

PERSONNEL TRANSACTION FORM



| | | |
|--------------------------|---------------------------|------------------------------|
| EMPL ID [REDACTED] | Request Date 2/25/2016 | Effective Date 11/24/2012 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|------------------------------|
| Pay | ADJ | Pay Adjustment | 104446001000000904000 | KING KENN POLICE SAL AMP 904 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/8/2011 | 07101 | Police Officer | 21.3823 | 44351.84 | Police Administration | 210000 |

| To: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|------------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 11/24/2012 | 07101 | Police Officer | 22.0238 | 45809.50 | Police Administration | 210000 |

COMMENTS:
Pay adjustment effective November 24, 2012

Requested By: *[Signature]* Date: 2/25/2016

Director of Human Resources: _____ Date: _____

Department Director: _____ Date: _____

Budgetary Approval: _____ Date: _____

Chief Executive Officer: _____ Date: _____

PERSONNEL TRANSACTION FORM



| | | |
|--------------------------|---------------------------|----------------------------|
| EMPL ID [REDACTED] | Request Date 2/25/2016 | Effective Date 1/8/2011 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|------------------------------|
| Pay | ADJ | Pay Adjustment | 104446001000000904000 | KING KENN POLICE SAL AMP 904 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/8/2011 | 07101 | Police Officer | 20.7595 | 43179.76 | Police Administration | 210000 |

| To: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/8/2011 | 07101 | Police Officer | 21.3823 | 44475.18 | Police Administration | 210000 |

COMMENTS:
Pay adjustment effective January 8, 2011

Requested By: *[Signature]* Date: 2/25/2016

Director of Human Resources: _____ Date: _____

Department Director: _____ Date: _____

Budgetary Approval: _____ Date: _____

Chief Executive Officer: _____ Date: _____

PERSONNEL TRANSACTION FORM



| | | |
|--------------------------|---------------------------|----------------------------|
| EMPL ID [REDACTED] | Request Date 2/25/2016 | Effective Date 4/5/2010 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|------------------------------|
| Pay | ADJ | Pay Adjustment | 104446001000000904000 | KING KENN POLICE SAL AMP 904 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 4/5/2010 | 07101 | Police Officer | 20.8045 | 43273.36 | Police Administration | 210000 |

| To: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 4/5/2010 | 07101 | Police Officer | 20.7595 | 43179.76 | Police Administration | 210000 |

COMMENTS:
Pay adjustment effective April 5, 2010

Requested By: *Christine P. [Signature]* Date: 2/25/2016

Director of Human Resources: _____ Date: _____

Department Director: _____ Date: _____

Budgetary Approval: _____ Date: _____

Chief Executive Officer: _____ Date: _____

PERSONNEL TRANSACTION FORM



| | | |
|--------------------------|---------------------------|----------------------------|
| EMPL ID [REDACTED] | Request Date 2/25/2016 | Effective Date 1/4/2014 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|------------------------------|
| Pay | ADJ | Pay Adjustment | 104446001000000904000 | KING KENN POLICE SAL AMP 904 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/4/2014 | 07101 | Police Officer | 22.4643 | 46725.74 | Police Administration | 210000 |

| To: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/4/2014 | 07101 | Police Officer | 22.9136 | 47660.29 | Police Administration | 210000 |

COMMENTS:
Pay adjustment effective January 4, 2014

Requested By: *[Signature]*
Date: 2/25/2016

Director of Human Resources: _____ Date

Department Director: _____ Date

Budgetary Approval: _____ Date

Chief Executive Officer: _____ Date

PERSONNEL TRANSACTION FORM



| | | |
|--------------------------|---------------------------|----------------------------|
| EMPL ID [REDACTED] | Request Date 2/25/2016 | Effective Date 1/5/2013 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|------------------------------|
| Pay | ADJ | Pay Adjustment | 104446001000000904000 | KING KENN POLICE SAL AMP 904 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/5/2013 | 07101 | Police Officer | 22.0238 | 45809.50 | Police Administration | 210000 |

| To: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/5/2013 | 07101 | Police Officer | 22.4643 | 46725.74 | Police Administration | 210000 |

COMMENTS:
 Pay adjustment effective January 5, 2013

Requested By: *[Signature]* Date: 2/25/2016

Director of Human Resources: _____ Date: _____

Department Director: _____ Date: _____

Budgetary Approval: _____ Date: _____

 Chief Executive Officer: _____ Date: _____

PERSONNEL TRANSACTION FORM



| | | |
|--------------------------|--------------------------|----------------------------|
| EMPL ID [REDACTED] | Request Date 1/1/2014 | Effective Date 1/1/2014 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|-------------|--------------------|--------------------|-----------------------|------------------------------|
| Data Change | Cost Number Change | CNS | 104446001000000904000 | KING KENN POLICE SAL AMP 904 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 7/3/2014 | 07101 | Police Officer | 22.2943 | 46,372.14 | Police Administration | 210000 |

| To: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/1/2014 | 07101 | Police Officer | 22.2943 | 46,372.14 | Police Administration | 210000 |

COMMENTS:
 Cost number change effective 01/01/2014 from 106446001000000906000 to 104446001000000904000 .

Requested By: *[Signature]* Date: 7/15/2014

Director of Human Resources: _____ Date _____

Department Director: _____ Date _____

Budgetary Approval: _____ Date _____

 Chief Executive Officer: _____ Date _____

PERSONNEL TRANSACTION FORM



| | | |
|--------------------------|---------------------------|----------------------------|
| EMPL ID [REDACTED] | Request Date 1/22/2014 | Effective Date 1/4/2014 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|----------------------------|
| PAY | ATB | Pay Rate Change | 106446001000000906000 | STHEAST POLICE SAL AMP 906 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/5/2013 | 07101 | Police Officer | 21.8572 | 45462.98 | Police Administration | 210000 |

| To: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/4/2014 | 07101 | Police Officer | 22.2943 | 46372.14 | Police Administration | 210000 |

COMMENTS:
Contractual Increase effective January 4, 2014

Requested By: _____ Date: _____
 Director of Human Resources: *J. Lewis* Date: 1-22-14

Department Director: _____ Date: _____
 Budgetary Approval: _____ Date: _____
 Chief Executive Officer: *[Signature]* Date: 1-23-14

| | | |
|-----------------------------------|---------------------------|----------------------------|
| EMPL ID | Request Date 12/7/2010 | Effective Date 1/8/2011 |
| SOCIAL S (mask- last 4 digits) | Employee Status ACTIVE | FLSA Status Non-exempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|-----------|------------|------|--------|------------|-----|----------------|-------|---------------|
| | | | | | M | | BLACK | |

| Mailing Address 1 | Address 2 | City | State | Zip Code |
|-------------------|-----------|------|-------|----------|
| | | | | |

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-------------|-------------------------|
| PAY | MER | MERIT | | |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| POLICE OFFICER | | | 20.7595 | 43,179.76 | Police Administration | 210000 |

| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| POLICE OFFICER | | | 21.3823 | 44,475.18 | Police Administration | 210000 |

COMMENTS:
 CONTRACTUAL INCREASE

Requested By:  Date 12/10/10
 Department Director _____ Date _____

Director of Human Resources Date _____
 Budgetary Approval _____ Date _____

Executive Director _____ Date _____

| | | |
|-----------------------------------|---------------------------|----------------------------|
| EMPL ID | Request Date 4/5/2010 | Effective Date 4/5/2010 |
| SOCIAL S (mask- last 4 digits) | Employee Status ACTIVE | FLSA Status Non-exempt |

| | | | | | | | | |
|-----------|------------|------|--------|------------|-----|----------------|-------|---------------|
| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
| | | | | | M | | BLACK | |

| | | | | |
|-------------------|-----------|------|-------|----------|
| Mailing Address 1 | Address 2 | City | State | Zip Code |
| | | | | |

| | | | | |
|--------|---------------|------------------------|-------------|-------------------------|
| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
| POS | STA | POSITION STATUS CHANGE | | |

| | | | | | | |
|--------------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| POLICE OFFICER K-9 | | | 22.3045 | 46,393.36 | Police Administration | 210000 |

| | | | | | | |
|----------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| POLICE OFFICER | | | 20.7595 | 43,179.76 | Police Administration | 210000 |

COMMENTS: *RESIGNED AS CANINE OFFICER.*

[Signature] _____
 Requested By: _____ Date *4/6/10*

 Director of Human Resources Date

[Signature] _____
 Department Director _____ Date *4/6/10*

 Budgetary Approval Date

 Executive Director Date



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

PERSONNEL TRANSACTION FORM

| | | |
|-----------------------------------|---------------------------|-----------------------------|
| EMPL ID | Request Date 1/12/2010 | Effective Date 1/11/2010 |
| SOCIAL S (mask- last 4 digits) | Employee Status ACTIVE | FLSA Status Non-exempt |

| | | | | | | | | |
|-----------|------------|------|--------|------------|-----|----------------|-------|---------------|
| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
| | | | | | M | | BLACK | |

| | | | | |
|-------------------|-----------|------|-------|----------|
| Mailing Address 1 | Address 2 | City | State | Zip Code |
| | | | | |

| | | | | |
|--------|---------------|--------------------|-------------|-------------------------|
| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
| OTH | OTH | SECOND EMPLOYMENT | | |

| | | | | | | |
|-------|----------|----------------------|-------------|--------|------------|-----------|
| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| | | | | | | |

| | | | | | | |
|-----|----------|----------------------|-------------|--------|------------|-----------|
| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| | | | | | | |

COMMENTS:
Please find attached, request for Secondary Employment with RTA.

[Signature] 1/13/10
Requested By: _____ Date

Director of Human Resources Date

[Signature] 1/13/10
Department Director _____ Date

Budgetary Approval Date

Executive Director Date

| | | |
|-----------------------------------|---------------------------|----------------------------|
| EMPL ID | Request Date 12/3/2009 | Effective Date 1/9/2010 |
| SOCIAL S (mask- last 4 digits) | Employee Status ACTIVE | FLSA Status Non-exempt |

| | | | | | | | | |
|-----------|------------|------|--------|------------|----------|----------------|---------------|---------------|
| Last Name | First Name | M.I. | Suffix | Birth Date | Sex M | Marital Status | Race BLACK | CMHA Resident |
|-----------|------------|------|--------|------------|----------|----------------|---------------|---------------|

| | | | | |
|-------------------|-----------|------|-------|----------|
| Mailing Address 1 | Address 2 | City | State | Zip Code |
|-------------------|-----------|------|-------|----------|

| | | | | |
|---------------|----------------------|-----------------------------|-------------|-------------------------|
| Action PAY | Action Reason MER | Action Description MERIT | Cost Number | Cost Number Description |
|---------------|----------------------|-----------------------------|-------------|-------------------------|

| | | | | | | |
|----------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| POLICE OFFICER | | | 21.6549 | 45,042.19 | Police Administration | 210000 |

| | | | | | | |
|----------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| POLICE OFFICER | | | 22.3045 | 46,393.36 | Police Administration | 210000 |

COMMENTS:
 Contractual Increase to include an additional \$1.50 due to being a K-9 Officer.

Requested By: *Andrés González* 12/3/09
 Date

Department Director *Andrés González* 12/3/09
 Date

Director of Human Resources _____
 Date

Budgetary Approval _____
 Date

Executive Director _____
 Date



PERSONNEL TRANSACTION FORM

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

| | | |
|--------------------------|----------------------------|------------------------------|
| EMPL ID [REDACTED] | Request Date 12/15/2009 | Effective Date 12/14/2009 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|----------------------------|
| PAY | MER | MERIT | 106446001000000906000 | STHEAST POLICE SAL AMP 906 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 4/3/2009 | 07101 | Police Officer | 21.6549 | 45042.19 | Police Administration | 210000 |

| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|------------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 12/14/2009 | 07101 | Police Officer | 22.2595 | 46299.76 | Police Administration | 210000 |

COMMENTS:
Contractual increase to include an additional \$1.50 due to being a K-9 Officer effective January 9, 2010.

[Signature] 12/14/09
Requested By: _____ Date

Director of Human Resources: _____ Date

[Signature] 12/14/09
Department Director: _____ Date

Budgetary Approval: _____ Date

Chief Executive Officer: _____ Date



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

PERSONNEL TRANSACTION FORM

| | | |
|-----------------------------------|---------------------------|-----------------------------|
| EMPL ID | Request Date 2/12/2009 | Effective Date 1/31/2009 |
| SOCIAL S (mask- last 4 digits) | Employee Status ACTIVE | FLSA Status Non-exempt |

| | | | | | | | | |
|-----------|------------|------|--------|------------|-----|----------------|-------|---------------|
| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
| | | | | | M | | BLACK | |

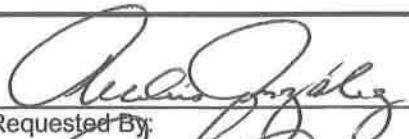
| | | | | |
|-------------------|-----------|------|-------|----------|
| Mailing Address 1 | Address 2 | City | State | Zip Code |
| | | | | |

| | | | | |
|--------|---------------|--------------------|-------------|-------------------------|
| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
| OTH | OTH | SECOND EMPLOYMENT | | |


| | | | | | | |
|-------|----------|----------------------|-------------|--------|------------|-----------|
| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| | | | | | | |

| | | | | | | |
|-----|----------|----------------------|-------------|--------|------------|-----------|
| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| | | | | | | |

COMMENTS:
Please find attached, request for Secondary Employment with RTA.

 2/16/09
Requested By: _____ Date

Director of Human Resourc Date

 2/16/09
Department Director _____ Date

Budgetary Approval Date

Executive Director Date



PERSONNEL TRANSACTION FORM

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

| | | |
|--------------------------|----------------------------|-----------------------------|
| EMPL ID [REDACTED] | Request Date 12/28/2007 | Effective Date 1/12/2008 |
| SOCIAL SS# [REDACTED] | Emp Status Active | FLSA Status Nonexempt |

| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
|------------|------------|------------|--------|------------|-----|----------------|-------|---------------|
| [REDACTED] | [REDACTED] | [REDACTED] | | [REDACTED] | M | Single | Black | |

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

| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
|--------|---------------|--------------------|-----------------------|----------------------------|
| DBL | | DBLoad | 106446001000000906000 | STHEAST POLICE SAL AMP 906 |

| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|-----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 4/27/2007 | 07101 | Police Officer | 20.4520 | 42540.16 | Police Administration | 210000 |

| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
|-----------|----------|----------------------|-------------|----------|-----------------------|-----------|
| | | | Hrly | Salary | | |
| 1/12/2008 | 07101 | Police Officer | 21.0679 | 43821.23 | Police Administration | 210000 |

COMMENTS:
Contractual Increase to include an additional \$1.50 due to being a K-9 Officer

DC Solomon 602 1/2/08
Requested By: _____ Date

MA Kent 12/31/07
Director of Human Resources: _____ Date

DC Solomon 602 1/2/08
Department Director: _____ Date

Budgetary Approval: _____ Date

CAD/11 1/2/08
Chief Executive Officer: _____ Date



**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**

PERSONNEL TRANSACTION FORM

| | | |
|-----------------------------------|---------------------------|-----------------------------|
| EMPL ID | Request Date 10/8/2008 | Effective Date 10/8/2008 |
| SOCIAL S (mask- last 4 digits) | Employee Status ACITVE | FLSA Status Non-exempt |

| | | | | | | | | |
|-----------|------------|------|--------|------------|-----|----------------|-------|---------------|
| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race | CMHA Resident |
| | | | | | M | | BLACK | |

| | | | | |
|-------------------|-----------|------|-------|----------|
| Mailing Address 1 | Address 2 | City | State | Zip Code |
| | | | | |

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|--------|---------------|--------------------|-------------|-------------------------|
| Action | Action Reason | Action Description | Cost Number | Cost Number Description |
| OTH | OTH | SECOND EMPLOYMENT | | |

| | | | | | | |
|-------|----------|----------------------|-------------|--------|------------|-----------|
| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| | | | | | | |

| | | | | | | |
|-----|----------|----------------------|-------------|--------|------------|-----------|
| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| | | | | | | |

COMMENTS:
Please find attached, request for Secondary Employment with Tenable Protective Service, Inc.

Requested By: *Audrey J. Jozley* 10/9/08
Date

Department Director: *Audrey J. Jozley* 10/9/08
Date

Director of Human Resourc Date _____

Budgetary Approval _____ Date _____

Executive Director _____ Date _____



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Personnel Transaction Form

| | | | | | | |
|--------------------------------|-----------------------|----------------|---------------------|----------------|---------------|-----|
| NAME Last First Middle | | | SOCIAL SECURITY NO. | | DATE OF BIRTH | SEX |
| ADDRESS: Street City State Zip | | | RACE CODE | | C-BLACK | |
| PHONE NO. | COST CENTER | CMHA RESIDENT? | REQUEST DATE | EFFECTIVE DATE | | |
| | 210 POLICE & SECURITY | N | 01/11/07 | 01/13/07 | | |

| | | |
|-----------------------|--|----------------------|
| APPOINTMENT: ----- | CHANGE: ----- SI - SALARY INCREASE | SEPARATION: ----- |
| POSITION: ----- | | LEAVE: ----- |

| FROM: Title/Classification | Pay Range | Hourly Rate | Annual Salary | Project Description | Project |
|----------------------------|-----------|-------------|---------------|----------------------|---------|
| POLICE OFFICER | | 19.2554 | 41,299 | P & S NON-SWORN (AR) | 250 |
| TO: Title/Classification | Pay Range | Hourly Rate | Annual Salary | Project Description | Project |
| POLICE OFFICER | | 20.4520 | 43,540 | P & S NON-SWORN (AR) | 250 |

REMARKS:
 ** SALARY INCREASE **
 RATE INCLUDES \$1.50 AN HOUR FOR K-9 DUTY

| | | | |
|---------------------|------|-----------------------------|------|
| REQUESTED BY | DATE | DIRECTOR OF HUMAN RESOURCES | DATE |
| DEPARTMENT DIRECTOR | DATE | BUDGET MANAGER | DATE |
| EXECUTIVE DIRECTOR | DATE | | |



Cuyahoga Metropolitan Housing Authority

Personnel Transaction Form



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|-------|--|-------------|--------|--|--|---------------------|----------------|--|---------------|--|--|--------|----------------|--|-------|--|--|-----|--|--|-----------|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME: Last | | | First | | | Middle | | | SOCIAL SECURITY NO. | | | DATE OF BIRTH | | | SEX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: Street | | | | | | | | | | | | | | | City | | | State | | | Zip | | | RACE CODE | | | | | | | | | | | | | | | | | | | | |
| PHONE NO. | | | | | COST CENTER | | | | | CMHA RESIDENT? | | REQUEST DATE | | | | EFFECTIVE DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | 7/7/06 | | | | | | | | | | | | | | | 1/14/06 | | | | | | | | | | | | | | |

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|-----------|--|-------------|--|---------------|--|---------------------|--|--|--|---------|--|
| FROM: Title/Classification | | | | Pay Range | | Hourly Rate | | Annual Salary | | Project Description | | | | Project | |
| TO: Title/Classification | | | | Pay Range | | Hourly Rate | | Annual Salary | | Project Description | | | | Project | |

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| | | | | | | | | | | | |
|---------------------------|--|--|--|------------|--|-----------------------------------|--|--|--|------------|--|
| REQUESTED BY _____ | | | | DATE _____ | | DIRECTOR OF HUMAN RESOURCES _____ | | | | DATE _____ | |
| DEPARTMENT DIRECTOR _____ | | | | DATE _____ | | BUDGET MANAGER _____ | | | | DATE _____ | |
| EXECUTIVE DIRECTOR _____ | | | | DATE _____ | | | | | | | |

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONAL TRANSACTION

| | | | | |
|--|---|--|---|----------------|
| NAME: Last [REDACTED] First [REDACTED] Middle [REDACTED] | ID NO. [REDACTED] | DATE OF BIRTH: Month [REDACTED] Day [REDACTED] Year [REDACTED] | <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | SEX: <u>MM</u> |
|--|---|--|---|----------------|

| | | |
|--|--|-----------------------|
| ADDRESS: Street [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] | PHONE NO. [REDACTED] | RESIDENT Y/N <u>Y</u> |
|--|--|-----------------------|

| | | | |
|---|---------------------------|--|--|
| DEPARTMENT / DIVISION / ESTATE POLICE | COST CENTER 210 | REQUEST DATE: Month <u>08</u> Day <u>05</u> Year | EFFECTIVE DATE: Month <u>11</u> Day <u>05</u> Year |
|---|---------------------------|--|--|

| | | |
|---|---|--|
| APPOINTMENT: <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | CHANGE: <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input checked="" type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____ Date of Last Evaluation _____ Date of Last Wage Increase _____ | SEPARATION: <input type="checkbox"/> 1. Resignation. Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____ Evaluation Score _____ Percent of Last Increase _____ |
|---|---|--|

| | | | | | | |
|--|------|---------------------------------|----------------------------------|---|------|---------------------------|
| FROM: Title/Classification POLICE OFFICER | Step | Hourly Rate \$17.8208 | Annual Salary \$37,067 | Department/Division/Estate POLICE | Ext. | COST CENTER 210 |
| TO: Title/Classification POLICE OFFICER K-9 | Step | Hourly Rate \$19.3208 | Annual Salary \$40,187 | Department/Division/Estate POLICE | Ext. | COST CENTER 210 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: BASE RATE \$17,8208 AND ADD \$1.50 FOR THE K-9 2005 SALARY INCREASE

COMBOC

| | | | | | |
|-----------------------------|------|--------------------|------|--|------|
| | DATE | | DATE | | DATE |
| APPROVED: (DEPT/DIV/ESTATE) | DATE | PERSONNEL OFFICER | DATE | | |
| | | EXECUTIVE DIRECTOR | | | |
| | | DATE | | | |



