8153

APPLICATION FOR EMPLOYMENTPrint Clearly and Answer All Questions.Date of Application: 08-23-07Position Applied For: \_\_\_\_\_ Department: N/AName: \_\_\_\_\_  
First MiddleAddress: \_\_\_\_\_  
Number Street City State Zip Code

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

If hired, when would you be available to begin?: two weeks after notificationHave you filed an application with Richland County before: No Date: N/AHave you worked for Richland County before? No If yes, when? N/AIn which department? N/ADo you have any relatives currently employed by Richland County? NoIf yes, in what department? N/AAre you 18 or over? Yes ☒ No ☐Do you have the legal right to live and work in the US? Yes ☒ No ☐Do you meet the minimum qualifications for the classification for which you are applying? Yes ☒ No ☐



Have you ever been convicted of a felony?

Yes \_\_\_\_\_ No ☒

If yes, please explain: N/A

Do you possess a valid Driver's License?

Yes ☒ No \_\_\_\_\_

If yes, what is the license number

MILITARY SERVICE INFORMATION:

Branch of Service: N/A

Highest Rank Achieved: N/A Job Title: N/A

Duties: N/A

Total Length of Service Time: N/A

Reserve or National Guard Status: N/A

EDUCATION:

EDUCATION:	High School	College	Graduate / Professional
School Name	<u>Northwestern</u>	<u>N/A</u>	<u>N/A</u>
School Address	<u>7473 N. Elyria Rd</u>	<u>N/A</u>	<u>N/A</u>
Diploma/Degree	<u>West Salem OH 44287</u>	<u>N/A</u>	<u>N/A</u>
Describe Course of Study	<u>yes</u>	<u>N/A</u>	<u>N/A</u>
Grade Point	<u>general + AgShop</u>	<u>N/A</u>	<u>N/A</u>
Specialized Training:	<u>N/A</u>		



### EMPLOYMENT HISTORY:

Account for ALL times in the past TEN years, including periods of unemployment. Indicate name used if other than signature on this application. Begin with PRESENT position or occupation. In addition, list any other qualifying experience in the last ten years. If you need more room, use a separate piece of paper. A resume is welcome in addition to this application, however, it may not be substituted for any part of this application.

☐ Company Name / Address: Advance Auto Parts 177 Lexington Ave. Mansfield oh, 44907

Phone #: 419-522-0501 Fax #: 419 522-0763 Ending Salary: \$644.00/week

Your Title: Store Manager Dates worked: From: 5-31-02 to present

Your Duties: Responsible for myself + everyone elses Actions-Making budgets schedule, inventory, Sales, parts lookup, diagnostics, customer service + problem customers.

Reason for Leaving: still there

☐ Company Name / Address: Auto Zone 727 E Main St Ashland ohio 44805

Phone #: 419 289-2327 Fax #: N/A Ending Salary: \$8.50/hr

Your Title: Assistant Manager in training Dates worked: From: 8-26-99 to 5-30-02

Your Duties: Inventory, customer service, scheduling, sales, floors, managed red shirts

Reason for Leaving: More money + opportunity for advancement

☐ Company Name / Address: Blue Beacon Truckwash

Phone #: N/A Fax #: N/A Ending Salary: \$75.00/truck

Your Title: Semi Attendant Dates worked: From: 6-3-99 to 6-5-99

Your Duties: cleaning + detailing Semi's

Reason for Leaving: Company Shut down

☐ Company Name / Address: N/A

Phone #: N/A Fax #: N/A Ending Salary: N/A

Your Title: N/A Dates worked: From: N/A to N/A

Your Duties: N/A

Reason for Leaving: N/A

\*\*Place a check next to any employer whom you do not wish to be contacted.\*\*



SKILLS:

Typing: yes WPM: N/A Shorthand: N/A WPM: N/A

Computers: word Excell

\* CURRENT SPECIAL LICENSES:

Type: CCW State: Ohio Number: 3-ASH-000469

Type: N/A State: N/A Number: N/A

List other special equipment or machinery operated in previous jobs: Forklift

motorized pallet Jack

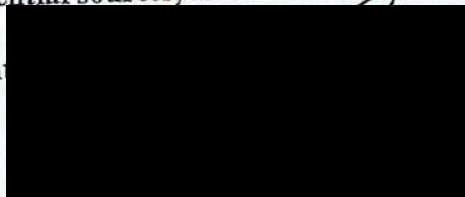
RELEASE AND AUTHORIZATION

**\*\*PLEASE READ CAREFULLY\*\***

I certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from Richland County.

By signing this waiver, I expressly authorize Richland County, Ohio to make a thorough investigation of my past employment and activities which may include, but not be limited to, a motor vehicle record check, police record check, etc. I also authorize Richland County to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Richland County, Ohio with this information upon their request. I recognize the right of Richland County, Ohio to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Signature of applicant



Date: 8-23-07

**\*\*Incomplete or missing information may prevent this application from being processed.\*\***



APPLICANT SCHEDULE C

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

OH DL # \_\_\_\_\_

(T) \_\_\_\_\_

I understand

personal vehicle on county business, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3) year period.