Cuyahoga Metropolitan Housing Authority

Personnel Transaction Form

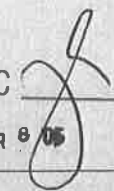


| | | | | | | | | | | | |
|-----------------|--|--|-----------------------|--|------------|----------------|---------------------|------------|---------------|----------------------|-----|
| NAME: Last | | | First | | Middle | | SOCIAL SECURITY NO. | | DATE OF BIRTH | | SEX |
| [REDACTED] | | | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | M |
| ADDRESS: Street | | | | | | City | | State | | Zip | |
| [REDACTED] | | | | | | [REDACTED] | | [REDACTED] | | RACE CODE D-BLACK | |
| PHONE NO. | | | COST CENTER | | | CMHA RESIDENT? | REQUEST DATE | | | EFFECTIVE DATE | |
| [REDACTED] | | | 210 POLICE & SECURITY | | | N | 02/02/05 | | | 01/01/05 | |

| | | |
|--------------|----------------------|-------------|
| APPOINTMENT: | CHANGE: | SEPARATION: |
| [REDACTED] | SI - SALARY INCREASE | [REDACTED] |
| POSITION: | [REDACTED] | LEAVE: |
| [REDACTED] | [REDACTED] | [REDACTED] |

| FROM: Title/Classification | Pay Range | Hourly Rate | Annual Salary | Project Description | Project |
|----------------------------|-----------|-------------|---------------|----------------------|---------|
| POLICE OFFICER | | 16.7979 | 34,900 | P & S NON-SWORN (AR) | 250 |
| TO: Title/Classification | Pay Range | Hourly Rate | Annual Salary | Project Description | Project |
| POLICE OFFICER | | 17.8208 | 37,007 | P & S NON-SWORN (AR) | 250 |

REMARKS:
2005 CONTRACTUAL SALARY INCREASE

COMDOC

 MAR 8 05

| | | | |
|---------------------|------------|-----------------------------|------------|
| REQUESTED BY | DATE | DIRECTOR OF HUMAN RESOURCES | DATE |
| [Signature] | 3/2/05 | [Signature] | 3/2/05 |
| DEPARTMENT DIRECTOR | DATE | BUDGET MANAGER | DATE |
| [Signature] | [REDACTED] | [Signature] | [REDACTED] |
| EXECUTIVE DIRECTOR | | DATE | |
| [Signature] | | [REDACTED] | |



Cuyahoga Metropolitan Housing Authority



Personnel Transaction Form






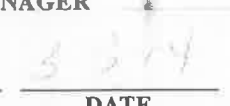
| | | | | | | |
|--------------------------------|-----------------------|--|---------------------|--------------|----------------|-----|
| NAME: Last First Middle | | | SOCIAL SECURITY NO. | | DATE OF BIRTH | SEX |
| [REDACTED] | | | [REDACTED] | | [REDACTED] | M |
| ADDRESS: Street City State Zip | | | | | RACE CODE | |
| [REDACTED] | | | | | C - BLACK | |
| PHONE NO. | COST CENTER | | CMHA RESIDENT? | REQUEST DATE | EFFECTIVE DATE | |
| [REDACTED] | 210 POLICE & SECURITY | | R | 02/13/04 | 03/18/04 | |

| | | |
|--------------|----------------------|-------------|
| APPOINTMENT: | CHANGE: | SEPARATION: |
| | SI - SALARY INCREASE | |
| POSITION: | | FLAVER: |

| FROM: Title/Classification | Pay Range | Hourly Rate | Annual Salary | Project Description | Project |
|----------------------------|-----------|-------------|---------------|----------------------|---------|
| POLICE OFFICER | | 15.3888 | 31,905 | P & S NON-SWORN (AR) | 216 |
| TO: Title/Classification | Pay Range | Hourly Rate | Annual Salary | Project Description | Project |
| POLICE OFFICER | | 16.2079 | 33,948 | P & S NON-SWORN (AR) | 216 |

REMARKS:
SALARY ADJ. PER AGREEMENT SETTLEMENT

COMDOC 
MAR 19 '04

| | | | |
|--|---------|---|---------|
|  | 2/18/04 |  | |
| REQUESTED BY | DATE | DIRECTOR OF HUMAN RESOURCES | DATE |
|  | 2/20/04 |  | 2/26/04 |
| DEPARTMENT DIRECTOR | DATE | BUDGET MANAGER | DATE |
|  | |  | 3/2/04 |
| EXECUTIVE DIRECTOR | DATE | | |

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONAL TRANSACTION

| | | | | | | | | | |
|--|--|--------------------|--|---|--|---|-----------------|--|------------|
| NAME: Last [REDACTED] First [REDACTED] Middle [REDACTED] | | | SOCIAL SECURITY NO. [REDACTED] | | DATE OF BIRTH Month [REDACTED] Day [REDACTED] Year [REDACTED] | | | - Black - White - Hispanic - Asian - Other | SEX M/F |
| ADDRESS: Street [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] | | | | PHONE NO. [REDACTED] | | | RESIDENT Y/N | | |
| DEPARTMENT / DIVISION / ESTATE POLICE | | COST CENTER 210 | | REQUEST DATE Month [REDACTED] Day 18 Year 03 | | EFFECTIVE DATE Month [REDACTED] Day 18 Year 03 | | | |

| | | |
|--|---|--|
| APPOINTMENT: <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | CHANGE: <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____ | SEPARATION: <input type="checkbox"/> 1. Resignation. Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____ |
| POSITION: <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ _____ DATE _____ | Date of Last Evaluation _____ Date of Last Wage Increase _____ | Evaluation Score _____ Percent of Last Increase _____ |

| | | | | | | |
|--|------|--------------------------|------------------------------|--|------|--------------------|
| FROM: Title/Classification POLICE OFFICER | Step | Hourly Rate \$14.3437 | Annual Salary \$29,834.91 | Department / Division / Estate POLICE | Ext. | COST CENTER 210 |
| TO: Title/Classification POLICE OFFICER | Step | Hourly Rate \$15.3388 | Annual Salary \$31,904.91 | Department / Division / Estate POLICE | Ext. | COST CENTER 210 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: CONTRACTUAL INCREASE

COMDOC

 OCT 28 03

REQUESTED BY: Michelle J. [Signature] DATE: 9/18/03 BUDGET MANAGER: Bo In TO DATE: 9/18/03
 APPROVED: (DEPT / DIV / ESTATE) [Signature] DATE: 9/18/03 PERSONNEL OFFICER: [Signature] DATE: 9/20/03
 EXECUTIVE DIRECTOR: [Signature] DATE: _____

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONAL TRANSACTION

| | | | | | | | | | |
|---|--|--------------------|---|--------------------------------------|-------------------------------|--|--|--|-------------|
| NAME: Last First Middle | | | SOCIAL SECURITY NO. | | DATE OF BIRTH Mon Day Year | | | - Black - White - Hispanic - Asian - Other | SEX M/F |
| ADDRESS: Street City State Zip | | | | | PHONE NO. | | | RESIDENT Y/N | |
| DEPARTMENT / DIVISION / ESTATE POLICE DEPARTMENT | | COST CENTER 210 | | REQUEST DATE Month 12 Day 02 Year | | EFFECTIVE DATE Month 07 Day 12 Year 02 | | | |
| APPOINTMENT: ___ 1. Full Time ___ 2. Part Time ___ 3. Temporary, Ends _____ ___ 4. Trainee _____ to _____ ___ 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | | | CHANGE: ___ 1. Promotion ___ 2. Demotion ___ 3. Detail ___ 4. Transfer within Agency ___ 5. Reinstatement From _____ ___ 6. Change in Status ___ 7. Salary Increase ___ 8. Work out of Classification <u>XX</u> 9. Other (Specify) <u>SECONDARY EMP.</u> | | | SEPARATION: ___ 1. Resignation. Reason _____ _____ ___ 2. Retirement ___ 3. Deceased ___ 4. Dismissal ___ 5. Probationary ___ 6. Reduction in Force ___ 7. Job Abolishment ___ 8. Disability ___ 9. Military Leave ___ 10. Leave of Absence ___ 11. Suspension ___ 12. Other (Specify) _____ | | | |
| POSITION: ___ 1. New (attach position description) ___ 2. Reclassification ___ 3. Replacement (Last Held By) _____ _____ DATE _____ | | | Date of Last Evaluation _____ Date of Last Wage Increase _____ | | | Evaluation Score _____ Percent of Last Increase _____ | | | |
| FROM: Title/Classification | | Step | Hourly Rate | Annual Salary | Department/Division/Estate | | | Ext. | COST CENTER |
| TO: Title/Classification | | Step | Hourly Rate | Annual Salary | Department/Division/Estate | | | Ext. | COST CENTER |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)
 PLEASE FIND ATTACHED, REQUEST FOR SECONDARY EMPLOYMENT WITH C.Q.A.T. PROTECTION CO.

REMARKS: _____

REQUESTED BY: [Signature] DATE: 12/24/02 BUDGET MANAGER: [Signature] DATE: 7/22/02

APPROVED: (DEPT/DIV/ESTATE) [Signature] DATE: 7-12-02 PERSONNEL OFFICER: _____ DATE: _____

EXECUTIVE DIRECTOR: _____ DATE: _____

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONNEL TRANSACTION

| | | | | | | | | | |
|--------------------------------|--|--|---------------------|--|---------------|-----|------|---|------------------------|
| NAME: Last First Middle | | | SOCIAL SECURITY NO. | | DATE OF BIRTH | | | <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | SEX M/F M |
| [REDACTED] | | | [REDACTED] | | Month | Day | Year | | |
| ADDRESS: Street City State Zip | | | | | PHONE NO. | | | | RESIDENT Y/N |
| [REDACTED] | | | | | [REDACTED] | | | | |

| | | | | | | | |
|--------------------------------|-------------|--------------|-----------|-----------|----------------|-----------|-----------|
| DEPARTMENT / DIVISION / ESTATE | COST CENTER | REQUEST DATE | | | EFFECTIVE DATE | | |
| Police Department | 210 | Month | Day | Year | Month | Day | Year |
| | | 9 | 13 | 01 | 9 | 20 | 01 |

| | | |
|--|---|--|
| APPOINTMENT: <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | CHANGE: <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input type="checkbox"/> 9. Other (Specify) _____ | SEPARATION: <input type="checkbox"/> 1. Resignation, Reason _____ _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____ |
| POSITION: <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____ | Date of Last Evaluation _____ Date of Last Wage Increase _____ | Evaluation Score _____ Percent of Last Increase _____ |

| FROM: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
|----------------------------|------|----------------|---------------|----------------------------|------|-------------|
| Police Officer | | 12.4031 | 25,798 | Non-Sworn (Armed) | | 250 |
| TO: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
| Police Officer | | 13.3485 | 27,765 | Non-Sworn (Armed) | | 250 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: ****Contractual Increase**

REQUESTED BY: _____ DATE: _____ BUDGET MANAGER: *B. J. [Signature]* DATE: *9/21/01*
 APPROVED: (DEPT/DIV/ESTATE) _____ DATE: _____ PERSONNEL OFFICER: _____ DATE: _____
 EXECUTIVE DIRECTOR: _____ DATE: _____

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONNEL TRANSACTION

| | | | | | | |
|----------|--------|-------|--------|---------------------|----------------|--|
| NAME: | Last | First | Middle | SOCIAL SECURITY NO. | DATE OF BIRTH | SEX |
| | | | | | Month Day Year | <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other M/F H |
| ADDRESS: | Street | City | State | Zip | PHONE NO. | RESIDENT Y/N |
| | | | | | | |

| | | | |
|--------------------------------|----------------|----------------------------------|----------------------------------|
| DEPARTMENT / DIVISION / ESTATE | COST CENTER | REQUEST DATE | EFFECTIVE DATE |
| Police & Security | 210-250 | Month Day Year 6 18 01 | Month Day Year 4 24 01 |

| | | |
|---|---|--|
| APPOINTMENT: ___ 1. Full Time ___ 2. Part Time ___ 3. Temporary, Ends _____ ___ 4. Trainee _____ to _____ ___ 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | CHANGE: ___ 1. Promotion ___ 2. Demotion ___ 3. Detail ___ 4. Transfer within Agency ___ 5. Reinstatement From _____ ___ 6. Change in Status ___ 7. Salary Increase ___ 8. Work out of Classification ___ 9. Other (Specify) _____ | SEPARATION: ___ 1. Resignation. Reason _____ _____ ___ 2. Retirement ___ 3. Deceased ___ 4. Dismissal ___ 5. Probationary ___ 6. Reduction in Force ___ 7. Job Abolishment ___ 8. Disability ___ 9. Military Leave <input checked="" type="checkbox"/> 10. Leave of Absence FMLA thru 7-3-01 ___ 11. Suspension ___ 12. Other (Specify) _____ |
| POSITION: ___ 1. New (attach position description) ___ 2. Reclassification ___ 3. Replacement (Last Held By) _____ _____ DATE _____ | Date of Last Evaluation _____ Date of Last Wage Increase _____ | Evaluation Score _____ Percent of Last Increase _____ |

| | | | | | | |
|-----------------------------------|------|----------------|---------------|------------------------------|------|----------------|
| FROM: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
| Police Officer | | 12.4031 | 25,798 | Police & Security | | 210-250 |
| TO: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: _____

REQUESTED BY: _____ DATE: 7/12/01 BUDGET MANAGER: _____ DATE: _____

APPROVED: (DEPT/DIV/ESTATE) _____ DATE: 7/12/01 PERSONNEL OFFICER: _____ DATE: _____

EXECUTIVE DIRECTOR _____ DATE: _____

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONNEL TRANSACTION

| | | | | | | |
|----------|--------|-------|--------|---------------------|----------------|--------------|
| NAME: | Last | First | Middle | SOCIAL SECURITY NO. | DATE OF BIRTH | SEX |
| | | | | | Month Day Year | M/F |
| ADDRESS: | Street | City | State | Zip | PHONE NO. | RESIDENT Y/N |

| | | | |
|--------------------------------|-------------|----------------------------|----------------------------|
| DEPARTMENT / DIVISION / ESTATE | COST CENTER | REQUEST DATE | EFFECTIVE DATE |
| Police & Security | 210 | Month Day Year 12 15 00 | Month Day Year 09 18 00 |

| | | |
|---|---|---|
| APPOINTMENT: <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | CHANGE: <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input checked="" type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input checked="" type="checkbox"/> 9. Other (Specify) <u>Contractual</u> | SEPARATION: <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____ |
| POSITION: <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____ | Date of Last Evaluation _____ Date of Last Wage Increase _____ | Evaluation Score _____ Percent of Last Increase _____ |

| FROM: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
|----------------------------|------|-------------|---------------|----------------------------|------|-------------|
| Police Officer | | 11.5074 | 23,935.39 | Police & Security | | 250 |
| TO: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
| Police Officer | | 12.4031 | 25,798.44 | Police & Security | | 250 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: _____

REQUESTED BY: Michelle J. Call DATE: 12/20/00 BUDGET MANAGER: _____ DATE: 1/2/01

APPROVED: (DEPT/DIV/ESTATE) _____ DATE _____ PERSONNEL OFFICER _____ DATE _____
 _____ EXECUTIVE DIRECTOR _____ DATE _____

Cuyahoga Metropolitan Housing Authority
REQUEST FOR PERSONAL TRANSACTION

C M H A
 EXECUTIVE OFFICE

| | | | | | | | | | |
|---------------------------------------|--|--|----------------------------|------------------|--|--|------------------------|---|-------------------|
| NAME: Last First Middle | | | SOCIAL SECURITY NO. | | DATE OF BIRTH Month Day Year | | | <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | SEX M/F |
| [REDACTED] | | | [REDACTED] | | [REDACTED] | | | | M |
| ADDRESS: Street City State Zip | | | | PHONE NO. | | | RESIDENT Y/N | | |
| [REDACTED] | | | | [REDACTED] | | | N | | |

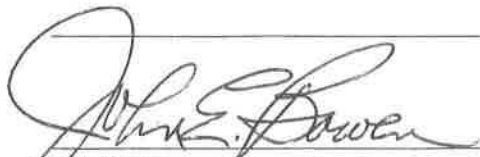


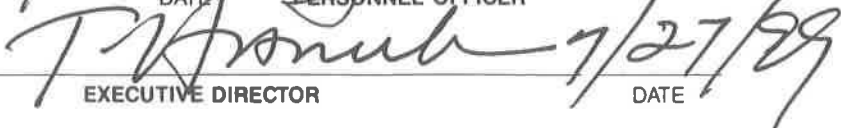
| | | | |
|---|----------------------------------|---|--|
| DEPARTMENT / DIVISION / ESTATE Police Dept | COST CENTER 250 | REQUEST DATE Month Day Year 6 30 99 | EFFECTIVE DATE Month Day Year 8 1 99 |
|---|----------------------------------|---|--|

| | | |
|---|--|---|
| APPOINTMENT: <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | CHANGE: <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input checked="" type="checkbox"/> 9. Other (Specify) <p align="center">Contractual increase</p> Date of Last Evaluation _____ Date of Last Wage Increase 8-1-98 | SEPARATION: <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____ Evaluation Score _____ Percent of Last Increase _____ |
|---|--|---|

| FROM: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
|---------------------------------------|------|--------------|------------------|----------------------------|------|-------------|
| Special Police Officer (Armed) | | 10.30 | 21,424 | Police Dept | | 250 |
| TO: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
| Special Police Officer (Armed) | | 10.61 | 22,068.80 | Police Dept | | 250 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: _____


 REQUESTED BY: _____ DATE _____ **BUDGET MANAGER** _____ DATE _____

 APPROVED: (DEPT/DIV/ESTATE) _____ DATE **7-27-99**  _____ DATE **7/27/99**
PERSONNEL OFFICER

 EXECUTIVE DIRECTOR _____ DATE **7/27/99**

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONAL TRANSACTION

| | | | |
|---|--|--|--|
| NAME: Last First Middle [REDACTED] | SOCIAL SECURITY NO. [REDACTED] | DATE OF BIRTH Month Day Year [REDACTED] | - Black - White - Hispanic - Asian - Other SEX M/F M |
| ADDRESS: Street City State Zip [REDACTED] | | PHONE NO. [REDACTED] | RESIDENT Y/N N |

| | | | |
|--|---------------------------|--|---|
| DEPARTMENT / DIVISION / ESTATE Police Dept | COST CENTER 250 | REQUEST DATE Month Day Year 6 30 99 | EFFECTIVE DATE Month Day Year 8 1 99 |
|--|---------------------------|--|---|

| | | |
|---|---|---|
| APPOINTMENT: <input type="checkbox"/> 1. Full Time <input type="checkbox"/> 2. Part Time <input type="checkbox"/> 3. Temporary, Ends _____ <input type="checkbox"/> 4. Trainee _____ to _____ <input type="checkbox"/> 5. Former Employee Last Year Worked _____ Bargaining Unit _____ Union Name _____ Local No. _____ Date Cleared _____ Employment Screening _____ | CHANGE: <input type="checkbox"/> 1. Promotion <input type="checkbox"/> 2. Demotion <input type="checkbox"/> 3. Detail <input type="checkbox"/> 4. Transfer within Agency <input type="checkbox"/> 5. Reinstatement From _____ <input type="checkbox"/> 6. Change in Status <input type="checkbox"/> 7. Salary Increase <input type="checkbox"/> 8. Work out of Classification <input checked="" type="checkbox"/> 9. Other (Specify) Contractual increase | SEPARATION: <input type="checkbox"/> 1. Resignation. Reason _____ <input type="checkbox"/> 2. Retirement <input type="checkbox"/> 3. Deceased <input type="checkbox"/> 4. Dismissal <input type="checkbox"/> 5. Probationary <input type="checkbox"/> 6. Reduction in Force <input type="checkbox"/> 7. Job Abolishment <input type="checkbox"/> 8. Disability <input type="checkbox"/> 9. Military Leave <input type="checkbox"/> 10. Leave of Absence <input type="checkbox"/> 11. Suspension <input type="checkbox"/> 12. Other (Specify) _____ |
| POSITION: <input type="checkbox"/> 1. New (attach position description) <input type="checkbox"/> 2. Reclassification <input type="checkbox"/> 3. Replacement (Last Held By) _____ _____ DATE _____ | Date of Last Evaluation _____ Date of Last Wage Increase 8-1-98 | Evaluation Score _____ Percent of Last Increase _____ |

| | | | | | | |
|--|----------------------|-----------------------------|-----------------------------------|--|------|---------------------------|
| FROM: Title/Classification Special Police Officer (Armed) | Step 10.30 | Hourly Rate 10.30 | Annual Salary 21,424 | Department/Division/Estate Police Dept | Ext. | COST CENTER 250 |
| TO: Title/Classification Special Police Officer (Armed) | Step 10.61 | Hourly Rate 10.61 | Annual Salary 22,068.80 | Department/Division/Estate Police Dept | Ext. | COST CENTER 250 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)


REMARKS: _____

REQUESTED BY: _____ DATE _____ BUDGET MANAGER _____ DATE _____
 APPROVED: (DEPT/DIV/ESTATE) _____ DATE _____ PERSONNEL OFFICER _____ DATE _____
 EXECUTIVE DIRECTOR _____ DATE _____

Interoffice Memorandum

December 20, 1993

TO: Anita Maines, Payroll Supervisor
Payroll Department

FROM: Miles T. Cobbs, Acting Chief
Police Division

Randy Williams, Personnel Officer
Police Division

Subject: PAY INCREASE FOR UNSWORN (ARMED) OFFICERS FOR 1994

In accordance with the Ohio Patrolmen's Benevolent Association, Union Contract for Unsworn Officers, ARTICLE XXXII (Compensation) the attached roster of Unsworn (Armed) Officers pay will increase from \$8.67 to \$9.06 effective January 1, 1994.

A copy of this memo and roster with the individual's name highlighted will be placed in each personnel file.

cc:
Personnel Concerned
Payroll
Personnel Department
Rep OPBA

Board of Commissioners

Karen H. Coats, Chairwoman • Dwayne Browder, Vice-Chairman
Louise Harris • Dr. Consuelo Sousa • Robert C. Townsend ii
Claire E. Freeman, Chief Executive Officer



| NAME | SSN | E.O.D. | RATE |
|---------------|------------|----------|------|
| LI, | MIKALMALIK | 11/23/92 | 867 |
| LLEN, | FREDERICK | 09/21/92 | 867 |
| YERS, | DAVID | 02/17/92 | 867 |
| ACHELOR, | ARRIE | 09/28/92 | 867 |
| AIRD, | DWAYNE | 10/05/92 | 867 |
| EAL, | PHILLIP | 01/16/93 | 867 |
| RANCH, | ANTONIO | 09/21/92 | 867 |
| RYANT, | CAROL | 12/02/92 | 867 |
| URNETT, | RICHARD | | |
| LARK, | JAMES | | |
| BOBBINS, | LONNIE | | |
| COLEMAN, | JAN | | |
| CONWAY, | REGINALD ✓ | | |
| COTTINGHAM, | RANDY | | |
| CRUTE, | CHARLES | | |
| DAVIS, | CHARLES | | |
| DEAN, | CARLTON | | |
| DEJESUS, | DAVID | | |
| DENNIS, | TIMOTHY | | |
| DIAZ, | ELIAZER | | |
| DUNHAM, | ROBERT | | |
| EDMONDS, | JOE | | |
| FLIPPEN, | GEORGE | | |
| FLOWERS, | ANDREA | | |
| GRAZIER, | APRIL | | |
| GERHARD, | BRIAN | | |
| GOODMAN, | MARRY | | |
| GRIMES, | CORNELL | | |
| GUERRA, | LARRY | | |
| HAGER, | RICKY | | |
| HALE, | CHRISTINE | | |
| HAMMOND, | WILLIE | | |
| HARRIS, | LESLIE | | |
| HERNANDEZ, | EFRAIN | | |
| HIGGINBOTHAM, | WILLIAM | | |
| HOBBS, | HERMAN | | |
| HUFF, | MARCIA | | |
| HUISDOS, | FRANK | | |
| JOHNSON, | MICHAEL | | |
| KENNEDY, | MAURICE | | |
| LEINHENZ, | JOHN | | |
| REIGER, | MARK | | |
| AUX, | WILLIAM | | |
| EON, | MANUEL | | |
| EWIS, | ASHER | | |
| ADISON, | KATHY | | |
| ATTHEWS, | EUGENE | | |
| CCORMICK, | JAMES | | |
| CCUNE, | JAMES | | |
| CKINLEY, | JAMES | | |
| ENEFEE, | CHARLOTTE | | |
| HILLER, | WILLIAM | | |
| HULLOY, | JAMES | | |
| HOLL, | JAMIE | | |
| HULETREE, | DOROTHY | | |
| HITTMAN, | CATHERINE | | |

Cuyahoga Metropolitan Housing Authority

REQUEST FOR PERSONNEL TRANSACTION

| | | | | | | | | | |
|---|--|--|--|--|---|-------------------|--|--|--------------|
| NAME: Last [REDACTED] First [REDACTED] Middle _____ | | | SOCIAL SECURITY NO. [REDACTED] | | DATE OF BIRTH Month _____ Day _____ Year _____ | | | <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | SEX (M/F) |
| ADDRESS: Street [REDACTED] City _____ State _____ Zip _____ | | | | PHONE NO. [REDACTED] | | RESIDENT (Y/N) | | | |

| | | | |
|--|---------------------------|--|---|
| DEPARTMENT / DIVISION / ESTATE Police Division | COST CENTER 210 | REQUEST DATE Month 6 Day 7 Year 93 | EFFECTIVE DATE Month 5 Day 24 Year 93 |
|--|---------------------------|--|---|

APPOINTMENT:

1. Full Time
 2. Part Time
 3. Temporary, Ends _____
 4. Trainee
 _____ to _____
 5. Former Employee
 Last Year Worked _____
 Bargaining Unit _____
 Union Name _____
 Local No. _____
 Date Cleared _____
 Employment Screening _____

CHANGE:

1. Promotion
 2. Demotion
 3. Detail
 4. Transfer within Agency
 5. Reinstatement
 From _____
 6. Change in Status
 7. Salary Increase
 8. Work out of Classification
 9. Other (Specify) _____

SEPARATION:

1. Resignation. Reason _____

 2. Retirement
 3. Deceased
 4. Dismissal
 5. Probationary
 6. Reduction in Force
 7. Job Abolishment
 8. Disability
 9. Military Leave
 10. Leave of Absence
 11. Suspension
 12. Other (Specify) _____

POSITION:

1. New (attach position description)
 2. Reclassification
 3. Replacement
 (Last Held By) _____

 DATE _____

Date of Last Evaluation _____
 Date of Last Wage Increase _____

Evaluation Score _____
 Percent of Last Increase _____

| FROM: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
|-------------------------------|------|-------------|---------------|----------------------------|----------|-------------|
| Non-Commissioned Sec. Officer | | \$5.60 | \$11,648 | Police Division | 361-3700 | 210 |
| TO: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
| Commissioned Security Officer | | \$8.67 | \$18,033.60 | Police Division | 361-3700 | 210 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify (if requesting positions in excess of approved budget)

REMARKS: has successfully met all requirements to be placed in an Armed Position.

REQUESTED BY: _____ DATE _____ BUDGET MANAGER _____ DATE 6/14/93

APPROVED: (DEPT/DIV/ESTATE) _____ DATE 6/14/93 PERSONNEL OFFICER _____ DATE 6/14/93

EXECUTIVE DIRECTOR _____ DATE _____

Cuyahoga Metropolitan Housing Authority PERSONNEL TRANSACTION

| | | | | | |
|----------|-------------------|---------------------|---------------|-----|--|
| NAME: | Last First Middle | SOCIAL SECURITY NO. | DATE OF BIRTH | SEX | Black White Hispanic Asian Other |
| ADDRESS: | Street | City | State | Zip | Resident |

| | | | | | | | |
|----------------------------|-------------|-------|-----|------|-------|-----|------|
| DEPARTMENT/DIVISION/ESTATE | COST CENTER | Month | Day | Year | Month | Day | Year |
| Police Division | 844-210 | 10 | 12 | 92 | | | |

APPOINTMENT:

1 Full Time
 2 Part Time
 3 Temporary, Ends _____
 4 Trainee
 _____ to _____
 5 Former Employee
 Last Year Worked _____

BARGAINING UNIT YES
 UNION NAME NUPBA
 LOCAL NO. _____
 DATE CLEARED BY POLICE 10-2-92

CHANGE:

1 Promotion
 2 Demotion
 3 Lateral Change
 4 Transfer within Agency
 From _____
 5 Reinstatement
 From _____
 6 Change in Status
 From _____
 7 Name Change from _____
 8 Work out of Classification, and
 date _____
 9 Other (Specify) _____

SEPARATION:

1 Resignation, Reason _____
 2 Retirement
 3 Deceased
 4 Dismissal
 5 Probationary
 6 Lay Off
 7 Job Abolishment
 8 Disability
 9 Military Leave to _____
 10 Leave of Absence
 11 Suspension
 12 Other (Specify) _____

POSITION:

1 New
 2 Reclassification
 3 Replacement
 (Last Held By) _____

 DATE _____

Date of Last Evaluation _____
 Date of Last Wage Increase _____

Evaluation Score _____
 Percent of Last Increase _____

| FROM: Title/Classification | Step | Hourly Rate | Annual Salary | Department/Division/Estate | Ext. | COST CENTER |
|----------------------------|------|-------------|---------------|----------------------------|----------|-------------|
| NON-Comm. Sec. Officer | | \$5.60 | \$11,648.00 | Pol. Div. | 361-3700 | 210 |

NOTES: (1) Attach Copy of Termination or Resignation (2) Justify Position

REMARKS: FUNDING SOURCE: COMP-MHA GRANT FOR ADDITIONAL HIGHRISE SECURITY COVERAGE.

RECOMMENDED: YES _____ NO _____

 Chief of Personnel Date

RECOMMENDED: YES _____ NO _____

 Budget Manager Date

RECOMMENDED: YES NO _____

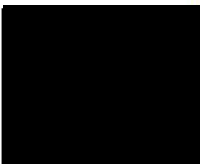
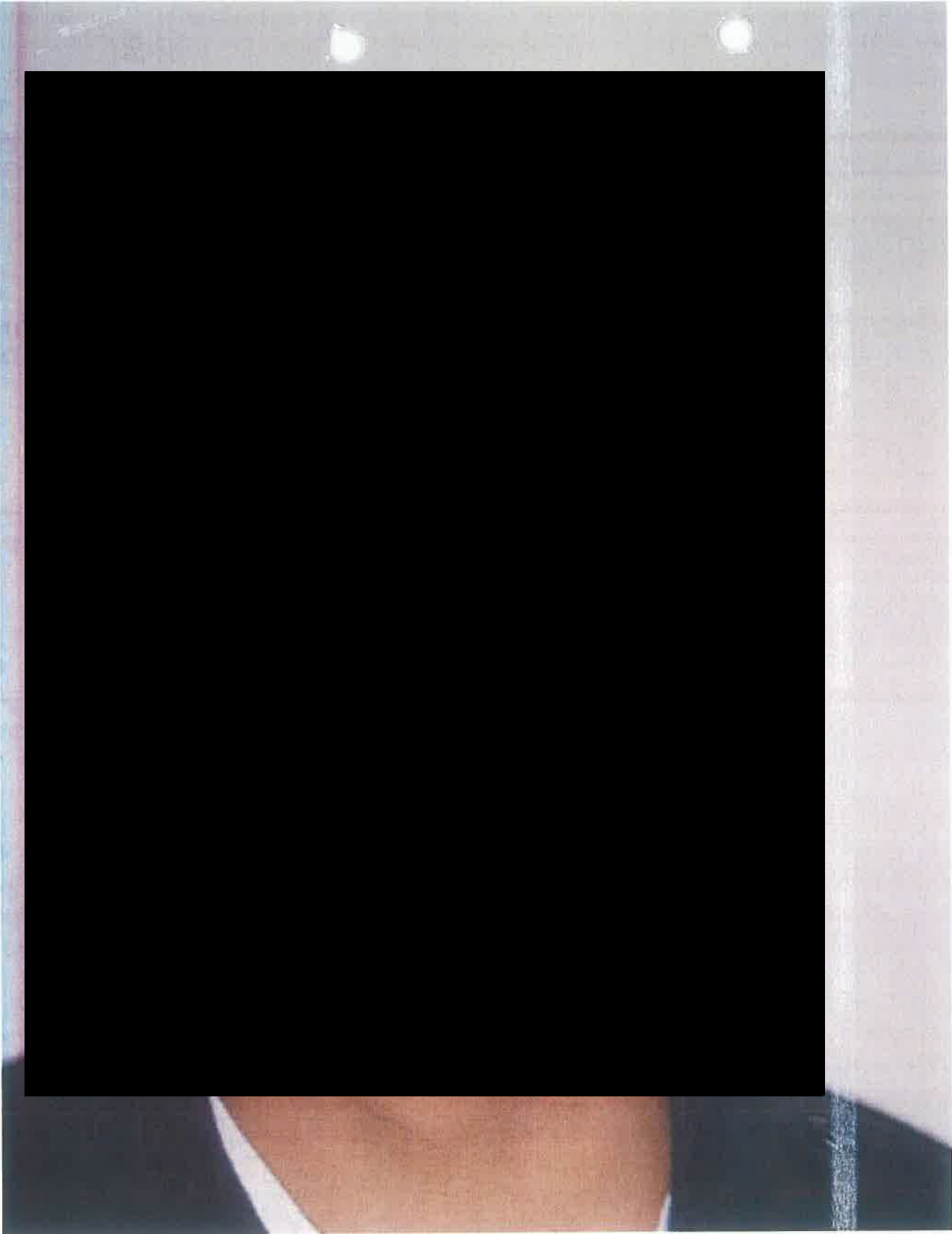
Mike J. Collins 10-12-92
 Department/Division/Estate Date

RECOMMENDED: YES _____ NO _____

 Department/Division/Estate Date

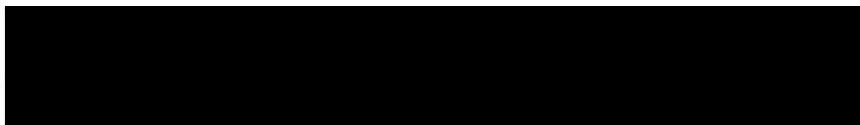
APPROVED:

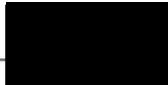
 EXECUTIVE DIRECTOR Date





CHANGE OF NAME OR ADDRESS FORM

Name: 

Social Security Number (Last 4 digits): 

Department: CMHA POLICE

New Name: 
(Please attach appropriate documentation)

New Address: _____
Street

City/State/Zip Code

Telephone Number: 

Effective Date: 07 APR 11

PO 
Employee Signature

07 APR 11
Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

CMHA - Human Resources Department
Attention: Personnel Specialist
1441 W. 25th Street
Cleveland, OH 44113
Fax: (216) 348-8236

PROBATE COURT OF CUYAHOGA COUNTY, OHIO
Anthony J. Russo, Presiding Judge
Laura J. Gallagher, Judge

PROBATE COURT
FILED
MAR 18 2011
CUYAHOGA COUNTY, O.

IN RE: CHANGE OF NAME OF [REDACTED]

Case No. 2011 NCH 0165369

JUDGMENT ENTRY - CHANGE OF NAME OF ADULT

On March 18, 2011 an Application for Change of Name was heard by this Court. The Court finds that proper notice of the Application and hearing date were given by one publication in a newspaper of general circulation in this county at least thirty days prior to the hearing on the Application. The Court finds that reasonable and proper cause exists for changing the name. The Court finds that the applicant's complete name at birth was [REDACTED] applicant's date of birth was [REDACTED] and the place of birth was Garfield Heights, Cuyahoga County, Ohio.

Therefore, it is **ORDERED** that the name of [REDACTED] be changed to [REDACTED]

MAR 18 2011

LB
[Signature]
Probate Judge

CERTIFICATION OF JUDGMENT ENTRY

The above Judgment Entry - Change of Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

Probate Judge/Clerk
By [Signature]
Deputy Clerk

MAR 18 2011

Date

WorkCentre 7335 Transmission Report

G3 ID

216 361 3759

Date/Time: 04/11/2011:04:25PM

Page: 1 (Last Page)

Local Name C. M. H. A. POLICE DEPT
Logo

Document has been sent.
Document Size 8.5X11"SEF



CHANGE OF NAME OR ADDRESS FORM

Name: [REDACTED]

Social Security Number (Last 4 digits): 1115

Department: CMHA POLICE

New Name: [REDACTED]
(Please attach appropriate documentation)

New Address: _____
Street

City/State/Zip Code

Telephone Number: [REDACTED]

Effective Date: 07 APR 11

Po [REDACTED]
Employee Signature

07 APR 11
Date Completed

The completed form with the appropriate documentation attached may be faxed or mailed to:

CMHA - Human Resources Department
Attention: Personnel Specialist
1441 W. 25th Street
Cleveland, OH 44113
Fax: (216) 348-8236

Total Pages Scanned: 2 Total Pages Sent : 2

| No. | Doc. | Remote Station | Start Time | Duration | Pages | Mode | Contents | Status |
|-----|------|-----------------|--------------|----------|-------|------|----------|--------|
| 1 | 7762 | HUMAN RESOURCES | 4-11; 4:24PM | 27s | 2 / 2 | SG3 | | CP |

Note:
RE: Resend MB: Send to Mailbox BC: Broadcast MP: Multi Polling RV: Remote Service
PG: Polling RB: Relay Broadcast RS: Relay Send BF: Box Fax Forward CP: Completed
SA: Send Again EN: Engaged AS: Auto Send TM: Terminated

**CMHA Police Department
Personnel File**

Name: [REDACTED] SSN# [REDACTED] EOD: 11/23/92

| | |
|--|--|
| <i>Section 1</i> | <i>Section 2</i> |
| Personnel Transaction Form (PTF) | Employment Application/Resume Employee Personal Data Profile Employee Reference Checks Address Change Forms |
| <i>Section 3</i> | <i>Section 4</i> |
| Oath of Office Certifications | Performance Evaluations Career Counseling Forms |
| <i>Section 5</i> | <i>Section 6</i> |
| Letter of Commendation/Awards Secondary Employment Disciplinary related memos (if appl.) | Pay Option Forms Miscellaneous Memos Equipment Issued |

SEPARATE FILES:

Medical:

Psychological Evaluations
Injury to Person Reports
Pre-Employment Physical Questionnaire
Drug Screens – MVA's/Injuries

Training:

Police Department Orientation
In-service Training Documents
Training Certifications

Confidential:

Background Investigation Composite-
Criminal History & Driving Record
Home Visit
Neighbor Interviews
Credential Verification
Prior Work History
Application Form Information Verification
Personal References

Discipline:

All disciplinary actions placed in one (1) main alphabetic file that is purged periodically to remove documentation that is over two (2) years old

Voice Stress Analysis Results
BCI Fingerprint Card

CMHA

Inter Office Memorandum

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

NEW ADDRESS: [REDACTED]

STREET

APT #

CITY/STATE/ZIP CODE

* TELEPHONE NUMBER: [REDACTED]

PO. [REDACTED]

EMPLOYEE SIGNATURE

1-26-06

DATE



Forw to HQ
on 1/31
D
ENTERED
2

CMHA

Inter Office Memorandum

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

NEW ADDRESS: [REDACTED]

CITY/STATE/ZIP CODE

* TELEPHONE NUMBER: [REDACTED]

PS. [REDACTED] EMPLOYEE SIGNATURE

1-26-06 DATE

Job number : 857
Status : OK
Pages sent : 001
End time : Jan-30 17:41
Start time : Jan-30 17:41
Number of pages : 001
To : 93488236
Date & Time : Jan-30 17:41
Job number : 857

*** SEND SUCCESSFUL ***

Date & Time: 2006-Jan-30 17:42
Tel line : 2163613759
Machine ID : CMHA POLICE

Confirmation Report - Memory Send

CMHA

Inter Office Memorandum

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

NEW ADDRESS: [REDACTED]

STREET

APT #

CITY/STATE/ZIP CODE

TELEPHONE NUMBER: [REDACTED]

EMPLOYEE SIGNATURE

9-28-04

DATE

COMDOC [Signature]
OCT 1 2004

Faxed to HR on
9/30 by 730
Entered

CMHA

Inter Office Memorandum

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

NEW ADDRESS: [REDACTED] APT # _____
CITY/STATE/ZIP CODE _____

TELEPHONE NUMBER: [REDACTED]

EMPLOYEE SIGNATURE

9-28-04

DATE

*** SEND SUCCESSFUL ***

816 :

Job number : 816
Date : Sep-30 08:11
To : 93488236
Document pages : 01
Start time : Sep-30 08:11
End time : Sep-30 08:11
Pages sent : 01
Status : OK

Filed to HR on 9/30/04 by 73: entered

Time : Sep-30-04 08:11
Tel line : +2163613728
Name : CMHA POLICE DEPT

Confirmation Report - Memory Send

CMHA

Inter Office Memorandum

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

NEW ADDRESS: [REDACTED]

STREET

APT #

CITY/STATE/ZIP CODE

TELEPHONE NUMBER: [REDACTED]

EMPLOYEE SIGNATURE

3-5-04

DATE

COMDOC [Signature]
MAR 9 '04

*Filed to HR on 3/8
by 732 JS*

ENTERED



Inter Office Memorandum

CHANGE OF ADDRESS FORM

EMPLOYEE NAME: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

NEW ADDRESS: [REDACTED] APT #

CITY/STATE/ZIP CODE

TELEPHONE NUMBER: [REDACTED]

EMPLOYEE SIGNATURE

3-5-04

DATE

ENTERED

*** SEND SUCCESSFUL ***

| | | |
|-----------------|---|--------------|
| Job number | : | 700 |
| Status | : | OK |
| Pages sent | : | 001 |
| End time | : | Mar-08 10:35 |
| Start time | : | Mar-08 10:35 |
| Number of pages | : | 001 |
| To | : | 93488236 |
| Date & Time | : | Mar-08 10:35 |
| Job number | : | 700 |

Date & Time: 2004-Mar-08 10:35
 Tel line : 2163613759
 Machine ID : CMHA POLICE

Confirmation Report - Memory Send

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
APPLICATION FOR EMPLOYMENT

RITTY

NAME

(Last) [REDACTED] (First)

TELEPHONE:

BUS.

ADDRESS

CI

ARE YOU BETWEEN THE AGES OF 18 AND 70? YES NO

SOCIAL SECURITY NO.

TYPE OF

POSITION DESIRED POLICE OFFICER

MINIMUM STARTING SALARY RATE

DATE AVAILABLE ASAP FOR EMPLOYMENT

DO YOU HAVE A CHAUFFEUR'S LICENSE? NO OTHER LICENSES? _____

EDUCATION: (Circle number of years completed)

Name of Grade School & City

Alfred A. Benesch

Cleveland

Years 1 2 3 4 5 6 7 8

Name of High School & City

CLEVELAND SCHOOL OF THE ARTS

Years 1 2 3 4

Name of College & City

CENTRAL STATE UNIV. WILBERFORCE, OHIO

Years 1 2 3 4

Degree NO Major SOCIAL WORK

OTHER SPECIAL TRAINING Police Dispatcher for Central State Univ.

IF UNION MEMBER, GIVE NAME

WORK HISTORY (Complete for 5 years. Show periods of unemployment, if any)

| Name and Address of Employer | Date | Job Title | Supervisor | Salary | Reason for Leaving |
|---|---|-----------------------------------|--------------------------------------|---|--|
| Present or Last Position <u>SPECIAL POLICE OFFICER</u> <u>2685 E. 79th</u> <u>C.M.H.A. PD</u> | From <u>11-22-92</u> To <u>current</u> | <u>S.P.O</u> | <u>W. Mofenz</u> <u>3rd shift</u> | Started Left | <u>Currently and still present for hopeful promotion</u> |
| Second Last <u>The Blender Co.</u> <u>3950 E. 40th</u> <u>STREET</u> | From <u>8-30-89</u> To <u>6-13-93</u> | <u>computer Manifest operator</u> | <u>Mr. John HIGGINS</u> | Started <u>\$5.50</u> Left <u>\$6.35</u> | <u>obtain Private POLICE commission to work for C.M.H.A.</u> |
| Third Last <u>431-3560</u> <u>Prospect</u> | From To | | | Started Left | |
| Fourth Last | From To | | | Started Left | |

FURTHER DETAILS REGARDING YOUR WORK EXPERIENCE

OTHER EXPERIENCE THAT QUALIFIES YOU FOR THE POSITION Have been a S.P.O

for 7 seven yrs.