QUESTIONNAIRE:

During the previous thirty-six month period, have you been involved in any of the following:

1. Have automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?

NO

2. Been involved in any accidents either at fault or not at fault?

yes on 10-9-05 I wrecked my 98 Pontiac Trans Am on St RT 30 from interstate 71, hit bumper wet road.

3. Been arrested for any traffic related incidents?

NO

4. Had any traffic violations other than overtime parking?

yes on 10-9-05 speeding + failure to control

Please provide all details including date and location for any question answered yes.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four hours or the next working day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

08-23-07

Date



ON 08/12/08 I MADE CONTACT WITH NATHAN LONG AT HIS RESIDENCE IN REFERENCE TO A HOME VISIT FOR A BACKGROUND CHECK. THE RESIDENCE WAS NEAT AND ORDERLY AND MR. LONG WAS WELL DRESSED. UPON SPEAKING TO MR. LONG ABOUT EMPLOYMENT HE WAS WELL SPOKEN AND SHOWED AN EAGERNESS FOR THE JOB. MR. LONG ADVISED THAT HE IS LOOKING FOR STABLE EMPLOYMENT WITH OPPORTUNITY FOR ADVANCEMENT.

MR. [REDACTED] APPEARS TO HAVE A GOOD FAMILY LIFE WITH HIS LIVE IN GIRL FRIEND AND TWO CHILDREN. HE ADVISED THAT HE IS ABLE TO WORK ANY SHIFT AND WOULD BE ABLE TO START ANYTIME, BUT WOULD PREFER TO GIVE HIS PRESENT EMPLOYER TWO WEEKS NOTICE.

I CHECKED WITH MR. LONG'S PERSONAL REFERENCES AND ALL HAD NOTHING BUT GOOD THINGS TO SAY ABOUT HIM. A COUPLE HAVE WORKED WITH MR. LONG AND ADVISED THAT THEY WOULD NOT HESITATE TO HIRE HIM IN A SECOND.

MR. [REDACTED] APPEARS TO HAVE HIS LIFE IN GOOD ORDER AND WOULD BE A GOOD CANDIDATE FOR THE POSITION OF CORRECTIONS OFFICER.

DEPUTY BRIAN GUNDER #752



6. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN, WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? YES \_\_\_\_\_ NO ✓

IF YES, EXPLAIN IN DETAIL. N/A

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I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.



08-08-08  
Date



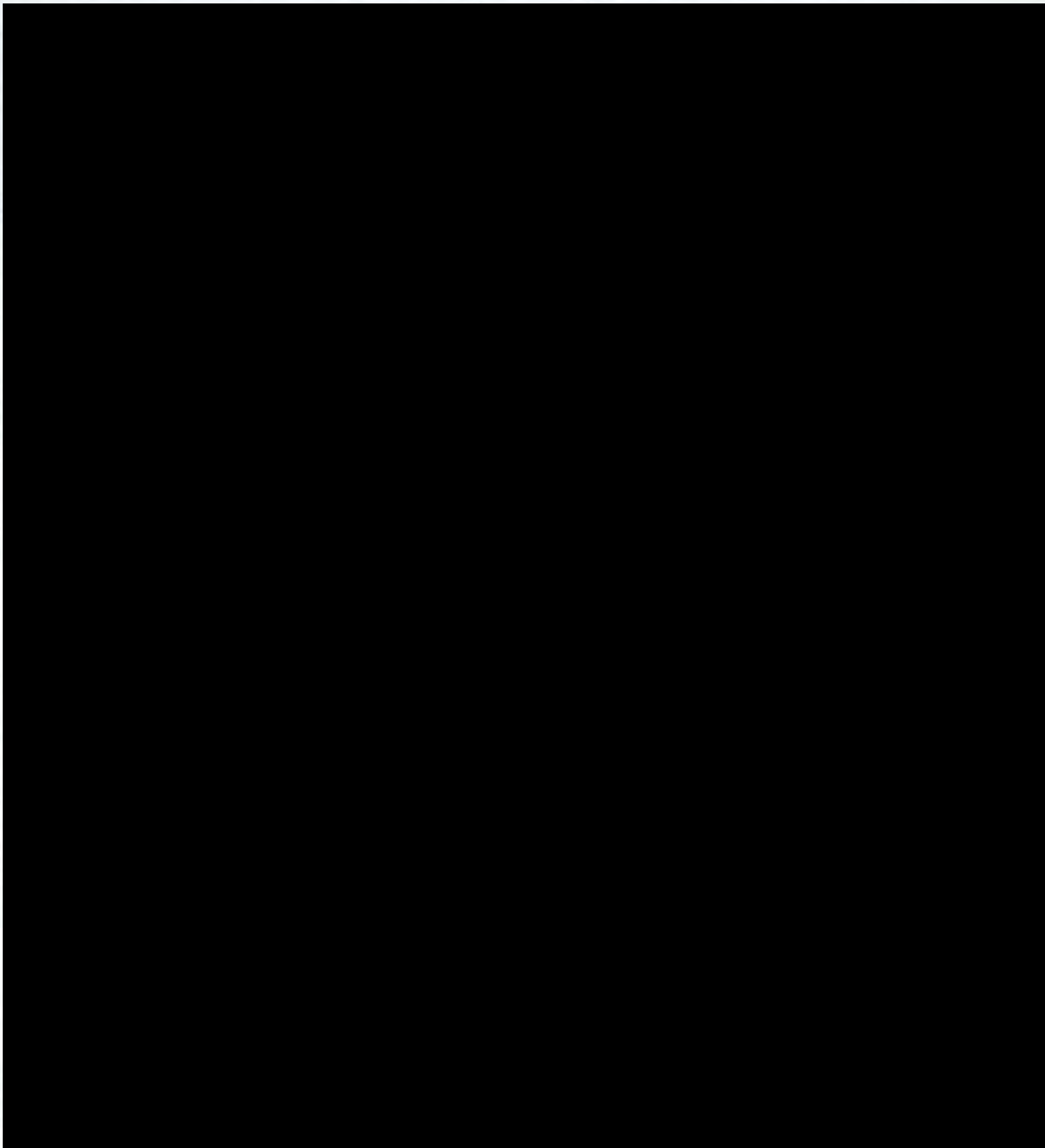
L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT.)

NAME & ADDRESS	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	DATES BELONGING
<u>Harley Owners Group</u>	<u>Social</u>	<u>04-present</u>
<u>Automotive Service Excellence</u>	<u>Professional</u>	<u>03-08</u>
_____	_____	_____

M. PERSONAL DECLARATIONS:

1. DESCRIBE IN YOUR OWN WORDS, THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS? about 2 drinks every 4 months
2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? YES \_\_\_\_\_ NO ☒  
IF YES, WHAT WERE THE CIRCUMSTANCES? N/A
3. HAVE YOU SOLD OR FURNISHED ~~\_\_\_\_\_~~ NARCOTICS TO ANYONE? YES \_\_\_\_\_ NO ☒  
IF YES, EXPLAIN IN DETAIL N/A
4. IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A LAW ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? YES \_\_\_\_\_ NO ☒  
IF YES, EXPLAIN IN DETAIL. N/A
5. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER? YES \_\_\_\_\_ NO ☒  
IF YES, EXPLAIN IN DETAIL. N/A







3. NAME: Ben Hamilton ADDRESS: 455 Topaz Ave. Mansfield, Ohio 44907

HOME PHONE: [REDACTED] YEARS KNOWN: 3 1/2 yrs

BUSINESS ADDRESS: 861 Park Ave. West Mansfield, Ohio 44906 BUSINESS PHONE: (419) 526-9000

4. NAME: Rene Clark ADDRESS: 64 Hoffman Ave. Mansfield, Ohio 44906

HOME PHONE: [REDACTED] YEARS KNOWN: 9 yrs

BUSINESS ADDRESS: 861 Park Ave. West Mansfield, Ohio 44906 BUSINESS PHONE: (419) 526-9000

5. NAME: Terry Ellis ADDRESS: 477 Agate Ave. Mansfield, Ohio 44907

HOME PHONE: [REDACTED] YEARS KNOWN: 9 yrs

BUSINESS ADDRESS: 427 Beall Ave. Wooster, Ohio 44691 BUSINESS PHONE: (330) 262-3420

K. FINANCIAL HISTORY: (SOURCES OF INCOME)

1. WHAT IS YOUR PRESENT SALARY OR WAGES? 10.50 per hr

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?

YES \_\_\_\_\_ NO ✓ IF YES, HOW MUCH \_\_\_\_\_

HOW OFTEN: N/A

THE SOURCE: N/A

3. DO YOU OWN ANY REAL ESTATE? YES \_\_\_\_\_ NO ✓ VALUE N/A

LOCATION: N/A

4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER? YES \_\_\_\_\_ NO ✓ VALUE N/A

5. DO YOU OWN CORPORATE STOCK? YES \_\_\_\_\_ NO ✓ VALUE N/A



5. LIST ALL OTHER DEPENDENTS

NAME	ADDRESS	RELATIONSHIP
<u>N/A</u>	<u></u>	<u></u>
<u>N/A</u>	<u></u>	<u></u>
<u>N/A</u>	<u></u>	<u></u>

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME) BROTHERS AND SISTERS. IF DECEASED, SO INDICATE.