CAN ABOVE EMPLOYERS BE CONTACTED FOR REFERENCES? YES NO WHY NOT? _____

HAVE YOU OR ANY MEMBER OF YOUR FAMILY WORKED FOR C.M.H.A.? YES NO

WHO _____ WHERE _____

ARE YOU PRESENTLY OR HAVE YOU EVER BEEN A RESIDENT OF PUBLIC HOUSING? YES NO

WHERE [REDACTED] HOW LONG 1 1/2 yrs

THE FOREGOING ANSWERS ARE CORRECT TO THE BEST OF [REDACTED]

DATE 7-1-99 APPLICANT'S SIGNATURE

Cuyahoga Metropolitan Housing Authority is an equal employment opportunity employer. Appointment is conditioned upon satisfactory results from the pre-employment physical.

TYPING W.P.M. _____

STENO. W.P.M. _____

DICTAPHONE OR OTHER OFFICE MACHINES _____

LANGUAGES _____

SPEAK _____

READ _____

WRITE _____

APPLICATION FOR MAINTENANCE POSITIONS

Can Operate Automobile _____ Truck _____ Tractor _____ Power Motor _____

Power Sweeper _____ Heating Plant _____ Other Equipment _____

SPECIAL SKILLS: Bricklaying _____ Carpentry _____ Plastering _____ Tiling _____

Cement Work _____ Electrical _____ Heating _____ Landscaping _____

Painting _____ Plumbing _____ Other _____

4. (Certain maintenance positions may require that the employee possess a valid Ohio Chauffeur's License.)

PROFESSIONAL AND COMMUNITY AFFILIATIONS: _____

HOBBIES & INTERESTS: Physical Fitness, Reading

VOLUNTEER WORK:

Salvation Army
Organization

Donations

Kind of Work

Organization _____

Kind of Work _____

PERSONAL REFERENCES:

NAME Howard Joyner

ADDRESS _____

NAME Larry Jones

ADDRESS _____

NAME JOHN CANNON

ADDRESS _____

(City & State)

(Applicant: Please Complete Third Page)

(THIS SECTION FOR AGENCY USE ONLY)

INTERVIEWER'S RECOMMENDATION

APPEARANCE _____

PERSONALITY _____

SELF CONFIDENCE _____

INTELLIGENCE _____

ABILITY TO EXPRESS SELF _____

POISE _____

AMBITION _____

EDUCATION _____

OTHER REMARKS: _____

SHOULD BE CONSIDERED _____

SALARY _____

NOT SUITABLE FOR POSITION APPLIED _____

DATE _____

INTERVIEWER'S SIGNATURE _____

APPLICATION FOR EMPLOYMENT

NAME: (Last) [REDACTED] (First) [REDACTED] CITY & ZIP [REDACTED]
 TELEPHONE: HOME [REDACTED]

YOU BETWEEN THE AGES OF 18 AND 70? YES NO

LAL SECURITY NO. [REDACTED]
 MINIMUM SALARY 9.25 DATE AVAILABLE FOR EMPLOYMENT 9-1-92
 C.M.H.A. *Copy*

DO YOU HAVE A CHAUFFEUR'S LICENSE? NO OTHER LICENSES?

CAUTION: (Circle number of years completed)
 Name of Grade School & City Name of High School & City Name of College & City
 (If 2) A. GENESCH CLEVELAND SCHOOL OF ARTS Degree Major S.W.
 Years 1 2 3 4 Years 1 2 3 4 Years 1 2 3 4

RE SPECIAL TRAINING PRIVATE POLICE TRAINING (CASE WESTERN RESERVE)
 UNION MEMBER, GIVE NAME

WORK HISTORY (Complete for 5 years. Show periods of unemployment, if any)

| Name and Address of Employer Present or Last Position | Dates | Job Title | Supervisor | Salary Started | Reason for Leaving |
|---|-------------------------|----------------------------|------------------|---------------------------|--------------------|
| The Blender Co. 3956 Prospect Ave. Second Last | 0/1/89 To continuing | Computer manifest operator | Mr. John Higgins | 4.75 Left 6-15 | still working |
| The Holiday Inn Hotel LAKESIDE AVE. Third Last | 12/89 To 01/89 | Banquet setter. | Mrs. Heidi | Started 5.75 Left 5.75 | |
| | From | | | Started | |
| | To | | | Left | |
| Fourth Last | From | | | Started | |
| | To | | | Left | |

FURTHER DETAILS REGARDING YOUR WORK EXPERIENCE PART TIME WORK (NO PAY)
 METZANBAUM youth center with young children
 OTHER EXPERIENCE THAT QUALIFIES YOU FOR THE POSITION CENTRAL STATE UNIVERSITY ^{teenage}
 Police Dept. Dispatcher, social work, working with youth

CAN ABOVE EMPLOYERS BE CONTACTED FOR REFERENCES? YES NO WHY NOT?

HAVE YOU OR ANY MEMBER OF YOUR FAMILY WORKED FOR C.M.H.A.? YES NO

WHO [REDACTED] WHERE [REDACTED]
 ARE YOU PRESENTLY OR HAVE YOU EVER BEEN A RESIDENT OF PUBLIC HOUSING? YES NO
 WHERE [REDACTED] HOW LONG 12 yrs.

THE FOREGOING ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF
 DATE 8-31-92 APPLICANT'S SIGNATURE [REDACTED]

Cuyahoga Metropolitan Housing Authority is an equal employment opportunity employer. An appointment is conditioned upon satisfactory results from the pre-employment physical examination and background investigation.

V.P.M. _____ SIENO. W.P.M. _____

NAME OR OTHER OFFICE MACHINES _____

ES _____ SPEAK _____ READ _____ WRITE _____

APPLICATION FOR MAINTENANCE POSITIONS

operate Automobile _____ Truck _____ Tractor _____ Power Motor _____

Sweeper _____ Heating Plant _____ Other Equipment _____

ADDITIONAL SKILLS: Bricklaying _____ Carpentry _____ Plastering _____ Tiling _____

Work: Electrical _____ Heating _____ Landscaping _____

Other _____

Persons in maintenance positions may require that the employee possess a valid Ohio Driver's License.)

PROFESSIONAL AND COMMUNITY AFFILIATIONS:

Working in Building Homes for low-income
housing for CEDAR - CENTRAL AREA

HOBBIES & INTERESTS:

weightlifting, reading, and swimming

EMPLOYMENT HISTORY:

1 REACH PROGRAM
Organizational

working with teenage youth
Kind of work

M.H.A COMMUNITY LANDSCAPING
Organizational

planting gardens cutting grass
Kind of work

PERSONAL REFERENCES:

MRS. MARY MAYNARD

ADDRESS _____
(City & State)

TEL. _____

MR. ALAN DAVIS

ADDRESS _____
(City & State)

TEL. _____

MR. JOHN HIGGINS

ADDRESS _____
(City & State)

TEL. _____

(Applicant: Please Complete Third Page)

(THIS SECTION FOR AGENCY USE ONLY)

INTERVIEWER'S RECOMMENDATION

APPEARANCE _____ PERSONALITY _____

SELF CONFIDENCE _____ INTELLIGENCE _____

ABILITY TO EXPRESS SELF _____ POISE _____

AMBITION _____ EDUCATION _____

OTHER REMARKS: _____

SHOULD BE CONSIDERED _____ SALARY _____

NOT SUITABLE FOR POSITION APPLIED _____

DATE _____

INTERVIEWER'S SIGNATURE _____



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DIVISION

TYPE:Inter-Office Memo

TO: John Race, Dep. Chief

FROM: Thomas Imes, Lieutenant

DATE: August 24, 1999

SUBJECT:Background investigation of SPO [REDACTED]

Sir:

On 8/20/99, I conducted an interview and Voice Stress Test on SPO [REDACTED]

Nothing negative was uncovered during the interview. He denied ever using any drugs, including marijuana, however he did show a strong reaction to the drug related questions on the Voice Stress Test.

He has used 23 sick days in 1998, but only 3 sick days this year. He has some minor infractions and in one case he was charged for leaving his weapon in the desk drawer at the high-rise.

Mr. [REDACTED] is now involved in religion and physical fitness and is in good physical condition.

I recommend this candidate for Patrol Officer.

Respectfully,


Thomas Imes, Lieutenant

DATE 8-2-99

BACKGROUND AND RECORDS RELEASE STATEMENT

In connection with an investigation for employment and/or crime, I [redacted], hereby authorize and request any and all agencies having information and/or records pertaining to the undersigned to furnish full and complete information to any duly authorized representative of the Cuyahoga Metropolitan Housing Authority who presents this authorization. This authorization specifically includes authority to release for examination and reproduction pertinent records and reports, and specifically includes the request that any law enforcement agency, doctors, hospitals with knowledge of my background freely furnish their records, evaluations and/or opinions. This authorization is valid for the period in which the aforementioned is under the employ of the Cuyahoga Metropolitan Housing Authority.

[redacted] NAME (TYPED/PRINT) [redacted] SIGNATURE

NICKNAME: [redacted] MAIDEN NAME: [redacted]

[redacted] yrs. [redacted] yrs. CURRENT ADDRESS HOW LONG FORMER ADDRESS HOW LONG

DOB: [redacted] SSN# [redacted] RACE: Afr. Am. SEX: MALE

HGT: 6'5 WGHT: 215lbs EYES: Brown HAIR: BLACK

Sworn to and subscribed before me, a Notary Public, this 2 day of Aug, 19 99.

David L. Bly
NOTARY PUBLIC - SIGNATURE

David L. Bly
Notary Public, State of Ohio
Recorded in Cuyahoga Cty.
My Comm. Expires 04-25-2004

SEAL MUST BE AFFIXED

AFFIDAVIT

STATE OF OHIO
COUNTY OF CUYAHOGA }

SS:

[Redacted Name]

of

[Redacted Address]

, having been sworn deposed under oath,

(Name)

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

C.M.H.A. Police Dept.

(Name of organization or individual to whom records are to be released)

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

[Redacted Name]

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

(Name of Applicant-Affiant)

and request for release of records.

[Redacted Signature]

(Signature)

Sworn To And Subscribed before me, a Notary Public, this 2 day of Aug, 19 99.

SEAL MUST BE AFFIXED

David L. Bly
Notary Public - Signature

David L. Bly
Notary Public, State of Ohio
Recorded in Cuyahoga Cty.
My Comm. Expires 04-25-2004
Print Address (Notary)

(Out of State Notary Must Submit Certificate)

BIOGRAPHICAL INFORMATION

NAME: _____

PRESENT ADDRESS: _____

FORMER ADDRESS: _____

MARITAL STATUS: Divorce

SPOUSE'S NAME: _____

SPOUSE'S SS#: _____

DATE OF BIRTH: _____

SPOUSE'S EMPLOYMENT: _____

NUMBER OF DEPENDENTS: 1

DEPENDENT'S NAME/DATE OF BIRTH: _____

LIST YOUR MOST SIGNIFICANT ACCOMPLISHMENTS DURING THE PAST FIVE (5) YEARS:

leaving The Blonder Co. (Wallpaper and paint)
to work for C.M.H.A.P.D

DRIVER'S LICENSE NUMBER: _____

HAVE YOU RESIDED IN THE STATE OF OHIO FOR AT LEAST 12 MONTHS?
YES NO

IF NO, WHERE? _____

I certify to the best of my knowledge the above statements concerning my biographical background are true.

Applicant's Signature

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DEPARTMENT OF SAFETY and SECURITY

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

DATE: FROM _____ TO _____

HONORABLE DISCHARGE: _____

STILL ACTIVE: _____

OTHER: _____

HAVE YOU EVER BEEN ARRESTED? YES: _____ NO:

CIRCUMSTANCES: _____

HAVE YOU EVER BEEN CONVICTED? YES: _____ NO:

CIRCUMSTANCES: _____

[REDACTED SIGNATURE]

8-2-99

SIGNATURE

DATE

CMHAPD:11 February 1980
Revised

DSO:JER:jh

POLYGRAPH (LIE DETECTOR)
VOICE STRESS ANALYSIS
EXAMINATION RELEASE

In consideration of my being considered for employment by the Cuyahoga Metropolitan Housing Authority, I hereby agree to take any pre-employment polygraph and/or voice stress analysis examination required by the Authority.

I am aware that the area's covered in this pre-employment examination will be Employment History, Criminal History, Theft Offenses, Narcotics Use or Alcohol Abuse, Sexual Misconduct and Honesty.




SIGNATURE

8-2-99

DATE

Sworn to and subscribed before me, a Notary Public, this

2 day of Aug, 1999.


NOTARY PUBLIC - SIGNATURE

David L. Bly
Notary Public, State of Ohio
Recorded in Cuyahoga Cty.
My Comm. Expires 04-25-2004

SEAL MUST BE AFFIXED

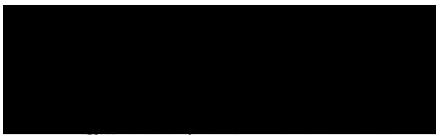
State of Ohio)
) §
County of Cuyahoga)

PHYSICAL AGILITY EXAMINATION
RELEASE FORM

I certify that I have no medical problems which would be aggravated by my participation in the C.M.H.A. Physical Agility Examination.

I further certify that I am presently in good health.

I hereby release C.M.H.A. from any claims of personal injury resulting from my participation in the Agility Examination.



Signature

8-2-99

Date

Sworn to and subscribed before me, a Notary Public, this 2
day of Aug, 19 99


Notary Public
My Commission Expires 4-25-2004

(SEAL MUST BE AFFIXED)

David L. Bly
Notary Public, State of Ohio
Recorded in Cuyahoga Cty.
My Comm. Expires 04-25-2004

Cuyahoga Metropolitan Housing Authority
Police Department
P.O. / S.P.O.
Interview rating summary

Applicant's name: [REDACTED]

Interviewer: MILES T. COBBS

Date: 9/2/99

Instructions = Rate on a scale 1 to 5 (1=lowest 5=highest)

1) Why do you feel you should be hired as a Police Officer or Special Police Officer?

1 2 3 4 (5)

2) What Qualities do you have that will Benefit the Residents of C.M.H.A.

1 2 3 4 (5)

3) If Hired, what will you do to Improve the Quality of Life of the Residents of C.M.H.A.

1 2 3 4 (5)

4) Do you feel crime is greater on C.M.H.A. Property than in the surrounding areas?

1 2 3 4 (5)

=====

Please rate the below based upon the entire interview 1 to 5

| | | | | | |
|---------------------------|---|---|---|-----|----------------|
| Personal Appearance = | 1 | 2 | 3 | (4) | (5) |
| Assertiveness = | 1 | 2 | 3 | (4) | (5) |
| Oral Communications = | 1 | 2 | 3 | (4) | (5) |
| Interview Comprehension = | 1 | 2 | 3 | (4) | (5) |
| Interview Articulation = | 1 | 2 | 3 | (4) | (5) |

Cuyahoga Metropolitan Housing Authority
Police Department
P.O. / S.P.O.

Interviewing summary

Applicant's name: [REDACTED]

Interviewer: DC RICE

Date: 9/2/99

Instructions = Rate on a scale 1 to 5 (1=lowest 5=highest)

1) Why do you feel you should be hired as a Police Officer or Special Police Officer?

1 2 3 4 5

2) What Qualities do you have that will Benefit the Residents of C.M.H.A.

1 2 3 4 5

3) If Hired, what will you do to Improve the Quality of Life of the Residents of C.M.H.A.

1 2 3 4 5

4) Do you feel crime is greater on C.M.H.A. Property than in the surrounding areas?

1 2 3 4 5

=====

Please rate the below based upon the entire interview 1 to 5

| | | | | | |
|---------------------------|---|---|---|---|---|
| Personal Appearance = | 1 | 2 | 3 | 4 | 5 |
| Assertiveness = | 1 | 2 | 3 | 4 | 5 |
| Oral Communications = | 1 | 2 | 3 | 4 | 5 |
| Interview Comprehension = | 1 | 2 | 3 | 4 | 5 |
| Interview Articulation = | 1 | 2 | 3 | 4 | 5 |

CMHA

Inter Office Memorandum

August 30, 1999

Mr. [REDACTED]

Dear Applicant:

Congratulations! You have passed Phase 2 of the eligibility process for the position of Police Officer with the Cuyahoga Metropolitan Housing Authority Police Department.

You have been scheduled for PHASE 5 of the process, the INTERVIEW PROCESS on:

DAY: THURSDAY

DATE: SEPTEMBER 2, 1999

TIME: 3:00 p.m.

LOCATION: CMHA POLICE DEPARTMENT
2685 East 79th Street
Cleveland, Ohio 44104

Please be prompt for your appointed time.

Respectfully Submitted,

Sharon E. Barto

Sharon E. Barto, Captain

Board of Commissioners

Bracy Lewis, Chairman • Dwayne Browder, Vice-Chairman
Louise Harris • Emmanuel Onunwor • Robert C. Townsend II
Terri D. Hamilton, Executive Director



REQUEST FOR INFORMATION

TO: _____ RE: _____

You are hereby authorized to release and give to the Cuyahoga Metropolitan Housing Authority any and all information in your possession.

I hereby waive any privilege I may have to said information and to said Cuyahoga Metropolitan Hou _____

7-1 1999

HAVE YOU EVER SERVED IN THE MILITARY? YES _____ NO

DATE: FROM _____ TO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO

CIRCUMSTANCES: _____

NOTICE

THIS COMPANY COMPLIES WITH THE IMMIGRATION REFORM & CONTROL ACT OF 1986.

APPLICANTS WHO ARE OFFERED EMPLOYMENT WILL BE REQUIRED TO PRESENT CERTAIN DOCUMENTS ESTABLISHING THEIR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES OF AMERICA.

1. YOUR SOCIAL SECURITY CARD OR BIRTH CERTIFICATE AND A VALID STATE ISSUED DRIVER'S LICENSE OR OTHER STATE ISSUED I.D. CARD WILL SUFFICE.
2. IF THE ABOVE DOCUMENTS ARE NOT AVAILABLE, IT IS POSSIBLE TO SATISFY THE REQUIREMENTS OF THE LAW WITH OTHER SPECIFIED DOCUMENTS. ASK YOUR EMPLOYMENT INTERVIEWER ABOUT THESE OTHER DOCUMENTS IF YOU DO NOT HAVE THOSE LISTED IN #1 ABOVE.

WE WILL MAKE A RECORD OF THE DOCUMENTS YOU PROVIDE AND MAINTAIN COPIES OF SUCH RECORDS IN OUR FILES. IN ADDITION, THE IMMIGRATION AND NATURALIZATION SERVICE (INS) REQUIRES YOU TO COMPLETE INS FORM I-9, ATTESTING UNDER PENALTY OF PERJURY THAT THE DOCUMENTS YOU SUBMIT ARE GENUINE.

[REDACTED]
AKA
[REDACTED]
[REDACTED]
[REDACTED]

Career Objective

to secure a progressive position that will give me the opportunity to positively contribute to the success of the company.

Professional Experience

11/92 - Present

Cuyahoga Metropolitan Housing Authority Police Department, Cleveland Ohio

Special Police Officer - Secure all properties, including hi-rise buildings and family estates.

1/89 - 11/92

The Blonder Company, Cleveland, Ohio

Computer Manifest Operator- to run package through computer log for shipping purposes, provide service to co-workers in order for them to service our customers, to pull and pack wallpaper for shipping.

9/85 - 6/88

College Work-Study Program (Central State Police Department), Wilberforce, Ohio

Dispatcher- to place calls to officers out on the road, filing and clerical duties

Education

9/85 - 6/88

Central State University- Wilberforce, Ohio

Major: Social Welfare (working with abused and handicapped children)

Curriculum included introduction to social work, recording and interviewing, and social statistics.

9/91 - 11/91

Case Western Reserve- Cleveland, Ohio

Private Police Training

120 hour course- commissioned to carry firearms. Curriculum included study of criminal law, surveillance, search and seizure, firearms training, self-defense, and CPR. Received certificate.

9/81 - 6/85

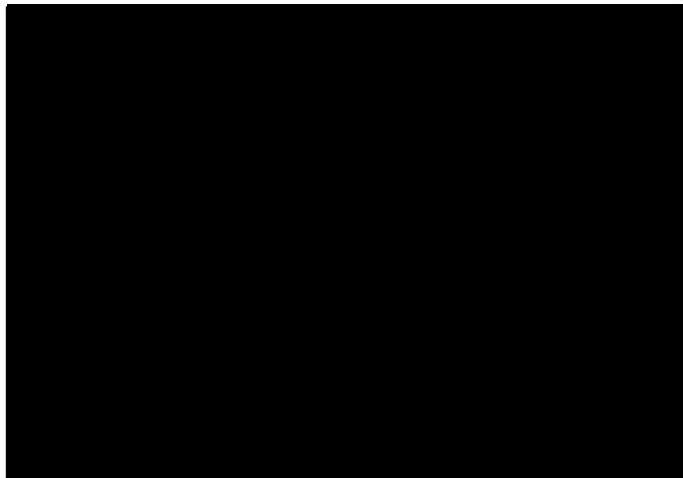
Cleveland School of the Arts- Cleveland, Ohio

Major: Instrumental Music (Tenor Saxophone)

Basic high school courses completed.

References

Furnished upon request



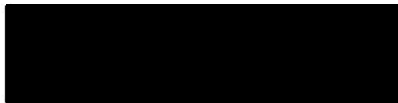
*By Authority of the Board of Education of the
City of Cleveland, Ohio*

Cleveland School of the Arts

has awarded this

Diploma

to



*who has satisfactorily completed the requirements prescribed for graduation
from the Public High Schools of the City of Cleveland, Ohio*

June 13, 1985

Anthony M. Vitanz

Superintendent of Schools

Anthony M. Vitanz
Principal



Paul Jacobson

President, Board of Education

Paul Jacobson
Treasurer

CMHA

Cuyahoga Metropolitan Housing Authority Police Department

2685 East 79th Street • Cleveland, Ohio 44104
Phone: 216/361-3700 • Fax: 216/361-3728

To whom it may concern:

[REDACTED] has recently applied for the position of Police officer with the Cuyahoga Metropolitan Housing Authority Police Department. He/she has provided signed authorization for release of employment history and listed you and/or your company as a former employer.

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

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

[Handwritten Signature]
Sincerely,

[Handwritten Signature]
Sharon E. Barbo
Captain

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

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

DATE: 8/2/99

SIGNATURE [REDACTED]

DATE: / /

SIGNATURE _____



Board of Commissioners
Bracy Lewis, Chairman • Dwayne Browder, Vice-Chairman
Louise Harris • Emmanuel Onunwor • Robert C. Townsend II
Terri D. Hamilton, Executive Director
Anthony H. Jackson, Chief of Police



age: 1

FIREARMS DATABASE MANAGEMENT SYSTEM

EMPLOYEES CURRENT ASSIGNED WEAPONS:
From 'A' thru 'A'

As of: 09/05/97

P = Personal
L = Loaner

- =====
1. ADAMS, WILLIAM M. Soc.: [REDACTED]
 1 (P) Make: RUGER Model: P89 Caliber: 9
 Serial: [REDACTED] Type: Semi Automatic Issued: 06/20/95

 - 2 (P) Make: GLOCK Model: 22 Caliber: 40
 Serial: BSH769US Type: Semi Automatic Issued: 01/08/96

 2. ALI, MIKAL M. Soc.: [REDACTED]
 1 (P) Make: SMITH & WESSON Model: 15 Caliber: 38
 Serial: [REDACTED] Type: Revolver Issued: 01/01/95

 3. [REDACTED] Soc.: [REDACTED]
 1 (P) Make: SMITH & WESSON Model: 10 Caliber: 38
 Serial: [REDACTED] Type: Revolver Issued: 01/01/95

 4. ALLEN, FREDRICK L. Soc.: [REDACTED]
 1 (P) Make: SMITH & WESSON Model: 10 Caliber: 38
 Serial: [REDACTED] Type: Revolver Issued: 01/01/95

 5. ALLEN, STANLEY Soc.: [REDACTED]
 1 (P) Make: SMITH & WESSON Model: 10 Caliber: 38
 Serial: [REDACTED] Type: Revolver Issued: 01/01/95

 6. ANDERSON, DERRICK G. Soc.: [REDACTED]
 1 (P) Make: SMITH & WESSON Model: 10-10 Caliber: 38
 Serial: [REDACTED] Type: Revolver Issued: 01/01/95

 7. ARNWINE, JEROME L. Soc.: [REDACTED]
 1 (P) Make: SWISS INDUSTRIA Model: P226 Caliber: 9
 Serial: [REDACTED] Type: Semi Automatic Issued: 01/01/95

Det Fleming - Birmingham Ala: Police

CLEVELAND POLICE DEPARTMENT
GENERAL RECORDS DIVISION

RECORD OF [REDACTED] ALIAS [REDACTED]
ADDRESS [REDACTED] FORMER ADDRESSES [REDACTED]
DATE OF BIRTH [REDACTED] AGE 32 COL BLACK SEX M SOC. SEC. # [REDACTED]
AGENCY REQUESTING RECORD C.M.H.A. PD SIGNATURE OF AGENT [Signature]

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

POLICE RECORD

~~NO LOCAL RECORD~~
(BASED ON INFORMATION PROVIDED)

CLEVELAND POLICE DEPARTMENT
RECORD FILE SECTION

AUG 3 1998

ARREST RECORD ONLY / NO DISPOSITIONS

AUG 6 1998

SEARCH MADE BY [Signature]
NO CHECK MADE NATIONALLY


DATE _____ CHECKED BY _____ APPROVED BY _____

CMHA

Cuyahoga Metropolitan Housing Authority Police Department

2685 East 79th Street • Cleveland, Ohio 44104
Phone: 216/361-3700 • Fax: 216/361-3728


To whom it may concern:

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

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

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

Sincerely,


Sharon E. Barto
Captain

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

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

DATE: 8/2/99

SIGNATURE 

DATE: / /

SIGNATURE _____



Board of Commissioners

Bracy Lewis, Chairman • Dwayne Browder, Vice-Chairman
Louise Harris • Emmanuel Onunwor • Robert C. Townsend II
Terri D. Hamilton, Executive Director
Anthony H. Jackson, Chief of Police



NAME: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
(last) (first) (M.I.) (badge no.)

ADDRESS: [REDACTED] CITY: [REDACTED] ZIP CODE: [REDACTED]

PHONE NO. [REDACTED] SSN: [REDACTED] D.O.B.: [REDACTED] BLOOD TYPE B-

P. P. COMMISSION NO.: [REDACTED] EXP. [REDACTED]

CHAUFFERS and/or DRIVERS LICENSE NO [REDACTED] EXP. DATE: 7/24/96

WEAPON: MAKE: S+W MODEL: 10 SERIAL NO. [REDACTED]

HOSPITALIZATION: BLUE CROSS: KAISER: OTHER:

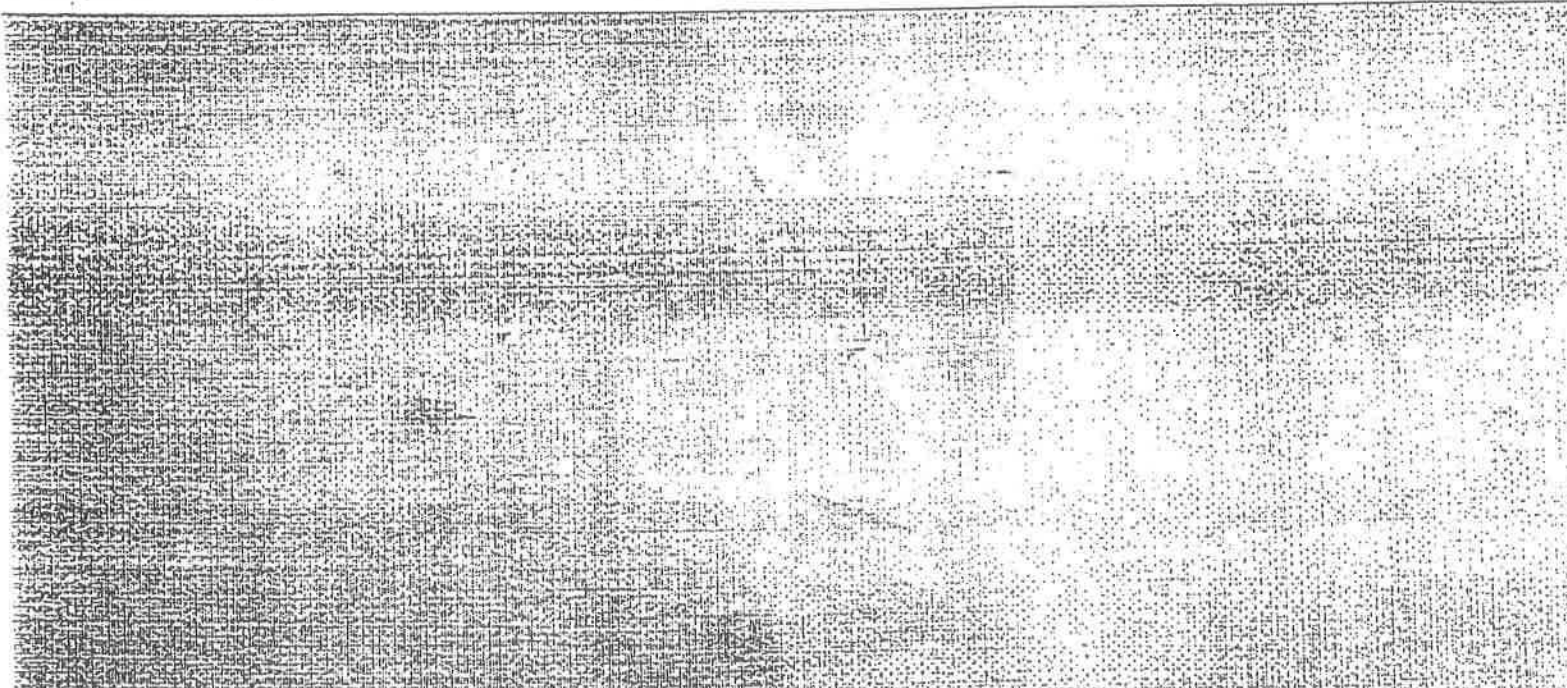
IN CASE OF EMERGENCY WHO DO YOU WISH CONTACT

1. NAME: MS. LINDA G. HUSTON PHONE NO. [REDACTED]

2. NAME: MR. DOUGLAS M. HUSTON JR. PHONE NO. [REDACTED]

OTHER PERTINENT and/or MEDICAL INFORMATION NEEDED: _____

SIGNATURE [REDACTED] VERIFIED BY: _____



CMHA

Inter Office Memorandum

07/16/99

Dear Applicant:

Congratulations! You have passed Phase 1 of the eligibility process for the position of police officer with the Cuyahoga Metropolitan Housing Authority Police Department. Your score on the written examination was 76%. The requirement for passing is 70%.

You have been scheduled for Phase 2 of the process, the **PHYSICAL AGILITY TEST** on:

Day: SATURDAY

Date: JULY 24, 1999

Time: 10:00 (A.M.) / P.M.

Location: CMHA Police Department
2685 East 79th Street
Cleveland, Ohio 44104

Due to the number of applicants being tested, there will be no rescheduling of the test. *This is the only date and time being offered.* Please be prompt for your appointed time, otherwise you will not be tested.

Again, congratulations and good luck!

Sincerely,



Sharon E. Barto
Captain

Board of Commissioners

Bracy Lewis, Chairman • Dwayne Browder, Vice-Chairman
Louise Harris • Emmanuel Onunwor • Robert C. Townsend II
Terri D. Hamilton, Executive Director



CMHA

Cuyahoga Metropolitan Housing Authority Police Department

July 7, 1999

2685 East 79th Street • Cleveland, Ohio 44104
Phone: 216/361-3700 • Fax: 216/361-3728

Dear Mr. [REDACTED]

Thank You for applying for the position of Sworn Police Officer for the Cuyahoga Metropolitan Housing Authority Police Department (CMHA PD). We are pleased to invite you to participate in Phase (1) of the eligibility process, which consists of a written exam. Candidates will be ranked by test scores and will fill existing openings, if and, when they occur. There is no advanced study guide for this test.

When openings occur, candidates with the highest scores will proceed in the selection process. **Candidates must pass all seven (7) selection process phases to be considered for employment:**

- | | |
|--------------------------------------|------------------------------|
| 1) Written Examination | 5) Interview |
| 2) Physical Agility Examination | 6) Psychological Examination |
| 3) Complete Background Investigation | 7) Physical Examination |
| 4) Voice Stress Analysis | |

Refer to the attached flyer for testing information.

This will be the only date and time offered for the exam. The test will begin promptly as indicated and will take approximately two (2) hours to complete. **Any person(s) arriving late or without ALL documents listed will *NOT* be permitted to take the exam.**

Yours Truly,

Sharon E. Barto

Sharon E. Barto, Captain
CMHA Police Department

Board of Commissioners

Karen H. Wilson, Chairwoman • Dwayne Browder, Vice-Chairman
Louise Harris • Mayor Emmanuel Onunwor • Robert C. Townsend II
Claire E. Freeman-McCown, Chief Executive Officer and Safety Director
Anthony H. Jackson, Chief of Police



APPLICANT STATUS SHEET

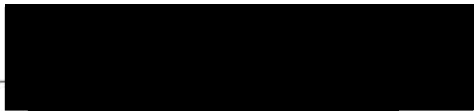
NAME: [REDACTED]

| ITEM | DATE COMPLETED |
|------------------------------|----------------|
| 1. APPLICATION PACKET | 8-2-99 |
| 2. WRITTEN EXAMINATION/SCORE | 81 |
| 3. PHYSICAL AGILITY EXAM | PASS |
| 4. BACKGROUND INVESTIGATION | 8-6-99 |
| 5. INTERVIEW | 9-7-99 |
| 6. PSYCHOLOGICAL TESTING | 9-13-99 |
| 7. PHYSICAL EXAMINATION | 9-10-99 |
| 8. RECOMMENDATION | PASS |
| 9. FORWARDED FOR HIRE | 9-14-99 |
| 10. REJECTION LETTER SENT | |

Car. L. E. S.
PROCESSOR SIGNATURE



CHANGE OF NAME AND/OR ADDRESS

EMPLOYEE NAME: 

SOCIAL SECURITY #: 

NEWNAME: _____
(PLEASE ATTACH APPROPRIATE DOCUMENTATION)

NEWADDRESS:  _____
STREET

 _____
CITY/STATE/ZIP CODE

TELEPHONE NUMBER: 


EMPLOYEE SIGNATURE

10-03-2000
DATE

CMHA

Cuyahoga Metropolitan Housing Authority

September 18, 1999

Police Department

2685 East 79th Street • Cleveland, Ohio 44104

Phone: 216/361-3700 • Fax: 216/361-3728



Dear Officer 

Congratulations on your selection as a Cuyahoga Metropolitan Housing Authority (CMHA) Police Officer academy cadet!

As agreed, you are being financially sponsored by the CMHA Police Department and are to report to the Cleveland Heights Police Academy on **Monday, September 20, 1999 at 0800 hours** in Class A uniform *minus* your gun belt and weapon. The training will conclude on Friday, January 7, 2000. A graduation date, not yet determined, will follow the state certification examination.

Included in the cost of your training are all clothing, written material, and equipment which will be supplied by the Academy. They include the following: 1) Ohio Revised Code books, 2) ammunition (handgun and shotgun), 3) marked cruisers for defensive driving, 4) academy dress (polo shirts, sweat suit, t-shirts, duty bag, notebook binders, 5) all relevant hand-outs, and 6) the filing of all necessary forms with the Ohio Peace Officer Training Commission (your signed oaths of office will be required).

In addition, your class schedule is enclosed for your review, and the academy location is listed below. Please note that a graduation and luncheon will be held approximately one week following the state certification test.

CLEVELAND HEIGHTS POLICE ACADEMY

2595 Noble Road

Cleveland Heights, Ohio 44121

Phone: 291-3836

Good Luck,


Anthony H. Jackson
Chief of Police

Board of Commissioners

Bracy Lewis, Chairman • Dwayne Browder, Vice-Chairman
Louise Harris • Emmanuel Onunwor • Robert C. Townsend II
Terri D. Hamilton, Executive Director
Anthony H. Jackson, Chief of Police



CMHA

Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113
Phone: 216/348-5000 • Fax: 216/696-0036

CHANGE OF ADDRESS FORM

EMPLOYEE NAME:

SOCIAL SECURITY #

NEW ADDRESS:

TELEPHONE NUMBER

EMPLOYEE SIGNATURE

DATE

9-29-96

Board of Commissioners

Julie Harris, Chairman • Karen Coats, Vice-Chairwoman
Cynthia Browder • Dr. Consuelo Sousa • Robert Townsend
Dore E. Freeman, Executive Director





RICHARD CORDRAY
OHIO ATTORNEY GENERAL

November 2, 2009



Copy

Chief John P. Joyce
Greater Cleveland Regional Transit Authority
1240 West Sixth Street
Cleveland, OH 44113

Re: Update Training Complete for Officer [REDACTED]

Dear Chief Joyce:

This is to acknowledge that records have been received to substantiate that the training requirements for Missing Persons have been met. No additional training is required at this time.

Please retain a copy of this letter for your records.

Sincerely,

Sarah J. Thomas

Sarah Thomas
Certification Officer
Certification & Standards Division

cc: OPOTC Officer File
Officer
Cuyahoga Metro. Housing Auth. PD

ST/lr

REVIEWED -

AGS/DF
5 NOV 09

cc: MEMBER FILE
PO [REDACTED]

September 1, 2009

RICHARD CORDRAY

OHIO ATTORNEY GENERAL

CONTACT:

Jack Justus
Cuyahoga Metropolitan Housing Authority Police
Department
5715 Woodland Avenue
Cleveland OH 44104

STUDENT:



| Course Number | Course Name | Dates | Cost |
|---------------|---------------------------|---------------------------|---------|
| 01-195-09-04 | Missing Persons (2 hours) | 10/15/2009- 10/15/2009 | \$25.00 |
| | Tuition - | \$25.00 | |
| | Room - 0 night(s) = | \$.00 | |
| | Arrival Date - | | |

Please verify the course cost as it may have changed since the time we received your application. **THIS IS NOT AN INVOICE.**

Course Location: Richfield Campus

Comments:

NOTE: *Course Hours are from 9:00 am - 11:00 am at London
and 10:00 am - 12:00 pm Richfield Location

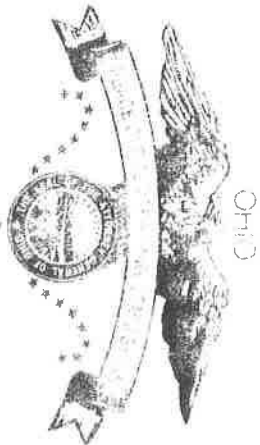
This is to confirm your registration for the above course(s). If the date(s) is not what you originally requested, the course was full and you were placed in the next available class.

Registered students who do not attend and who do not cancel their registration four (4) business days prior to the course will be charged an administrative fee equal to one-half the total course fee.

All Courses begin at 8:00 A.M. and generally continue each day until 5:00 P.M. (unless noted above). Lodging at the London Campus is available at a rate of \$15.00 per night. If you have requested lodging the night before your class, you may check-in anytime after 4:00 p.m.

OPOTA - London is located three (3) miles south of I-70 on State Route 56 (Take Exit #72 on I-70). You will receive a map to your courses location 2-3 weeks prior to the start of your course.

OPOTA - Richfield is located at 4055 Highlander Parkway, which is southwest of the intersection of Wheatley and Brecksville Roads.



OHIO PEACE OFFICER TRAINING COMMISSION
AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



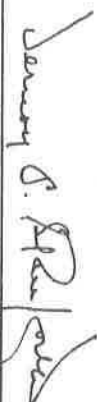
has participated in the advanced training course

01-195-09-04: Missing Persons (2 hours)

at the Ohio Peace Officer Training Academy given

October 15, 2009


Richard Cordray
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Ron Ferrell, Executive Director
Ohio Peace Officer Training Commission



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: P.O. [REDACTED]

FROM: David T. Solomon, Deputy Chief

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT O.P.O.T.C. Update Requirements | DATE 19AUG09 |
|-----------------------|--|------------------------|

Pursuant to the attached notification from the Ohio Peace Officer Training Commission, you are required to successfully complete the mandated training requirements for "Missing Persons" prior to December 8, 2009.

If you fail to complete the required training, you must cease performing the functions of a peace officer and cease carrying a weapon. This will result in the termination of your employment as a Police Officer with CMHA.

A copy of the update training topic pertaining to the requirement is attached.

Attachments

By order of,

David T. Solomon
 Deputy Chief

I acknowledge receipt of this notification on the O.P.O.T. C. Update Training mandate.

Signature

[REDACTED]

Date/Time:

8-22-09 2240

Issuing/Witnessing Supervisor's signature:



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: P.O. [REDACTED]

FROM: David T. Solomon, Deputy Chief

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT O.P.O.T.C. Update Requirements | DATE 19AUG09 |
|-----------------------|--|------------------------|

Pursuant to the attached notification from the Ohio Peace Officer Training Commission, you are required to successfully complete the mandated training requirements for "Missing Persons" prior to December 8, 2009.

If you fail to complete the required training, you must cease performing the functions of a peace officer and cease carrying a weapon. This will result in the termination of your employment as a Police Officer with CMHA.

A copy of the update training topic pertaining to the requirement is attached.

Attachments

By order of,

David T. Solomon
 Deputy Chief

I acknowledge receipt of this notification on the O.P.O.T. C. Update Training mandate.

Signature: _____ **Date/Time:** _____
 (Your signature is not an admission of agreement)

Issuing/Witnessing Supervisor's signature: _____



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

August 10, 2009



Chief John P. Joyce
Greater Cleveland Regional Transit Authority
1240 West Sixth Street
Cleveland, OH 44113

Re: Update Training Evaluation for Officer [REDACTED]

Dear Chief Joyce,

Based on our evaluation, this officer is required to complete the following update training:

| <u>Reference</u> | <u>Description</u> | <u>Topic Number</u> | <u>Hours</u> | <u>Due Date(s)</u> |
|------------------|---------------------------------|---------------------|--------------|--------------------|
| ■ R.C. § 109.741 | Missing Persons (eff. 06/01/07) | 3-11 | 2 | 12/08/09 |

*All training identified above must be completed in one of the following environments: (1) an update training course offered by the Ohio Peace Officer Training Academy; (2) a Commission-approved peace officer basic training school; or (3) an update training school approved by the Executive Director. To facilitate scheduling, a copy of this letter should be provided to the school Commander at the time of enrollment.

Update training must be completed within one (1) year of the appointment date giving rise to the break in service. Officers who fail to complete the training within one year must cease performing the functions of a peace officer and cease carrying a weapon until they have received documentation from the Executive Director attesting to their satisfactory completion of the training. The Executive Director may extend the time for completion of the training requirements upon receipt of a written request from the appointing authority. Requests must contain an explanation of the circumstances creating the need for the extension. Extensions may not exceed one hundred eighty (180) days.

This determination is based solely upon the information reported to the Commission and does not relieve this officer or the appointing authority of any obligation to comply with the training requirements of O.A.C. 109:2-1-12. This determination does not relieve this officer of the annual firearms re-qualification and Continuing Professional Training requirements.

If you believe this determination has been made in error or if you have any questions, please feel free to contact me at the number provided below.