2. NAME: Lynn Rexrode ADDRESS: 1798 Cranberry Ct. Mansfield Ohio 44905

HOME PHONE: [REDACTED] YEARS KNOWN: 2 1/2 yr

BUSINESS ADDRESS: 690 Ashland Rd Mansfield Ohio 44905 BUSINESS PHONE: (419) 522-0471



4. DESCRIBE IN A BRIEF NARRATIVE, ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

On 10-9-05 I was traveling south bound on I 71 & lost control of my 98 pontiac Trans Am getting on to state RT. 30. when in the Apex of exit ramp the rear of car kicked out & spun vehicle into ditch, I was the only vehicle involved.

DATE OF ORDER OR DECREE: N/A

COURT & STATE WHERE ISSUED N/A

4. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE: (NATURAL, STEPCHILDREN, ADOPTED AND FOSTER CHILDREN.)

NAME	RELATION	BIRTH DATE	ADDRESS	SUPPORTED BY
<u>N/A</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>N/A</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>N/A</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>N/A</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>



G. CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION:

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONED INTO COURT?        YES   ✓   NO

IF YES, COMPLETE THE FOLLOWING: (LIST JUVENILE AS WELL AS ADULT OCCURRENCES.)

CRIME CHARGED	CITY/STATE POLICE AGENCY	DATE	CASE DISPOSITION
<u>N/A</u>	<u>                                </u>	<u>                                </u>	<u>                                </u>
<u>N/A</u>	<u>                                </u>	<u>                                </u>	<u>                                </u>

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

       YES   ✓   NO IF YES, GIVE DETAILS: N/A

H. TRAFFIC RECORD:

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?        YES   ✓   NO

IF YES, GIVE DATE, LOCATIONS AND REASONS: N/A

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? Progressive

3. LIST TO THE BEST OF YOUR MEMORY, ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS:

MONTH & YEAR	CHARGE	CITY & STATE	CASE DISPOSITION
<u>10-9-05</u>	<u>failure to control &amp; Speeding</u>	<u>Richland Co. Ohio</u>	<u>                                </u>
<u>July 07</u>	<u>Speeding</u>	<u>Sevierville Tenn</u>	<u>                                </u>
<u>03</u>	<u>Speeding</u>	<u>Ashland Ohio</u>	<u>                                </u>



3. LIST OTHER SCHOOLS ATTENDED: (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

N/A

F. SPECIAL QUALIFICATIONS AND SKILLS:

1. LIST ANY SPECIAL LICENSES YOU HOLD: SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC., SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

Ohio CCW Ashland County Sheriff's office 10-15-04 - 10-15-08

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

Forklift Arbitrator obd II scanner

3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA, YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD OR FAIR.)

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
<u>N/A</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u>N/A</u>	<u></u>	<u></u>	<u></u>	<u></u>

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

Good with Fire Arms & Automobiles



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Page 2 of 5

Appendix I

Assessors Name: Sgt. GILLIS

Candidates Name: [REDACTED]

<u>Questions</u>		<u>Poor</u>		<u>Average</u>		<u>Excellent</u>		<u>Total</u>
1.	Describe in your own words what specific duties are involved in a corrections officer? <i>Listening to your supervisor Inmate safety</i>	1	2	(3)	4	5	6	7
2.	What do you think the negatives of this type of work will be? <i>maybe stress. forced OT.</i>	1	2	3	4	(5)	6	7
3.	What are some important things you yourself expect to get out of this job? <i>more like a career not a job. Benefits Baby on way.</i>	1	2	3	4	(5)	6	7
4.	Why do you think you would like this type of work? <i>like the idea of helping each other out.</i>	1	2	3	(4)	5	6	7



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Page 3 of 5

Appendix I

	<u>Questions</u>	<u>Poor</u>		<u>Average</u>	<u>Excellent</u>	<u>Total</u>
5.	What would you say your strengths and weaknesses are for this job? <i>Something different + keep you guard up. ? neg.</i>	1	2	3	(4)	5 6 7
6	Describe what you liked and disliked about your supervisor in your current or last job? <i>Not fair. Did not respect his Boss. Made up stories about the store</i>	1	2	3	(4)	5 6 7
7.	From you're past experience, what are some specific job duties you would prefer to avoid in future jobs? <i>Nothing.</i>	1	2	3	(4)	5 6 7
8.	What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language? <i>use the language</i>	1	2	3	(4)	5 6 7
9.	What will your current or last employer say when we call for a reference check? <i>They would say nothing BAD. he treats his employees Good</i>	1	2	(3)	4	5 6 7



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Page 4 of 5

Appendix I

10. Do you have any questions about the Physical demands or equipment usage for this position?

Comments:

*Nothing he would have issues with*

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?

Comments:

*NO*

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?

Comments:

*NO*

TOTAL OF ALL COLUMNS:		36
AVERAGE SCORE		4
To derive the average score add all columns and divide by the number of questions asked.		