Sincerely,

Mary C. Broyles
Certification Officer
Certification and Standards Division

cc: OPOTC Officer File
Officer
Cuyahoga Metropolitan Housing Authority PD

MB/jw



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

MEMORANDUM

TO: LAW ENFORCEMENT AGENCY

FROM: RON FERRELL, EXECUTIVE DIRECTOR

DATE: JULY 20, 2009

SUBJECT: CREDIT FOR EOPOTA MANDATED UP-DATE TRAINING

Effective immediately, the following update training mandate by statute when a peace officer experiences a break in service will be accessible in the Peace Officer Basic Training Update Folder of the eOPOTA portion of OHLEG:

Domestic Violence, consisting of three separate modules:

Stalking Laws

Protection Orders

Domestic Violence

Child Abuse and Neglect

Missing Children Investigations, not to be confused with Missing Children's Clearinghouse

Crisis Intervention

Missing Persons

Peace officers who are also OHLEG subscribers are able to access these electronic classes, and after reviewing the course material, take an on-line test. When an officer scores 70% or above, they can print a transcript and/or certificate.

To obtain credit, the peace officer must mail, fax or e-mail the certificates or transcripts, along with a cover letter identifying the officer by name, SSN, and/or date of birth to OPOTA. The officer must submit certificate or transcripts for all modules of Domestic Violence to obtain credit for completing that update training requirement. No portion of any of these update training courses may be used to satisfy Continuing Professional Training requirements.

Changes to OAC 109:2-1-12, are scheduled for JCARR public hearing August 18, 2009. If the proposed changes are accepted, the current assigned training based on a break-in-service of less than one year may not be required. In the future, if an officer has a break that is greater than one year, they may be required to complete update training and a refresher course. Continuing Professional Training will still apply.

Please contact us with any questions.

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE
K-9 OFFICER INTERNAL CONTRACT**


Whereas, the Cuyahoga Metropolitan Housing Authority, Division of Police has implemented a K-9 Unit, and

Whereas, an officer assigned to the K-9 Unit has certain responsibilities that are not common in other Divisional assignments and

Whereas, I [REDACTED] have been selected to serve a K-9 Officer and assume all responsibilities of the position.

Now therefore, I hereby agree to the following:

1. Monetary compensation on \$1.50 per hour above the regular union negotiated rate will be paid. This amount is to cover the cost of dog food and treats, miscellaneous items required for the up keep of dog and serve as my compensation for performing in a specialty position.
2. A take-home, marked police cruiser, fully equipped for K-9 transportation will be provided. I understand that the vehicle is provided solely for the purpose of transporting the dog, to and from work and training sessions. I further understand that the vehicle is not to be used for personal reasons, and violations of same are grounds for disciplinary action, up to and including dismissal. I also agree to operate the vehicle within the Laws of the State of Ohio, and C.M.H.A. policy.
3. C.M.H.A. will be responsible for all medical costs that are incurred by the dog. I agree to only use a veterinarian that is approved by C.M.H.A.
4. I understand that in order for the team to stay at its peak proficiency, constant training is needed, and some of this training may be on my own time and without additional compensation.
5. I understand that the dog is the property of C.M.H.A. and I will keep it secured at my residence and not permit it to run loose in the neighborhood.
6. I understand and agree that I am totally responsible for any actions of the dog and will hold C.M.H.A. harmless for any acts that are deemed to be due to negligence on my ~~part~~ ^{S.A.} part.
7. I will not hold C.M.H.A. responsible for any injuries incurred during training (to include dog bites), other than the normal workman compensation.

COMDOC 
9 78

8. I agree to reimburse C.M.H.A. the cost of the Dog Handler Training if I vacate this position during a period of time for three (3) years following completion of all required training.
9. Upon the retirement of the dog, as recommended by the C.M.H.A. recognized veterinarian and upon approval of the Chief, I understand that I can purchase the dog for the price of \$1 .00.

I voluntarily accept the position of K-9 Handler with the C.M.H.A. Division of Police and agree to function within the scope of the above conditions.

Date this 7 day of February 2005

Paul J
 WITNESS

[REDACTED]

SIGNATURE OF HANDLER

STATE OF OHIO

)
)
)
)

COUNTY OF CUYAHOGA

On this day personally appeared before me [REDACTED], to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledge that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 7 day of Feb 2005.

David L Bly
 NOTARY PUBLIC in and for the State of Ohio,
 residing at _____

DAVID L. BLY, Notary Public
State of Ohio, Cuyahoga County
My Commission Expires April 24, 2009

Ohio Peace Officer Training Commission
State of Ohio
Office of the Attorney General

This is to certify that



has completed the
Ohio Peace Officer

Basic Training Program

CLEVELAND HEIGHTS POLICE ACADEMY

Awarded on

January 5, 2000

Betty D. Montgomery
Betty D. Montgomery
Attorney General

Jeanne A. Miller
Jeanne A. Miller, Chairman
Ohio Peace Officer Training Commission



Vernon C. Chenevey
Vernon C. Chenevey, Executive Director
Ohio Peace Officer Training Commission

Joseph E. Connor
Joseph E. Connor, School Commander
BAS 99-097 000314

**BINDING CONTRACT FOR REIMBURSEMENT OF
POLICE ACADEMY TRAINING EXPENSES**

WHEREAS, the Applicant identified below acknowledges that the Cuyahoga Metropolitan Housing Authority will incur substantial expenses in the process of training the undersigned to be a commissioned police, and

WHEREAS, it is acknowledged by the undersigned that these expenditures are expected to be recaptured through services by Applicant with the Housing Police Force after completion of said training and that the Cuyahoga Metropolitan Housing Authority will suffer substantial detriment if the undersigned should take employment elsewhere during a period of time for three years following completion of all required training,

NOW, THEREFORE, it is hereby agreed as follows:

WITNESSETH:

1. Reimbursement Obligation. I, [REDACTED], hereafter "the Applicant" in consideration of the agreement by the Cuyahoga Metropolitan Housing Authority Police Department, hereinafter "the Department," to provide me with formal police training through the police academy, do hereby agree that in the event that I fail to complete or satisfy the requirements of OPOTC Academy Graduation, or my employment with the Department ceases due to any cause other than "termination" as defined below, within thirty-six (36) months from commencement of full-time service as a police officer subsequent to completion of the Police Academy, I will reimburse the Department for all expenses incurred in connection with my Academy Training.

2. Definition of Termination. "Termination" as used in this Agreement shall mean any discontinuance of the Applicant's employment initiated by the Department.

3. Calculation of Reimbursement Obligation. The reimbursement obligation shall consist of the sum of all amounts expended by the Department in connection with hiring and training the Applicant and is limited to the following:

| | |
|--|----------------|
| a) Cost of background investigation and other entrance check expenses in the amount of | No Charge |
| b) Cost of police academy training in the amount of | \$1,695.00 |
| c) Expenses of providing field training | No Charge |
| TOTAL COST | <hr/> 1,695.00 |

It is understood that the amounts itemized above are estimates only. I understand that my actual reimbursement obligation will not exceed the total amount indicated above.

4. Credit for Continuous Employment. *Credit for service rendered will be given against the reimbursement obligation at the rate of one-thirty-sixth (1/36th) of the total reimbursement obligation for each four (4) weeks of continuous full-time employment subsequent to completion of the Police Academy. Any absence from work due to illness, non-duty related injury, or other cause for a period greater than two (2) weeks shall be excluded from the period of service for which credit will be given.*

5. Terms of Repayment. *Complete payment of the reimbursement obligation shall be made within thirty-six (36) months of cessation of employment in monthly installments of no less than one-thirty-sixth (1/36) of the total reimbursement obligation, commencing on the first day of the month following the month during which cessation of employment occurs, and payable on or before the first of each month thereafter. The Applicant agrees that in the event of his/her failure to make any payment required pursuant to this Agreement in a timely manner, the total amount of the reimbursement obligation then remaining unpaid shall immediately become due and payable. The Applicant further agrees that in the event the Department incurs legal fees, court costs or attorney fees, or other costs of collection in an effort to collect any delinquent sums owing pursuant to this Agreement, the Applicant will pay such expenses in addition to the portion of the reimbursement obligation then due.*

6. Acknowledgment of Receipt/Waiver of Right to Independent Legal Advice. *I understand that I have the right to have this document examined by an attorney of my choosing and to discuss its terms with my attorney prior to signing it.*

Sign initials in one of the boxes below as applicable:

- I fully understand the nature and terms of the binding obligation created in pursuant to this contract and have chosen to waive my right to consult an attorney.*
- I have consulted an attorney regarding this Agreement and received his/her explanation of its terms as evidenced by the attorney's signature below.*

(If you have checked the box preceding this paragraph, have your attorney sign here):

Date: _____

Dated this 17 day of Sept

19 99

Applicant

STATE OF OHIO

)
)

COUNTY OF CUYAHOGA

On this day personally appeared before me [REDACTED], to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of Sept, 19 99

David L. Bly
NOTARY PUBLIC in and for the State of
Ohio, residing at Cuyahoga

David L. Bly
Notary Public, State of Ohio
Recorded in Cuyahoga Cty.
My Comm. Expires 04-25-2004



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



| | | |
|-------------------------------|----------------------------------|----------------------|
| MEMBER NAME [REDACTED] | EVALUATOR: Paul Hermensky | DATE: 10MAR22 |
|-------------------------------|----------------------------------|----------------------|

APPRAISAL PERIOD

| | |
|----------------------|--------------------|
| FROM: 01JAN21 | TO: 31DEC21 |
|----------------------|--------------------|

| | |
|---|--|
| <p align="center">HONESTY / INTEGRITY</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Behaves in an honest, fair and ethical manner; shows consistency in words and actions; holds oneself to the highest level of ethical standards; shares information accurately, completely and appropriately.</p> |
| <p><input checked="" type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] behaves in a professional, ethical and fair manner which has been demonstrated by his work product. The information he shares is accurate and appropriate. Furthermore, I have never received any complaints from residents which would indicate otherwise.</p> |

| | |
|---|--|
| <p align="center">COMMUNICATIONS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Ability to express ideas and concepts clearly; effective in writing using correct grammar and structure; ability to understand and execute instructions; ability to convey thoughts and express ideas effectively; attends to and fully comprehends what others are saying; ability to understand and execute verbal instructions.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] takes personal responsibility for turning in his work product in a timely manner usually with little oversight. He does make an occasional error in reporting procedures, however his grammar and spelling is usually correct. He exhibits the ability to express ideas, thoughts and concepts clearly in both written and verbal forms. He generally understands and executes verbal instructions.</p> |

| | |
|---|--|
| <p align="center">INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Interacts positively with others; treats others with courtesy, sensitivity, and respect; considers the feelings of people in different situations; demonstrates politeness and empathy; builds constructive relationships; ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside stakeholders; works to achieve common goals.</p> |
| <p><input checked="" type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] treats others with courtesy and respect as well as he understands the feelings of people in complex situations. He is easy to work with and does not hesitate to assist his peers with potentially dangerous calls for service. He accepts related common goals and does a decent job in succeeding those goals.</p> |

| | |
|--|---|
| <p style="text-align: center;">SERVICE</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Excellence / Respect / Service</p> | <p>Acts professionally and calmly at all times when interacting with others; demonstrates concern and courtesy towards others; treats all people fairly and respectfully at all times; responds to customer needs within agreed upon time frames; addresses conflicts and problem situations with patience and tact; listens to customers / residents and addresses needs and concerns; keeps customers informed by providing status reports and progress updates; meets established or agreed upon deadlines; uses initiative to improve outcomes.</p> |
| <p><input checked="" type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] consistently demonstrates professionalism and courtesy towards others as well as treats all people fairly and respectfully. He does not hesitate to respond to customer needs within normal time frames. He expresses much patience and tact to to accomplish common goals.</p> |

| | |
|---|---|
| <p style="text-align: center;">JOB KNOWLEDGE</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Excellence & Training</p> | <p>Ensures job knowledge and skills are current and valuable; demonstrates ability to apply practical and technical knowledge to specific tasks / assignments; demonstrates job knowledge through the ability to successfully execute duties outlined in the job description.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] attends the required training courses and strives to achieve on the job experiences. He demonstrates the ability to apply practical and/or technical knowledge to specific tasks/assignments and generally executes the duties outlined for his job description.</p> |

| | |
|--|--|
| <p style="text-align: center;">PRODUCTIVITY</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Commitment / Tenacity / Service</p> | <p>Strives to produce high quality results; focuses and perseveres in the face of obstacles; uses time efficiently when confronted with challenges; prioritizes tasks based on importance / urgency; work outputs match quality standards / set expectations; completes tasks / assignments with a high level of proficiency; corrects errors and learns from them to reduce future errors; consistently delivers high level of service to all clients / residents / colleagues and supervisors; takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; follows through on commitments; acknowledges and learns from mistakes without blaming others; adapts to changing business needs; conditions and situations in a positive manner; displays openness to training and application of new skills and self-improvement.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] work productivity is consistent of his peers and he attempts to provide a quality work product. He doesn't hesitate to correct the errors he makes and attempts to deliver a quality and timeliness work product.</p> |

| | |
|--|--|
| <p align="center">TEAMWORK</p> <p align="center">Core Values:</p> <p align="center">Commitment & Tenacity</p> | <p>Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; actively participates as a member of the team.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] consistently cooperates and works collaboratively with his peers to accomplish common objectives as well as actively participates as a member of a group handling various tasks without having to be asked.</p> |

| | |
|--|--|
| <p align="center">ATTENDANCE</p> <p align="center">Core Values:</p> <p align="center">Accountability & Understanding</p> | <p>Meets all CMHA policies and standards for attendance and punctuality; has a thorough understanding of CMHA timekeeping policies and procedures; reports to scheduled training classes and / or meetings on time and prepared.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input checked="" type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>PO [REDACTED] had zero Attendance Control Policy Points in 2021. He called off sick on fifteen occasions and accumulated four Sick Abuse Events in 2021.</p> |

FOR SUPERVISORS:

| | |
|---|--|
| <p align="center">COACHING & MENTORING</p> <p align="center">Core Values:</p> <p align="center">Accountability & Training</p> | <p>Provides timely guidance and feedback to help others strengthen specific knowledge / skill; reinforces efforts and progress; provides instruction, positive role modeling, and opportunities for learning; clarifies expected behaviors and levels of proficiency by seeking and giving information and checking for understanding.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

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| <p align="center">LEADERSHIP</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Creates a vision or goal and communicates in a way that motivates others to implement it; accepts responsibilities and acts on them; develops trust and credibility; expects honest and ethical behavior of self and others; creates opportunities for success.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

INCLUSIVENESS

Core Values:

Commitment / Understanding / Respect

Shows respect for people and their differences; promotes fairness and equality; engages the talents, experiences, and capabilities of others; fosters a sense of belonging; works to understand the perspectives of others.

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

Comments:**MANAGING RESOURCES**

Core Values:

Excellence & Safety

Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA.

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

Comments:**JUDGMENT & DECISION MAKING**

Core Values:

Commitment / Understanding / Safety

Keeps the mission at the forefront of decision making and action; ability to make decisions authoritatively and wisely; understands CMHA's mission and prioritizes goals; considers the impact of actions or decisions on residents and the Authority; refrains from jumping to conclusions, and takes time to collect facts before making decisions.

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

Comments:**OVERALL APPRAISAL**

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

Member's signature and date [REDACTED]

IMMEDIATE SUPERVISOR: Paul Hermansky

Date of Review: 3/4/22

Comments:

LIEUTENANT: Carl Hornick

Date of Review: 3/14/22

Comments:

COMMANDER: De M Fyler Capt

Date of Review: 3/15/22

Comments:

DEPUTY CHIEF: Victor Magrull

Date of Review: 3/23/22

Comments:

CHIEF: Paul Hermansky Chief

Date of Review: 3/25/2022

Comments:



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



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| MEMBER NAME [REDACTED] | EVALUATOR: Paul A. Styles | DATE: 09APR21 |
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APPRAISAL PERIOD

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| FROM: 01JAN20 | TO: 31DEC20 |
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| <p align="center">HONESTY / INTEGRITY</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Behaves in an honest, fair and ethical manner; shows consistency in words and actions; holds oneself to the highest level of ethical standards; shares information accurately, completely and appropriately.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] behaves in an honest, ethical and fair manner when dealing with the public. He has demonstrated consistency in his actions. He shares information accurately and appropriately.</p> |

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| <p align="center">COMMUNICATIONS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Ability to express ideas and concepts clearly; effective in writing using correct grammar and structure; ability to understand and execute instructions; ability to convey thoughts and express ideas effectively; attends to and fully comprehends what others are saying; ability to understand and execute verbal instructions.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] is very effective in his report writing skills using proper grammar structure. He fully comprehends what others are saying and is able to understand and execute verbal instructions.</p> |

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| <p align="center">INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Interacts positively with others; treats others with courtesy, sensitivity, and respect; considers the feelings of people in different situations; demonstrates politeness and empathy; builds constructive relationships; ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside stakeholders; works to achieve common goals.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] has demonstrated politeness and empathy. He has the ability to cooperate and effectively communicate with residents, supervisors and stakeholders.</p> |

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| <p style="text-align: center;">SERVICE</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Excellence / Respect / Service</p> | <p>Acts professionally and calmly at all times when interacting with others; demonstrates concern and courtesy towards others; treats all people fairly and respectfully at all times; responds to customer needs within agreed upon time frames; addresses conflicts and problem situations with patience and tact; listens to customers / residents and addresses needs and concerns; keeps customers informed by providing status reports and progress updates; meets established or agreed upon deadlines; uses initiative to improve outcomes.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] addresses conflicts and problem situations with tact. He addresses residents needs and provide status reports.</p> |

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| <p style="text-align: center;">JOB KNOWLEDGE</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Excellence & Training</p> | <p>Ensures job knowledge and skills are current and valuable; demonstrates ability to apply practical and technical knowledge to specific tasks / assignments; demonstrates job knowledge through the ability to successfully execute duties outlined in the job description.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] ensures his job knowledge stays current. He has the ability and the technical skills to complete his tasks. He has demonstrated the able to execute his duties as outlined in his job description.</p> |

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| <p style="text-align: center;">PRODUCTIVITY</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Commitment / Tenacity / Service</p> | <p>Strives to produce high quality results; focuses and perseveres in the face of obstacles; uses time efficiently when confronted with challenges; prioritizes tasks based on importance / urgency; work outputs match quality standards / set expectations; completes tasks / assignments with a high level of proficiency; corrects errors and learns from them to reduce future errors; consistently delivers high level of service to all clients / residents / colleagues and supervisors; takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; follows through on commitments; acknowledges and learns from mistakes without blaming others; adapts to changing business needs; conditions and situations in a positive manner; displays openness to training and application of new skills and self-improvement.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] handles a high volume of assignments. He sometimes volunteer and will respond to call in other areas allowing his fellow officers to complete there reports or take lunch breaks. He uses time efficiently when confronted with challenges. He learns from his mistakes and strives not to repeat mistakes</p> |

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| <p align="center">TEAMWORK</p> <p>Core Values:</p> <p align="center">Commitment & Tenacity</p> | <p>Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; actively participates as a member of the team.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] as demonstrated a willingness to cooperate and work collaboratively towards solution while being an active participant as a member of the team.</p> |

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| <p align="center">ATTENDANCE</p> <p>Core Values:</p> <p align="center">Accountability & Understanding</p> | <p>Meets all CMHA policies and standards for attendance and punctuality; has a thorough understanding of CMHA timekeeping policies and procedures; reports to scheduled training classes and / or meetings on time and prepared.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer [REDACTED] used 15 sick days in calendar year 2020 which is more than the allotment amount that the agency allows. This was the result of personal medical issues. Ali understands the CMHA timekeeping policies and procedures. He attends scheduled training classes on time and prepared.</p> |

FOR SUPERVISORS:

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| <p align="center">COACHING & MENTORING</p> <p>Core Values:</p> <p align="center">Accountability & Training</p> | <p>Provides timely guidance and feedback to help others strengthen specific knowledge / skill; reinforces efforts and progress; provides instruction, positive role modeling, and opportunities for learning; clarifies expected behaviors and levels of proficiency by seeking and giving information and checking for understanding.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

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| <p align="center">LEADERSHIP</p> <p>Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Creates a vision or goal and communicates in a way that motivates others to implement it; accepts responsibilities and acts on them; develops trust and credibility; expects honest and ethical behavior of self and others; creates opportunities for success.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

MEMBER NAME:



EVALUATOR:

styles

PAGE 4

INCLUSIVENESS

Core Values:

Commitment / Understanding / Respect

Shows respect for people and their differences; promotes fairness and equality; engages the talents, experiences, and capabilities of others; fosters a sense of belonging; works to understand the perspectives of others.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

MANAGING RESOURCES

Core Values:

Excellence & Safety

Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

JUDGMENT & DECISION MAKING

Core Values:

Commitment / Understanding / Safety

Keeps the mission at the forefront of decision making and action; ability to make decisions authoritatively and wisely; understands CMHA's mission and prioritizes goals; considers the impact of actions or decisions on residents and the Authority; refrains from jumping to conclusions, and takes time to collect facts before making decisions.