Any Additional Comments:



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Page 2 of 5

Appendix I

Assessors Name: SGT. C. BLUNK

Candidates Name: [REDACTED]

Assessors Name: _____												
		<u>Questions</u>							<u>Poor</u>	<u>Average</u>	<u>Excellent</u>	<u>Total</u>
		1	2	3	4	5	6	7				
1.	Describe in your own words what specific duties are involved in a corrections officer?				4							4
		<i>Attention to detail</i> <i>Listening</i> <i>Reporting</i> <i>Employer, Prisoner Safety.</i>										
2.	What do you think the negatives of this type of work will be?	1	2	3	4	5	6	7				5
		<i>Stress</i> <i>forced O.T.</i> <i>Physical Danger</i>										
3.	What are some important things you yourself expect to get out of this job?	1	2	3	4	5	6	7				5
		<i>I want something more than</i> <i>a job - I want a career</i>										
4.	Why do you think you would like this type of work?	1	2	3	4	5	6	7				
		<i>Long Pause...</i> <i>helping out</i> <i>comrodery?</i>										



**Richland County Sheriff's Office**  
**Oral Interview Questions**  
**Corrections Entry Level**

Page 3 of 5

## Appendix I

Questions	Poor	Average	Excellent	Total				
5. What would you say your strengths and weaknesses are for this job? <i>I have watched S about L.E. don't let your guard down</i>	1	2	3	4	5	6	7	3
6. Describe what you liked and disliked about your supervisor in your current or last job? Liked: <i>not much had no respect for him</i> Disliked: <i>unfair Discipline b/c his 'buddy' got a job</i>	1	2	3	4	5	6	7	3
7. From your past experience, what are some specific job duties you would prefer to avoid in future jobs? <i>not anything he would avoid.</i>	1	2	3	4	5	6	7	6
8. What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language? <i>pretty used to it working @ Lex Ave. Auto Store</i>	1	2	3	4	5	6	7	4
9. What will your current or last employer say when we call for a reference check? <i>Nothing Personal</i>	1	2	3	4	5	6	7	4



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Page 4 of 5

Appendix I

10. Do you have any questions about the Physical demands or equipment usage for this position?

Comments:

*no questions*

*familiar w/ word / excel*

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?

Comments:

*No*

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?

Comments:

*No*

TOTAL OF ALL COLUMNS:	37
AVERAGE SCORE	4.01
To derive the average score add all columns and divide by the number of questions asked.	

Any Additional Comments:



Richland County Sheriff's Office  
Oral Interview Questions  
Corrections Entry Level

Page 5 of 5

Appendix I

**MINIMUM QUALIFICATIONS FOR  
PHYSICAL DEMANDS AND EQUIPMENT USAGE**

**PHYSICAL DEMANDS**

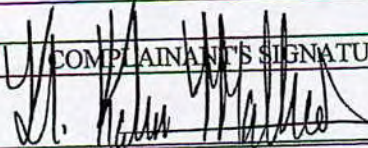
- Able to apply handcuffs
- Balancing
- Carrying
- Crouching and Squatting
- Hearing
- Kneeling
- Lifting (1 to 50 pounds)
- Reaching above shoulder level
- Reaching at or below shoulder level
- Running (100 yards or more)
- Sense of smell
- Simple grasping
- Sitting
- Speaking (talk)
- Standing
- Stooping and bending
- Twisting and turning
- Walking

**EQUIPMENT USAGE**

- Ankle restraints
- Belly chains
- Cell door
- Chains
- Closed circuit TV
- Computer
- Container and bags for property
- Electronic door and cell control
- Food cart
- Fingerprint cards
- Handcuffs and keys
- Inter-com system
- Keys (Jail Facility)
- Letex rubber gloves
- Leg restraints
- Master monitor panel
- Mechanical door and cell control
- Mug shot camera
- NCIC computer terminal
- Photographic equipment
- Radio (Control Console)
- Radio (portable)
- Sally port gate
- Surveillance camera
- Waist restraints



**RICHLAND COUNTY SHERIFF'S OFFICE  
"PERSONNEL COMPLAINT REPORT"**

DATE/TIME REPORTED		LOCATION OF INTERVIEW		COMPLAINT NO
12/09/2011				11-067
COMPLAINANT'S NAME	RESIDENCE ADDRESS	RES. PHONE	BUS. PHONE	
Lt. Mathews	RCSO		419 774-7870	
TYPE OF COMPLAINT	PLACE OF OCCURRENCE	DATE	TIME	
Violation of Policy 3.4.8. and Reception and Release section 5120:1-8-01	Bookin	11/28/11	14:50	
BRIEF DESCRIPTION OF COMPLAINT:				
On the above date and time after inmate Campos/Joseph was booked into our facility Officer [REDACTED] did not follow policy and provide this inmate with a mattress, bed linens, or towels. This inmate went a total of 19 hrs. and 40 minutes before receiving these items.				
OFFICER(S) INVOLVED:				
NAMES	BUREAU	UNIT NO.		
Officer [REDACTED]	Corrections	[REDACTED]		
Officer Smiley	Corrections	7c82		
Officer Lapeer	Corrections	7c52		
Officer [REDACTED]	Corrections	[REDACTED]		
NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.				
*NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF \$1,000.				
COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE		
		12-9-11		







**RECORD OF SUSPENSION OF THREE DAYS OR LESS (Form R-8A)**

Date: 2/23/2012 Department: Sheriff's Office / Jail

Employee's Name / Title: [REDACTED] / Correction Officer

**VIOLATION:**

**ORIGINAL**

Date violation occurred: January 23, 2012

Location where violation occurred: Richland County Jail

Date(s) of prior verbal warning(s): November 26, 2011

Date(s) if prior written reprimand(s): \_\_\_\_\_

Type of Violation: \_\_\_\_\_ Group: II Number: 7

**Description of Violation:**

That on January 23, 2012, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office when you violated Ohio Minimum Jail Standards 3.1.6 by leaving a door unsecured in the jail.

Date of Pre-Disciplinary Conference: February 9, 2012

Was the employee represented? Yes If so, by whom? Chuck Choate

Date(s) that suspension without pay will occur: March 8, 2012

This suspension is issued as a corrective measure in an effort to help you improve your conduct. This suspension will be removed from your personnel file after eighteen (18) months. Any further violations could result in more severe disciplinary actions.

[Signature]  
Signature of Appointing Authority

2-23-12  
Date

I hereby acknowledge that a copy of the above Order of Suspension has been given to me this day.

[REDACTED]

2-23-12  
Date



ORIGINAL

**NOTICE OF PRE-DISCIPLINARY CONFERENCE**

TO: [REDACTED]

This notice is provided to you to advise that a pre-disciplinary conference will be held at 2:15pm at the Richland County Jail on February 9, 2012 to provide you with an opportunity to respond to the following disciplinary charges.

That on January 23, 2012, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office when you violated Ohio Minimum Jail Standards 3.1.6 by leaving a door unsecured in the jail.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

The employee may select a union representative to be present at the hearing on his/her behalf.

Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

MAJ. [Signature]  
Employer Signature

01-27-12  
Date

**Proof of Service**

I served the above notice on Nathan Long on the 27<sup>th</sup> day of Jan., 2012.

Sgt. Misty Spring Fall  
Name

[REDACTED]  
Officer


[REDACTED]  
Encl

Sgt. Corrections  
Title

Corrections

1-27-12  
Date

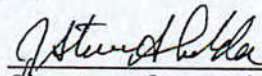


**RICHLAND COUNTY SHERIFF'S OFFICE  
INSTRUCTION & CAUTIONING**Employee's Name: Employee's Classification: Correction OfficerDate Instruction & Cautioning was Issued: 12-14-11**VIOLATION**Date Violation Occurred: November 26, 2011Location Where Violation Occurred: Richland County JailType of Violation                      Group I                      Number 13

Description of Violation: That on the date listed above, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office by not providing an inmate with a mattress, blanket, bed linens and towels pursuant to OAC 5120: A-12 (b).

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

  
\_\_\_\_\_  
Signature of person issuing reprimand  
\_\_\_\_\_  
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

  
12-14-11  
\_\_\_\_\_  
Date

cc:    Employee  
      Supervisor  
      Appointing Authority



**From:** Katina Mathews/richland  
**To:** Pat Galliway/richland@Richland

---

**Date:** Saturday, May 12, 2012 06:18PM  
**Subject:** Re: [REDACTED]

---

He needs to fill out an address change form although his current address is [REDACTED]

-----Pat Galliway/richland wrote: -----

To: Katina Mathews/richland@Richland  
From: Pat Galliway/richland  
Date: 05/08/2012 01:44PM  
Subject: [REDACTED]

I received his court paperwork and the address on it is different from the one I have on record, please check with him and let me know which address is correct. thanks, pag



**BADNELL & DICK Co.**  
LEGAL PROFESSIONAL ASSOCIATION

DAVID C. BADNELL  
DAVID M. DICK  
JEFFEREY R. STIFFLER  
KELLY L. BADNELL  
ERIC M. PHENEGER

21 NORTH WALNUT STREET  
MANSFIELD, OHIO 44902

212 NORTH ELIZABETH STREET  
COLONIAL BUILDING, SUITE 322  
LIMA OHIO, 45801

870 NORTH HIGH STREET  
COLUMBUS, OHIO 43085

RESPOND TO THE MANSFIELD OFFICE, (419) 525-0800, FAX (419) 525-0804

---

April 25, 2012

Mr. [REDACTED]  
[REDACTED]  
[REDACTED]

RE: [REDACTED] y vs. [REDACTED]  
Richland County Court of Common Pleas  
Domestic Relations Division  
Case No. 2009-PAT-0473

Mr. [REDACTED]

Enclosed find the Mediation Order. Be advised the Court has scheduled Mediation for May 7, 2012 at 1:00 p.m. in the Richland County Court of Common Pleas, Mediation Office, 3<sup>rd</sup> floor. Your attendance at this hearing is required. Please contact my office upon its conclusion and advise as to whether an agreement was met.