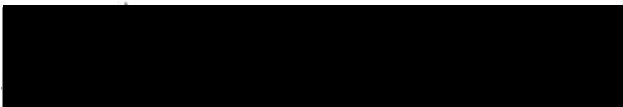
- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

OVERALL APPRAISAL

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Member's signature and date



IMMEDIATE SUPERVISOR: SGT. Paul A. Styles Date of Review: 9 APR 21

Comments:

LIEUTENANT: [Signature] Date of Review: 01 MAY 21

Comments:

COMMANDER: [Signature] Date of Review: 5/12/21

Comments:

DEPUTY CHIEF: Victor McJannet Date of Review: 5/19/21

Comments:

CHIEF: [Signature] Date of Review: 5/19/2021

Comments:



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT
ANNUAL PERFORMANCE APPRAISAL



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| MEMBER NAME: [REDACTED] | EVALUATOR: Sgt. Melvin I. Guinn #624 | DATE: 30SEP19 |
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APPRAISAL PERIOD

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| FROM: 01JAN19 | TO: 12DEC19 |
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| <p align="center">HONESTY / INTEGRITY</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Behaves in an honest, fair and ethical manner; shows consistency in words and actions; holds oneself to the highest level of ethical standards; shares information accurately, completely and appropriately.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: officer is very honest to a fault, I've never heard or saw a issue with this officer being nothing but honest as he performs his police duties. Officer is ethical and shares information correctly</p> |

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| <p align="center">COMMUNICATIONS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Ability to express ideas and concepts clearly; effective in writing using correct grammar and structure; ability to understand and execute instructions; ability to convey thoughts and express ideas effectively; attends to and fully comprehends what others are saying; ability to understand and execute verbal instructions.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: officer expresses good ideas on how to perform his duties, and is always looking for new ideas for performing his duties. Officer is very good with instruction given and taken by him. Officer conveys thought to supervisors with suggestion on how something could be done in a better way as it relates to duties assigned</p> |

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| <p align="center">INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Interacts positively with others; treats others with courtesy, sensitivity, and respect; considers the feelings of people in different situations; demonstrates politeness and empathy; builds constructive relationships; ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside stakeholders; works to achieve common goals.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: Officer is very polite to all he meets, this is something I have witness time and time again. Officer works well with and is very cooperative with residents co workers and supervisors. Officer objective is for all to work towards the common goal</p> |

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| <p style="text-align: center;">SERVICE</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Excellence / Respect / Service</p> | <p>Acts professionally and calmly at all times when interacting with others; demonstrates concern and courtesy towards others; treats all people fairly and respectfully at all times; responds to customer needs within agreed upon time frames; addresses conflicts and problem situations with patience and tact; listens to customers / residents and addresses needs and concerns; keeps customers informed by providing status reports and progress updates; meets established or agreed upon deadlines; uses initiative to improve outcomes.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: Officer exhibits core values and good service, listen to residents to assist them with issues they have. Officer maintains a status report with information need for both residents and the police department. Officer is very patient when dealing with issues at hand and is very courteous</p> |

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| <p style="text-align: center;">JOB KNOWLEDGE</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Excellence & Training</p> | <p>Ensures job knowledge and skills are current and valuable; demonstrates ability to apply practical and technical knowledge to specific tasks / assignments; demonstrates job knowledge through the ability to successfully execute duties outlined in the job description.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: officer is successfully executes his duties, and does a very good job of such duties, demonstrates a ability to perform task with no problems what so ever, shows that he has good skills associated with duties assigned</p> |

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| <p style="text-align: center;">PRODUCTIVITY</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Commitment / Tenacity / Service</p> | <p>Strives to produce high quality results; focuses and perseveres in the face of obstacles; uses time efficiently when confronted with challenges; prioritizes tasks based on importance / urgency; work outputs match quality standards / set expectations; completes tasks / assignments with a high level of proficiency; corrects errors and learns from them to reduce future errors; consistently delivers high level of service to all clients / residents / colleagues and supervisors; takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; follows through on commitments; acknowledges and learns from mistakes without blaming others; adapts to changing business needs; conditions and situations in a positive manner; displays openness to training and application of new skills and self-improvement.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: officer is very productive, and is always looking for ways to do more and be more active as it relates to his job functions. Officer takes personal responsibility for duties at hand. Officer has a certain high level of quality work he likes to perform</p> |

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| <p align="center">TEAMWORK</p> <p align="center">Core Values:</p> <p align="center">Commitment & Tenacity</p> | <p>Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; actively participates as a member of the team.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: Officer displays good team work with others, is always willing to help others out with their calls to service, first one there to back up fellow officers. Officer is a very active member of the police department and is always willing to help out</p> |

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| <p align="center">ATTENDANCE</p> <p align="center">Core Values:</p> <p align="center">Accountability & Understanding</p> | <p>Meets all CMHA policies and standards for attendance and punctuality; has a thorough understanding of CMHA timekeeping policies and procedures; reports to scheduled training classes and / or meetings on time and prepared.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments: Officer attendants meets expectations as it relates to attendance and does not have any discipline for attendance. Officer comes to meetings and training on time and prepared</p> |

FOR SUPERVISORS:

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| <p align="center">COACHING & MENTORING</p> <p align="center">Core Values:</p> <p align="center">Accountability & Training</p> | <p>Provides timely guidance and feedback to help others strengthen specific knowledge / skill; reinforces efforts and progress; provides instruction, positive role modeling, and opportunities for learning; clarifies expected behaviors and levels of proficiency by seeking and giving information and checking for understanding.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

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| <p align="center">LEADERSHIP</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Creates a vision or goal and communicates in a way that motivates others to implement it; accepts responsibilities and acts on them; develops trust and credibility; expects honest and ethical behavior of self and others; creates opportunities for success.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

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| INCLUSIVENESS Core Values: Commitment / Understanding / Respect | Shows respect for people and their differences; promotes fairness and equality; engages the talents, experiences, and capabilities of others; fosters a sense of belonging; works to understand the perspectives of others. |
| <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | Comments: |

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| MANAGING RESOURCES Core Values: Excellence & Safety | Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA. |
| <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | Comments: |

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| JUDGMENT & DECISION MAKING Core Values: Commitment / Understanding / Safety | Keeps the mission at the forefront of decision making and action; ability to make decisions authoritatively and wisely; understands CMHA's mission and prioritizes goals; considers the impact of actions or decisions on residents and the Authority; refrains from jumping to conclusions, and takes time to collect facts before making decisions. |
| <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | Comments: |

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| OVERALL APPRAISAL | <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement |
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Member's signature and date



IMMEDIATE SUPERVISOR: [Signature] Date of Review: 2/15/20

Comments:

LIEUTENANT: [Signature] Date of Review: 10/27/20

Comments:

COMMANDER: [Signature] Date of Review: 10/16/2020

Comments:

DEPUTY CHIEF: Victor Magrull Date of Review: 10/20/20

Comments:

CHIEF: [Signature] Date of Review: 10/22/2020

Comments:



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



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| MEMBER NAME [REDACTED] | EVALUATOR: James Neal #668 Sergeant | DATE: 16MAY19 |
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APPRAISAL PERIOD

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| FROM: 01JAN2018 | TO: 31DEC2018 |
|------------------------|----------------------|

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| <p align="center">HONESTY / INTEGRITY</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Behaves in an honest, fair and ethical manner; shows consistency in words and actions; holds oneself to the highest level of ethical standards; shares information accurately, completely and appropriately.</p> |
| <input checked="" type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] shows high regard to conducting himself in a professional manner. Police Officer [REDACTED] ensure to advise probationary and senior officers of the ethical standards when dealing with individuals.</p> |

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| <p align="center">COMMUNICATIONS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Ability to express ideas and concepts clearly; effective in writing using correct grammar and structure; ability to understand and execute instructions; ability to convey thoughts and express ideas effectively; attends to and fully comprehends what others are saying; ability to understand and execute verbal instructions.</p> |
| <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] expresses new ideas when confronted with issues within CMHA Estates and portrays the concepts clearly when asked. Police Officer [REDACTED] executes all instructions given to him without hesitation.</p> |

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| <p align="center">INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p> | <p>Interacts positively with others; treats others with courtesy, sensitivity, and respect; considers the feelings of people in different situations; demonstrates politeness and empathy; builds constructive relationships; ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside stakeholders; works to achieve common goals.</p> |
| <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] interacts with the residents, stakeholders, and employees of CMHA in a positive and courteous manner. Police Officer [REDACTED] first to greet people with a hello. Police Officer [REDACTED] builds positive relationships with all he comes in contact with.</p> |

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| <p>SERVICE</p> <p>Core Values:</p> <p>Excellence / Respect / Service</p> | <p>Acts professionally and calmly at all times when interacting with others; demonstrates concern and courtesy towards others; treats all people fairly and respectfully at all times; responds to customer needs within agreed upon time frames; addresses conflicts and problem situations with patience and tact; listens to customers / residents and addresses needs and concerns; keeps customers informed by providing status reports and progress updates; meets established or agreed upon deadlines; uses initiative to improve outcomes.</p> |
| <p><input checked="" type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] conducts himself in the public eye with professionalism and is an intricate part of responding and being a defuser of conflict when it arises. Police Officer [REDACTED] keeps a calm head and sees when he is needed to intervene with a high tense situation.</p> |

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| <p>JOB KNOWLEDGE</p> <p>Core Values:</p> <p>Excellence & Training</p> | <p>Ensures job knowledge and skills are current and valuable; demonstrates ability to apply practical and technical knowledge to specific tasks / assignments; demonstrates job knowledge through the ability to successfully execute duties outlined in the job description.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] stays current in the laws of the City and State and when in doubt understands when to ask questions. As a Field Training Officer Police Officer [REDACTED] successfully executes the duties outlined.</p> |

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| <p>PRODUCTIVITY</p> <p>Core Values:</p> <p>Commitment / Tenacity / Service</p> | <p>Strives to produce high quality results; focuses and perseveres in the face of obstacles; uses time efficiently when confronted with challenges; prioritizes tasks based on importance / urgency; work outputs match quality standards / set expectations; completes tasks / assignments with a high level of proficiency; corrects errors and learns from them to reduce future errors; consistently delivers high level of service to all clients / residents / colleagues and supervisors; takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; follows through on commitments; acknowledges and learns from mistakes without blaming others; adapts to changing business needs; conditions and situations in a positive manner; displays openness to training and application of new skills and self-improvement.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] uses time efficiently and produces quality results. Police Officer [REDACTED] ensures that the estates and high-rises of CMHA are patrolled and delivers a high quality of service to the residents, stakeholders, and staff of CMHA.</p> |

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|--|---|
| <p align="center">TEAMWORK</p> <p align="center">Core Values:</p> <p align="center">Commitment & Tenacity</p> | <p>Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; actively participates as a member of the team.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] is willing to work towards a common goal of delivering solutions that benefit all of CMHA. Police Officer Saleem [REDACTED] participates as team member in problems that arise to find an answer to solve it.</p> |

| | |
|--|--|
| <p align="center">ATTENDANCE</p> <p align="center">Core Values:</p> <p align="center">Accountability & Understanding</p> | <p>Meets all CMHA policies and standards for attendance and punctuality; has a thorough understanding of CMHA timekeeping policies and procedures; reports to scheduled training classes and / or meetings on time and prepared.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> <p>Police Officer Saleem [REDACTED] meets all CMHA Policies and Standards in connection to attendance and punctuality. For the year 2018 Police Officer [REDACTED] missed 64 hours of sick time and was tardy 2 times during the year.</p> |

FOR SUPERVISORS:

| | |
|---|--|
| <p align="center">COACHING & MENTORING</p> <p align="center">Core Values:</p> <p align="center">Accountability & Training</p> | <p>Provides timely guidance and feedback to help others strengthen specific knowledge / skill; reinforces efforts and progress; provides instruction, positive role modeling, and opportunities for learning; clarifies expected behaviors and levels of proficiency by seeking and giving information and checking for understanding.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

| | |
|---|--|
| <p align="center">LEADERSHIP</p> <p align="center">Core Values:</p> <p align="center">Accountability & Tenacity</p> | <p>Creates a vision or goal and communicates in a way that motivates others to implement it; accepts responsibilities and acts on them; develops trust and credibility; expects honest and ethical behavior of self and others; creates opportunities for success.</p> |
| <p><input type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p> | <p>Comments:</p> |

| | |
|--|---|
| INCLUSIVENESS Core Values: Commitment / Understanding / Respect | Shows respect for people and their differences; promotes fairness and equality; engages the talents, experiences, and capabilities of others; fosters a sense of belonging; works to understand the perspectives of others. |
| <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | Comments: |

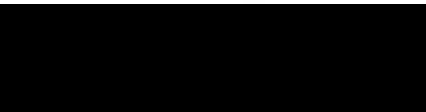
| | |
|--|---|
| MANAGING RESOURCES Core Values: Excellence & Safety | Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA. |
| <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | Comments: |

| | |
|--|---|
| JUDGMENT & DECISION MAKING Core Values: Commitment / Understanding / Safety | Keeps the mission at the forefront of decision making and action; ability to make decisions authoritatively and wisely; understands CMHA's mission and prioritizes goals; considers the impact of actions or decisions on residents and the Authority; refrains from jumping to conclusions, and takes time to collect facts before making decisions. |
| <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement | Comments: |

| | |
|--------------------------|---|
| OVERALL APPRAISAL | <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement |
|--------------------------|---|

Member's signature and

6-13-19 1423hrs



IMMEDIATE SUPERVISOR:

468

Date of Review: 11 Jun 19

Comments:

LIEUTENANT:

Date of Review: 19 JUN 19

Comments:

COMMANDER:

Date of Review: 6/24/19

Comments:

DEPUTY CHIEF:

Date of Review: 6/25/19

Comments:

CHIEF:

Date of Review: 7/19/2019

Comments:



Appendix B

Performance Evaluation Signature Page

Employee being evaluated: [REDACTED]

Immediate Supervisor: Sgt. Kevin #650 Date of Review: 2/1/17

Comments:

Lieutenant: CAROL RUCKER #632 Date of Review: 2/1/17

Comments: PO [REDACTED] should seek out additional training in leadership. His work ethics are awesome. He's a great addition to this dept. and represents CMHA's ^{CORE} values

Commander: [Signature] Date of Review: 2-8-17

Comments:

Deputy Chief: [Signature] D.C. Date of Review: 2-8-17

Comments:

Chief: [Signature] Date of Review: 2/13/2017

Comments:

Manager Evaluation Instructions

| | |
|---------------------------------|-------------------------------|
| Employee Id [REDACTED] | Name [REDACTED] |
| Job Title Police Officer | Job Id [REDACTED] |
| Job Grade 1 | Supervisor White, Kyle |

Competencies

Competencies.

1.C. Honesty/Integrity (Value: Commitment)

Description Behaves in an honest, fair and ethical manner; Shows consistency in words and actions; Holds oneself to the highest level of ethical standard within the industry; Shares information accurately, completely and appropriately.

Self Rating

Self Comment

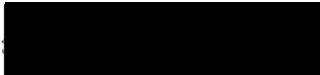
Rating 2 - Meets Expectations ✓

Comment Officer [REDACTED] behaves in an honest, fair and ethical manner. He shares information accurately and appropriately and he holds himself to a high ethical standard.

2.A. Dependability, Adaptability/Flexibility (Value: Accountability)

Description Dependability: Takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; Follows through on commitments; Implements decisions that have been agreed upon; Maintains confidentiality with sensitive information; Acknowledges and learns from mistakes without blaming others; Recognizes the impact of one's behavior on others. Adaptability/Flexibility: Adapts to changing business needs, conditions and situations in a positive manner; Displays openness to training and application of new skill; Displays and ongoing commitment to learning and self-improvement.

Manager Evaluation Instructions



Self Rating

Self Comment

Rating

2 - Meets Expectations



Comment

Officer [redacted] completes his assignments in a timely manner and learns from his mistakes. He is able to perform any assignment that he is tasked with. He always asks questions if he does not understand something and he is able to learn from his mistakes.

2.A. Written/Verbal Communication, Comprehension/Listening (Value: Accountability)

Description

Written Communication/Comprehension: Demonstrates the ability to express ideas, thoughts, and concepts clearly and effectively in writing using correct and appropriate grammar, organization and structure; Demonstrates the ability to understand and execute written instructions. Verbal Communication/Listening: Demonstrates the ability to convey thoughts and express ideas effectively using speech in individual or group settings; Attends to and fully comprehends what others are saying; Demonstrates the ability to understand and execute verbal instructions.

Self Rating

Self Comment

Rating

2 - Meets Expectations



Comment

Officer [redacted] is able to communicate and share his ideas with his fellow officers and is able to understand and execute verbal instructions.

3.R. Interpersonal Skills, Relationship Building (Value: Respect)

Description

Interpersonal Skills: Ability to interact positively and to relate with others; Treats others with courtesy, sensitivity, and respect; Considers and responds to the needs and feelings of different people in different situations; Demonstrates politeness and empathy in interactions with others. Relationship Building: Builds constructive working relationships characterized by a high level of acceptance, cooperation, and mutual respect; Exhibits a high

Manager Evaluation Instructions: [REDACTED]

level of willingness and ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside vendors; Works to achieve common goals.

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment Officer [REDACTED] interacts well with others and treats them with respect and sensitivity. He works well with his fellow officers and is able to build relationships with residents and his peers.

3.R. Service Orientation (Value: Respect)

Description Acts professionally and calmly at all times when interacting with others; Consistently demonstrates concern and courtesy towards others; Treats all people fairly and respectfully at all times; Responds to customer needs within agreed time frames; Addresses conflicts and problem situations with patience and tact.

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment Officer [REDACTED] treats all people fairly and with respect at all times. He is able to handle problems with patience. He responds to calls for service and helps the residents of CMHA any way he can.

4.E. Job Knowledge (Value: Excellence)

Description Ensures job knowledge and skills are current and valuable; Demonstrates ability to apply practical and/or technical knowledge to specific tasks/assignments; Demonstrates job knowledge through ability to successfully execute duties outlined in the job description.

Manager Evaluation Instructions: [REDACTED]

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment Officer [REDACTED] is a veteran of the Police Department and is able to execute his duties that are outlined in the jobdescription.

4.E. Productivity, Quality of Work (Value: Excellence)

Description Productivity: Strives to consistently produce high quality results in an efficient and timely manner; Maintains focus and perseveres in the face of obstacles; Uses time efficiently and responds quickly and constructively when confronted with challenges; Prioritizes tasks based on importance/urgency. Quality of Work: Extent to which work outputs match quality standards/set expectations; Completes all tasks/assignments successfully and with a high level of proficiency; Corrects any and all errors and learns from them to reduce future errors; Strives to consistently deliver high level of quality/product/service to all clients/residents/colleagues/supervisors.

Self Rating

Self Comment

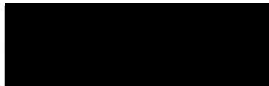
Rating 2 - Meets Expectations ✓

Comment Officer [REDACTED] uses his time efficiently and produces quality work. He is able to correct any errors and he learns from them to reduce further errors. He provides quality service to all residents and colleagues.

4.S. Consistency/Compliance, Detail Orientation (Value: Safety)

Description Consistency/Compliance: Follows departmental and Agency-wide workplace safety standards and CMHA regulations; Understand and adheres to all workplace policies as states in the AO11; Adheres to all workplace and trade safety laws, regulations, standards and practices. Detail Orientation: Follows departmental and Agency-wide workplace safety standards and CMHA regulations; Understand and adheres to all workplace policies as stated in

Manager Evaluation Instructions:



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

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment Officer follows departmental and agency safety standards and regulations.

5.C. Teamwork (Value: Commitment)

Description Willingly cooperates and works collaboratively toward solutions that generally benefit all involved parties and accomplish group objectives; Actively participates as a member of the team.

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment Officer [redacted] is a strong member of the team and is always willing to help another member. Officer Ali always steps up to handle any call for his fellow officers.

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

Description Consistently meets all CMHA policies and standards for attendance and punctuality; Has a thorough understanding of CMHA timekeeping policies and procedures; Reports to scheduled training classes and/or meetings on time and prepared.

Self Rating

Self Comment

Manager Evaluation Instructions:



Rating 2 - Meets Expectations ✓
Comment Officer Ali has good attendance and is always on time for his scheduled shift.

7.R. Positive Attitude (Value: Respect)

Description Has a positive disposition towards others and their jobs/work; Spreads optimistic outlook to others; Continues to be upbeat even when a situation is not ideal.

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓
Comment Officer [redacted] maintains a good attitude and shares his optimistic outlook with others.

8.E. Customer Focus (Value: Excellence)

Description Listens to customers/residents (internal or external) and addresses needs and concerns; Keeps customers informed by providing status reports and progress updates; Delivers on service commitments; Meets established or agreed upon deadlines; Maintains supportive relationships with customers; Uses initiative to improve outcomes, processes or measurements.

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓
Comment Officer [redacted] listens to the stakeholders and addresses their needs and concerns. He has a positive relationship withour stakeholders.

Manager Evaluation Instructions: Ali, Saleem Ramisu

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

Description Identifies and seeks to correct conditions that affect employee and resident safety; Upholds CMHA safety standards; Attends and actively participates in mandatory safety-related training courses; Promotes a culture of safety in his/her workplace and on the job.

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment Officer [REDACTED] upholds CMHA safety standards and actively participates in mandatory training exercises.

Competencies

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment

Overall Rating & Comments

Self Rating

Self Comment

Rating 2 - Meets Expectations ✓

Comment Officer [REDACTED] is a good officer and is a valued member of 2nd shift patrol. He is always willing to help another

Manager Evaluation Instructions: Ali, Saleem Ramisu

officer and handles any assignment that he is tasked with.

Employee Signoff

I hereby certify that I have read and reviewed this evaluation. Further, I understand that this document represents my performance appraisal for the past year. I also acknowledge that I have had time to consider this evaluation and make any appropriate responses. By signing this I acknowledge only receipt of the evaluation and do not imply agreement or certification of its contents. I understand I am responsible for handling any disputes about its contents with the Human Resources Department.

Comment

Signature



Date

2-13-17 1624hrs.

Manager Signoff

Comment

Signature

Sgt. #2 ✓ #650

Date

13 FEB 17 1624hrs



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal

Employee Name: [REDACTED] Last Four Digits of Social: [REDACTED]

Employee Title: Police Officer Department: Police Department

Supervisor Name: John Smiddy Review Date: 01-Jan-2016

Evaluation Period: From 1-Jan-2015 To 31-Dec-15 Type: Supervisory Non-Supervisory Union

Instructions:

The Employee Performance Appraisal is a set time the employee and supervisor plan together to build on strengths and develop those areas needing improvement. Objectives for this process include:

1. Restate expectations about job responsibilities and performance standards
2. Evaluate job performance
3. Discuss future development opportunities and relate them to CMHA's needs.
4. Assess performance with 12 performance factors.

The general definition of each Performance Level is provided below. The Performance Levels are associated with the employee's current job responsibilities and have been established with 12 overall Agency Performance Factors that relate to the employee's daily job responsibilities. When appraising an employee determine the Performance Level for each Performance Factor. **Comment are required.** If necessary, additional pages may be attached to this Performance Appraisal.

Performance Levels:

- Exceeds Expectations** Performance consistently exceeded expectations in all essential areas of responsibility and the quality of work overall is excellent. Performance demonstrates a skill level that exceeds the basic requirements of the position. Employees are viewed as role models by the rest of the Agency. They are innovative in their approach to work and are able to positively influence functions outside of their span of control.
- Meets Expectations** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames. Meets the expected levels of performance established by the supervisor.
- Improvement Needed** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal – Union



Name and
Badge#



Date 06-Jan-2016

PERFORMANCE FACTORS

Leadership

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] is the voice of ethical behavior to our newer recruits. He may crack wise during roll calls but his underlining theme is always how to do the job well and to do it right.

Judgment/Decision Making

Gathers as much relevant information as possible prior to making job related decisions. Makes good decisions, based on experience and judgment, and checks with supervisor. Escalates critical issues; keeps supervisors informed of matters. Able to efficiently multi-task projects and assignments. Demonstrates proper judgment and control while operating agency vehicle or equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] knows the job and has a strong "street sense" that guides him in the field.

Problem Solving

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] always keeps me apprised of what his happening in his assigned areas and in his programs.

Accountability

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] accepts accountability honestly. He can immediately admit a mistake and work to correct it from happening again.

Interpersonal Relationships and Communication

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] excels in groups. His presence alone promotes positive morale. Residents adore him and the kids in his programs love him.

Job Knowledge and Skills

The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description. Demonstrates knowledge of laws, ordinances and written directives.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] is the veteran member on the team. He helps introduce new officers to the realities of the job and the CMHA culture and goes out of his way to coach our "new" handlers with their K9 partners.

Dependability

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Although Officer [REDACTED] has used nine (9) sick days, he is extremely reliable and flexible. He will do anything that is asked and he does it well.

Work Ethic

A set of positive values that the employee demonstrates in their work habits, including a positive attitude, punctuality, completing a task on time, and producing high quality work. Accepts constructive criticism. Exhibits proper grooming and maintains a clean personal appearance. Demonstrates proper care of assigned equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] is a positive role model for other team members and has an amazing disposition and realistic outlook on the job. I hope that others, especially newer officers choose to follow his example.

Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed time frames. Address conflicts and problem situations with patience and tact. Maintains positive relations with stakeholders and members of the community.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] is the voice of respect for the Department. He is humble and respectful to others and is an inspiring representative of customer service to our residents.

Quality of Work and Productivity

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] consistently speaks with his managers and residents and does everything that is asked of him. His work quality of excellent and he strives to reach established goals and objectives.

Responsiveness to Co-Workers

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] helps cover platoon manpower needs and always performs extra duties when asked.

Teamwork

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] helps contribute to a positive work environment. He is an absolute pleasure to have on the team.



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal

Overall Performance Assessment

Key Strengths:

Leadership
Communications
Work ethic
Positive attitude and role model for newer members

Specific areas where improvement is needed:

-Be mindful of used sick time

Goals for the upcoming year (at least 3):

Prepare self for potential career development (study material for future Sergeant Exam)
Reconstruct the Resident Police Academy to add more effectiveness and "freshen/liven" up the material
Take ownership of an Explorers topic of instruction (i.e. Building Searches, Bomb Threats, Arrest and Search, etc.)
Consider ownership once again of an FTO role

Additional supervisor comments:

I would love to see Officer ██████████ spend his remaining years with the Department teaching new officers how to successfully endure and survive a police career at CMHA.

Overall Rating for the Employee:

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

Employee Signature: _____

Date: 06-Jan-2016

Supervisor Signature: _____

Date: 06 JAN 16

Department Director: _____

Date: 1/30/2016



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal - Overall Performance Assessment

Key Strengths:

Leadership
Communications
Work ethic
Positive attitude and role model for newer members

Specific areas where improvement is needed:

-Be mindful of used sick time

Goals for the upcoming year:

Based upon a review of department and/or area goals

established for the review period and your position description, you will be responsible for accomplishing specific objectives/ expectations:

- 1 Prepare self for potential career development (study material for future Sergeant Exam)
- 2 Reconstruct the Resident Police Academy to add more effectiveness and "freshen/liven" up the material
- 3 Take ownership of an Explorers topic of instruction (i.e. Building Searches, Bomb Threats, Arrest and Search, etc.)
- 4 Consider ownership once again of an FTO role
- 5
- 6

Additional supervisor comments:

I would love to see Officer ██████████ spend his remaining years with the Department teaching new officers how to successfully endure and survive a police career at CMHA.

Overall Rating for the Employee:

- Exceeds Expectations
 Meets Expectations
 Improvement Needed

Acknowledgement: Please acknowledge that this Employee Performance Appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Employee Signature

████████████████████

Date

1-10-16

Supervisor Signature

[Handwritten Signature]

Date

06 JAN 16

Department Director

Date



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal

Employee Name: [REDACTED] Last Four Digits of Social: _____

Employee Title: Police Officer Department: Police

Supervisor Name: John Smiddy Review Date: 31-Dec-2014

Evaluation Period: From 1-Jan-2014 To 31-Dec-14 Type: Supervisory Non-Supervisory Union

Instructions:

The Employee Performance Appraisal is a set time the employee and supervisor plan together to build on strengths and develop those areas needing improvement. Objectives for this process include:

1. Restate expectations about job responsibilities and performance standards
2. Evaluate job performance
3. Discuss future development opportunities and relate them to CMHA's needs.
4. Assess performance with 12 performance factors.

The general definition of each Performance Level is provided below. The Performance Levels are associated with the employee's current job responsibilities and have been established with 12 overall Agency Performance Factors that relate to the employee's daily job responsibilities. When appraising an employee determine the Performance Level for each Performance Factor. **Comment are required.** If necessary, additional pages may be attached to this Performance Appraisal.

Performance Levels:

- Exceeds Expectations** Performance consistently exceeded expectations in all essential areas of responsibility and the quality of work overall is excellent. Performance demonstrates a skill level that exceeds the basic requirements of the position. Employees are viewed as role models by the rest of the Agency. They are innovative in their approach to work and are able to positively influence functions outside of their span of control.
- Meets Expectations** Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames. Meets the expected levels of performance established by the supervisor.
- Improvement Needed** Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal – Union



Name and
Badge#



Date 31-Dec-2014

PERFORMANCE FACTORS

Leadership

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Office [redacted] always stresses to his peers the value of ethical behavior and integrity. He is always above reproach and valued on the team as a leader.

Judgment/Decision Making

Gathers as much relevant information as possible prior to making job related decisions. Makes good decisions, based on experience and judgment, and checks with supervisor. Escalates critical issues; keeps supervisors informed of matters. Able to efficiently multi-task projects and assignments. Demonstrates proper judgment and control while operating agency vehicle or equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[redacted] makes excellent decisions and always keeps me apprised of what is happening in his assigned areas of patrol and his programs. (Boxing, Resident Police Academy)

Problem Solving

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Office [redacted] is good at handling conflict with the seemingly fickle Boxing coaches and always keeps me advised of potential problems in the future.

Accountability

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] can admit when he has made a mistake and takes responsibility for himself and his actions.

Interpersonal Relationships and Communication

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] one of the most approachable officers we have in this department. He is funny, personable and intelligent. Young members look up to him and heed his advice. Residents both know and adore Officer [redacted]

Job Knowledge and Skills

The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description. Demonstrates knowledge of laws, ordinances and written directives.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] is the veteran officer in the Community Policing Unit. His knowledge and abilities assist our goals in some way on all of our details, initiatives and programs.

Dependability

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] has taken six (6) sick days in 2014. All of those days were necessary and excusable. I don't believe his sick use to be excessive. Otherwise, Officer [REDACTED] is very reliable and I depend on him frequently and I know that what is asked of him will be done completely, fairly and professionally.

Work Ethic

A set of positive values that the employee demonstrates in their work habits, including a positive attitude, punctuality, completing a task on time, and producing high quality work. Accepts constructive criticism. Exhibits proper grooming and maintains a clean personal appearance. Demonstrates proper care of assigned equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

I am hopeful that [REDACTED] work ethic becomes contagious. His care and attitude of toward this job is commendable. He performs at a very high standard and takes care of himself and assigned equipment.

Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed time frames. Address conflicts and problem situations with patience and tact. Maintains positive relations with stakeholders and members of the community.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] relationships with the stakeholder's of this Department are worthy of note. When we are out in the field, he is a pseudo-celebrity that seems to be known by everyone we contact. ✓

Quality of Work and Productivity

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] completes all assignments and meets all standards with paperwork.

Responsiveness to Co-Workers

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] is always including various members on his initiatives and invites different members to assist him with his Boxing events. His peers depend on him.

Teamwork

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [redacted] is one of our finest Field Training Officers and he frequently takes on this role for the benefit of the team, not himself. His selflessness and putting others before himself is noticeable and worthy of mention. He is a leader on the Unit and tries to include everyone equally with his initiatives and programs.



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal

Overall Performance Assessment

Key Strengths:

Reliability
Community Relations
Attitude
Work Ethic

Specific areas where improvement is needed:

Computer Skills

Goals for the upcoming year (at least 3):

Pursue OPOTA Training
Take an aggressive role with the Field Training Program
Outline and structure a new model for the Resident Police Academy

Additional supervisor comments:

Officer Ali is an All-Star on the team and one of the most versatile and respected members of this Department.

Overall Rating for the Employee:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Employee Signature

Date: 31-Dec-2014

Supervisor Signature:

Date: 31 Dec 14

Department Director:

Date: 2/25/2015



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal – Self Evaluation

Instructions: Preparation for the performance review with your supervisor should begin with the employee completing a self-appraisal. The self-evaluation is designed to facilitate constructive discussion between the employee and manager in order to clarify performance objectives and provide feedback about the employee's performance with respect to skills and behaviors.

Key Strengths:

Handle assignments in a timely manner

Specific areas where improvement is needed:

Computer literacy is very weak

Goals for the upcoming year (at least 3):

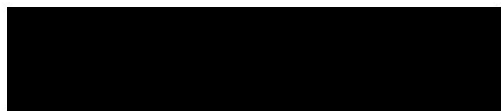
Have more funds for my boxing program, more training, and to improve on my tactical training.

Additional employee comments:

Overall Self Rating:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Employee Name:



Date:

12-16-14

Department:

Police

Job Title:

Patrolman

Supervisor Name:

John Judd, Sergeant

Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal

| | |
|--|--|
| Employee Name: [REDACTED] | Last Four Digits of Social: [REDACTED] |
| Employee Title: Police Officer | Department: CMHA Police Department |
| Supervisor Name: Sergeant James E. Harris 644 | Review Date: 31JAN14 |
| Evaluation Period: From 01JAN13 To 31DEC13 | Type: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory <input checked="" type="checkbox"/> Union |

Instructions:

The Employee Performance Appraisal is a set time the employee and supervisor plan together to build on strengths and develop those areas needing improvement. Objectives for this process include:

1. Restate expectations about job responsibilities and performance standards
2. Evaluate job performance
3. Discuss future development opportunities and relate them to CMHA's needs.
4. Assess performance with 12 performance factors.

The general definition of each Performance Level is provided below. The Performance Levels are associated with the employee's current job responsibilities and have been established with 12 overall Agency Performance Factors that relate to the employee's daily job responsibilities. When appraising an employee determine the Performance Level for each Performance Factor. **Comment are required.** If necessary, additional pages may be attached to this Performance Appraisal.

Performance Levels:

| | |
|-----------------------------|---|
| Exceeds Expectations | Performance consistently exceeded expectations in all essential areas of responsibility and the quality of work overall is excellent. Performance demonstrates a skill level that exceeds the basic requirements of the position. Employees are viewed as role models by the rest of the Agency. They are innovative in their approach to work and are able to positively influence functions outside of their span of control. |
| Meets Expectations | Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames. Meets the expected levels of performance established by the supervisor. |
| Improvement Needed | Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels. |



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal - Self Evaluation

Instructions:

Preparation for the performance review with your supervisor should begin with the employee completing a self-appraisal. The self-evaluation is designed to facilitate constructive discussion between the employee and manager in order to clarify performance objectives and provide feedback about the employee's performance with respect to skills and behaviors.

Key Strengths:

Being able to do what is required of me without further complications

Specific areas where improvement is needed:

Need improvement on speaking in public, computer literacy, and taking an active role in multi-tasking.

Goals for the upcoming year (at least 3):

None

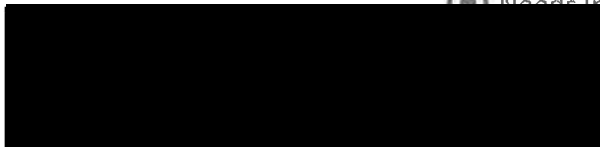
Additional employee comments:

Overall Self Rating:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Employee Name:

(Please print)



Date:

1-11-14

Department:

POLICE

Job Title:

Patrolman

Supervisor Name:

[Signature]

**Cuyahoga Metropolitan Housing Authority
Employee Performance Appraisal – Union**



Name and Badge# [REDACTED]

Date 31JAN14

PERFORMANCE FACTORS

Leadership

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

PO Saleer [REDACTED] driving habits is outstanding, with no MVA within the last year. [REDACTED] continues to work with a positive attitude, and gives his co-workers the upmost respect. While [REDACTED] performs his daily job functions, he displays highest standards of integrity, and ethical behavior. And when dealing with a sensitive matters [REDACTED] is able to perform his duties without prejudice or malice.

Judgment/Decision Making

Gathers as much relevant information as possible prior to making job related decisions. Makes good decisions, based on experience and judgment, and checks with supervisor. Escalates critical issues; keeps supervisors informed of matters. Able to efficiently multi-task projects and assignments. Demonstrates proper judgment and control while operating agency vehicle or equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

During routine calls, and or on-views [REDACTED] is very good at obtaining information, indepth and detailed descriptions while conducting his interviews and investigations. Also while on calls [REDACTED] does not hesitate to call a supervisor when he think that he needs one. He is very sure of himself, and has very good decision making skills. During critical calls, [REDACTED] keeps the supervisors informed of the situations.

Problem Solving

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[REDACTED] identifies and reports potential problems, hazards, dangers, and is resourceful when coming up with a solution [REDACTED] resolves and addresses any issue that he may encounter.

Accountability

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments: [REDACTED] accepts constructive criticism, performs his duties in a timely and transparent manner. [REDACTED] accepts full responsibility for any mistakes that he may make, and take the necessary measure to correct them. [REDACTED] is in compliance with the rules, and regulations that has been established by CMHAPD, and he attends court when subpoenaed.

Interpersonal Relationships and Communication

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments: [REDACTED] has displayed the ability to maintain proper communication etiquettes with his supervisors, co-workers, and the general public. [REDACTED] understands his assignments given to him, and asks for directions if he is not completely sure of a specific task assigned to him. [REDACTED] speaks clearly and expresses himself very well in a group setting or one-on-one.

Job Knowledge and Skills

The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description. Demonstrates knowledge of laws, ordinances and written directives.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments: [REDACTED] understands and demonstrates the practical, and technical skills to properly perform his job as descibed and outlined by the CMHAPD. [REDACTED] also ensures that others are aware of any new laws, and ordinaces.



Dependability

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[REDACTED] understands and follows the rules as it relates to attendance, safety, and conducts.

Work Ethic

A set of positive values that the employee demonstrates in their work habits, including a positive attitude, punctuality, completing a task on time, and producing high quality work. Accepts constructive criticism. Exhibits proper grooming and maintains a clean personal appearance. Demonstrates proper care of assigned equipment.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[REDACTED] accepts constructive criticism very well, always arrives clean shaving and properly groomed. [REDACTED] keeps a positive attitude while working with his co-workers and the public. [REDACTED] is on time for any job assignments which is giving to him, and takes proper care of his assigned equipment.

Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed time frames. Address conflicts and problem situations with patience and tact. Maintains positive relations with stakeholders and members of the community.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[REDACTED] treats everyone with a high level of respect. Responds to others when assistance is needed. [REDACTED] addresses any conflict or problem which may arise during his tour of duty, and daily operation. He uses tact, patience, and the power of positive persuasion to settle any conflicts.

Quality of Work and Productivity

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[REDACTED] completes his share of work within the amount of time given [REDACTED] submits reports in on time, and in a legible manner.

Responsiveness to Co-Workers

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[REDACTED] participates in group discussions, demonstrates considerations for co-workers opinions, and arrives on time for any appointments. [REDACTED] makes arrangements to cover work, and or specific assignments in the occasion of his absences.

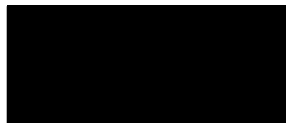
Teamwork

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

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

[REDACTED] is a highly motivative worker who energizes his co-workers with positive feelings, laughter, and help creates an team like atmosphere to work in.



Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

| | | | | | |
|---------------------------|----------------------|----------------|---------------------------|----------------------|----------------|
| [REDACTED] | [REDACTED] | [REDACTED] | Troyer | T | 664 |
| <i>Member's Last Name</i> | <i>First Initial</i> | <i>Badge #</i> | <i>Rated by Last Name</i> | <i>First Initial</i> | <i>Badge #</i> |

| | | |
|-----------------|-------------------------|-------------|
| Police Officer | 1 st Platoon | 2/3/2013 |
| <i>Position</i> | <i>Assignment</i> | <i>Date</i> |

RATING INSTRUCTIONS: Rate the member's performance in reference to the scale below by checking a rating value. Check the N/A Box if the evaluation does not apply to a member's assignment.

| REVIEW PERIOD | START | END |
|---------------|---------|------------|
| | 01JAN12 | 12/31/2012 |

Unacceptable performance = 1 & 2

Acceptable performance = 3, 4 & 5

Superior performance = 6 & 7

SECTION I: ATTITUDE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Attitude Toward Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accepts Additional Duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude Toward Public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exhibits Proper Grooming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reports To Work On Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reports Off As Required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Citizens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Call off / Sick time usage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Other Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows Orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Other Employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obeys Rules and Regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction With Other Ethnic Groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supports/ Complies With Department Goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Promotes CMHA / Community Partnership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepts Constructive Criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Care of Vehicles and Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Teamwork: Works Well With Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION II: QUALITY OF WORK

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <i>Reports</i> | | | | | | | | | <i>Communication</i> | | | | | | | | | |
| Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communicates effectively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Uses Proper Diction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Controls Radio Traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper Grammar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Security Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION III: PERFORMANCE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reports Arrival and Completion Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MVA Record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds to / Dispatches assignments in timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driving Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investigative/Interviewing Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attends Court When Subpoenaed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promptness of Required Reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Creativity in Handling Assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Multi-Task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets Deadlines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community Relations Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrests (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MMCs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UTT's (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PINs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Policy and Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Familiar with Property Safety Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Laws and Ordinances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of Computer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifies and Reports Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintains Positive Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION III: PERFORMANCE, continued

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Maintains High-quality Case Files | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cultivates Informants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Search Warrant Completeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Investigates Cases in Timely Manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Creativity in Assignment Handling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prosecutor Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Escalates Critical Issues Appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grand Jury Packages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Keep Supervisors Informed of Matters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Investigative Clearance Rate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION IV: SUPERVISORS

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Monitors Performance of Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Promotes Departmental Goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Timely Completion of Assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Safety of Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discovers Employee Errors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Use of Overtime | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Offers Constructive Criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Effectively Assigns Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recommends Appropriate Discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Effectively Allocates Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepts and Assumes Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delegates Authority Appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Performance of Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AREAS OF IMPROVEMENT NEEDED

Ali could improve with keeping updated on the laws and ordinances and the policies of the department.

64 hours sick time used in 2012
2 Tardies in 2012

GOALS FOR NEXT RATING PERIOD

He is encouraged to submit for OPOTA training.

TRAINING NEEDS TO ACOMPLISH GOALS

Submit for training

COMMENTS

Ali came to 1st Platoon this year and will be returning to 2nd Platoon. He has served as a training officer for our new hires and our reserve officers. He is well liked and respected among his peers.

| | | | |
|--------------|--------------------------|-------|----------|
| MEMBER* | [REDACTED] | DATE: | 2-3-13 |
| SUPERVISOR | <i>Det. Michael F...</i> | DATE: | 3/3/13 |
| COMMANDER | <i>KH</i> | DATE: | 2-26-13 |
| DEPUTY CHIEF | | DATE: | |
| CHIEF | <i>Richard J...</i> | DATE: | 3/3/2013 |

* Signature is only an acknowledgment of receipt.

Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

| | | | | | |
|---------------------------|----------------------|----------------|---------------------------|----------------------|----------------|
| | | | Schilling | R | 652 |
| <i>Member's Last Name</i> | <i>First Initial</i> | <i>Badge #</i> | <i>Rated by Last Name</i> | <i>First Initial</i> | <i>Badge #</i> |

| | | |
|-----------------|-------------------------|-------------|
| Patrolman | 2 nd platoon | 2/2/2012 |
| <i>Position</i> | <i>Assignment</i> | <i>Date</i> |

RATING INSTRUCTIONS: Rate the member's performance in reference to the scale below by checking a rating value. Check the N/A Box if the evaluation does not apply to a member's assignment.

| REVIEW PERIOD | START | END |
|---------------|----------|------------|
| | 1/1/2011 | 12/31/2011 |

Unacceptable performance = 1 & 2

Acceptable performance = 3, 4 & 5

Superior performance = 6 & 7

SECTION I: ATTITUDE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Attitude Toward Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accepts Additional Duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude Toward Public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exhibits Proper Grooming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reports To Work On Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reports Off As Required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Citizens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Call off / Sick time usage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Other Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows Orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Other Employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obeys Rules and Regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction With Other Ethnic Groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supports/ Complies With Department Goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Promotes CMHA / Community Partnership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepts Constructive Criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Care of Vehicles and Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Teamwork: Works Well With Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION II: QUALITY OF WORK

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Reports | | | | | | | | | Communication | | | | | | | | | |
| Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communicates effectively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Uses Proper Diction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Controls Radio Traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper Grammar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Security Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION III: PERFORMANCE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Reports Arrival and Completion Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MVA Record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds to / Dispatches assignments in timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driving Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investigative/Interviewing Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attends