Also, the Court has scheduled a Pretrial for May 30, 2012, at 8:30 a.m. Your attendance at this hearing is also required. As such, I will meet you at the Richland County Court of Common Pleas, Domestic Relations Division a few minutes prior to this time.

Please feel free to contact my office if you have any questions or concerns.

Sincerely,

*Dictated - Not Read*

David C. Badnell  
Attorney at Law

DCB/ceb  
Enclosure





## Employee Maintenance

ADD

Change

Delete

(circle one)

Name

Employee #

Salary/pay

Address

Rate/hour

\$ 15.3655

City, State, Zip Code

Alt Rate/hour

Telephone

Has this person ever been employed by

Wage Factor

Birthdate

Richland County in the past? Yes or No

Annual Hours

Social Security Number

Shift

\$0.70

Marital Status:

Full/Part

Sex

STRS

Race

PERS

Title

Correction Officer

Direct Dep. Route #

Department Number

50082

Account #

349

Direct Dep. Account #

Business Phone Number

Start Date

Rehire Date

Termination Date

Reason for Termination

### TAXES

Code

Dep

TY

Add On

Federal

State

City

Status

Annual Salary

Signature

9/1/2011  
Date

Raise Eff.: 09-01-11  
Comments



**"NEW EMPLOYEE" PROCESSING  
PERSONAL DATA**

The following information is required in order to correctly process new employees:

1. NAME:

FIRST



**Information about Social Security Form SSA-1945**  
**Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



May 5, 2011

[REDACTED]  
[REDACTED]  
[REDACTED]  
Re: Recall from Layoff

Dear Mr. [REDACTED]:

Pursuant to the Collective Bargaining Agreement Article 38 "Layoff and Recall", Section 38.04, this is the official notice that you are being recalled from layoff status. You have ten (10) days from receiving this letter to notify me of your intentions to return to duty as a Correction Officer for the Richland County Sheriff's Office.

Please notify me as soon as possible by calling 419-774-3569 or notify me in person at the Richland County Sheriff's Office at 597 Park Avenue East Mansfield, Ohio.

Thank you.

Sincerely,

Major Dale Fortney  
Richland County Sheriff's Office

DF:df  
Cc:file



11E  
**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]  
New Salary 13.1646 / hour  
Effective Date 09-22-09  
Signed: Sheriff Justin Sheldon

**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]  
New Salary \$14.4790 / hour  
Effective date 12-24-09  
Signed: Sheriff Justin Sheldon

5163MC AVERY®



www.avery.com  
1-800-GO-AVERY

11V  
**Richland Co. Sheriff Office  
Appointment/Salary Change Record**

Name: [REDACTED]  
New Salary 13.9427 / hour  
Effective date 12-24-09  
Signed: Sheriff Justin Sheldon

TrueBlock™ Brevet de Technologie en attente  
Utilisez le gabarit 5163MC



## Employee Maintenance

**ADD**

(circle one)

## Change

Delete

Name	
Address	
City, State, Zip Code	
Telephone	
Birthdate	
Social Security Number	
Marital Status:	
Sex	
Race	
Title	
Department Number	349
Business Phone Number	
Start Date	
Rehire Date	
Termination Date	
Reason for Termination	
	<b>TAXES</b>
	Federal
	State
	City
Status	
Annual Salary	

Employee # \_\_\_\_\_

Has this person ever been employed by Richland County in the past? Yes or No

Account #

Salary/pay

Rate/hour	\$	17.5900
-----------	----	---------

Alt Rate/hour	R 80 SHIFT
---------------	------------

Wage Factor

Annual Hours

Shift

Full/Part

STRS

**PERS**

Direct Dep. Route #

Direct Dep. Account #

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

### Status

### Annual Salary

Steve Sheldon  
Signature

Date \_\_\_\_\_

12/19/13

**EFFECTIVE 12/19/13**

### Comments



## Employee Maintenance

(circle one)

**ADD**

## Change

Delete

Name \_\_\_\_\_

Employee #

Address

City, State, Zip Code

Telephone

Birthdate

Social Security Number

**Marital Status:**

**Sex**

Race

**Title**

Department Number

349

Account #

Business Phone Number

**Start Date**

Rehire Date

Termination Date

Reason for Termination

## TAXES

Code

Dep

TY

### Add On

Federal

State

City

### Status

Annual Salary

Signature

Date \_\_\_\_\_

EFFECTIVE 12/20/12

### Comments



## Employee Maintenance

(circle one)

**ADD**

## Change

Delete

Name			Employee #		
Address			Has this person ever been employed by Richland County in the past? Yes or No		
City, State, Zip Code					
Telephone					
Birthdate					
ocial Security Number					
Marital Status:					
Sex					
Race					
Title	CORRECTION OFFICER				
Department Number	349	Account #			
Business Phone Number					
Start Date					
Rehire Date					
Termination Date					
Reason for Termination					
	TAXES	Code	Dep	TY	Add On
	Federal				
	State				
	City				
Status					
Annual Salary					

<b>Salary/pay</b>	
<b>Rate/hour</b>	\$ 16.5928
<b>Alt Rate/hour</b>	
<b>Wage Factor</b>	
<b>Annual Hours</b>	
<b>Shift</b>	
<b>Full/Part</b>	
<b>STRS</b>	
<b>PERS</b>	
<b>Direct Dep. Route #</b>	
<b>Direct Dep. Account #</b>	

**EFFECTIVE: 05/10/12**

Annual Salary   
Signature Erica Spitzer

2-27-13  
Date

Comments



# CERTIFICATE OF APPOINTMENT

OF

As

Correction Officer

Office

Sheriff

RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed

a suitable and competent person as

Correction Officer

Therein, beginning on the 12th day of May 2011  
and continuing until otherwise ordered.

Said

as compensation the sum of \$14.4790 dollars  
(\$ 14.4790 per hour payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

Witness my signature and seal of office, this 12th day of May 2011

*J. Steve Sheldon - Sheriff*  
RICHLAND COUNTY  
J. STEVE SHELDON SHERIFF

## OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

being duly sworn, says that  
he/she will support the Constitution of the United States and the Constitution of the State of Ohio,  
and that he will faithfully discharge the duties of Deputy in the office of the Sheriff  
of said County.

Sworn to before me and signed in my presence, this 12th day of May 2011

*J. Steve Sheldon - Sheriff*  
J. STEVE SHELDON SHERIFF  
Richland County

Future Changes



# CERTIFICATE OF APPOINTMENT

OF

As

                      
Correction Officer

Office

Sheriff

RICHLAND COUNTY

THIS IS TO CERTIFY that the undersigned being of opinion that the business of this office requires it, has appointed                     

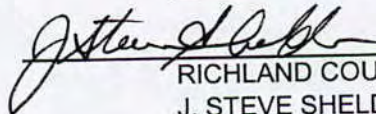
a suitable and competent person as Correction Officer

Therein, beginning on the 22nd day of September 2008 at 1000 Hrs.  
and continuing until otherwise ordered.

Said                     

as compensation the sum of \$12.4731 dollars  
(\$            ) per hour payable bi-weekly from the County Treasury upon the warrant of the  
County Auditor.

Witness my signature and seal of office, this 22nd day of September 2008

  
\_\_\_\_\_  
J. STEVE SHELDON SHERIFF

RICHLAND COUNTY

J. STEVE SHELDON SHERIFF

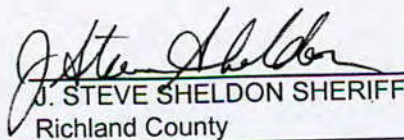
## OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

                     being duly sworn, says that  
he/she will support the Constitution of the United States and the Constitution of the State of Ohio,  
and that he will faithfully discharge the duties of Deputy in the office of the Sheriff  
of said County.

Sworn to before me and signed in my presence, this 22nd day of September 2008

  
\_\_\_\_\_  
J. STEVE SHELDON SHERIFF  
Richland County

Future Changes





*J. Steve Sheldon, Sheriff*

*Richland County Sheriff's Office & Civil Division  
597 Park Avenue East • 2nd Floor  
Mansfield, Ohio 44905  
Phone: 419-774-5881 Fax: 419-522-8153  
Civil Office: 419-774-3570*

TO: [REDACTED]  
FROM: J. Steve Sheldon, Richland County Sheriff  
SUBJECT: Probationary Status - Civilian Employees

Inasmuch as you have applied for employment with the Richland County Sheriff's Office, I would like to take this opportunity to inform you of the county policy of probationary status for newly hired Civilian Employees.

It is the policy of Richland County, Ohio, that all newly hired employees, as mentioned above, do successfully complete one year probationary period before being considered a permanent county employee. Should you be accepted for employment, you will be required to fulfill this one year probationary period. If, during this period, it becomes apparent through job performance and training that you are unable or unwilling to carry out your assigned duties as a Civilian Employee, you will be notified of such and terminated from your employment with the Richland County Sheriff's Office.

This letter is not meant to scare or otherwise intimidate you. Furthermore, the job requirements and standards are such that if you are hired, you should have no problem in getting through your probationary period. It will require an honest effort on your part to learn your job and perform it to the best of your ability. If for some reason, you are unwilling or unable to measure up to that which is required of you, the Richland County Sheriff's Office does reserve the right to terminate your employment for the convenience and betterment of the county. You would, of course, receive adequate notice of any such notice of any decision to terminate.

I wish you the best of luck in your application process, and should you be hired, I am sure you and Richland County will benefit from your service at the Richland County Sheriff's Office.

J. Steve Sheldon, Richland County Sheriff

[REDACTED]  
ht

09-22-08

Date

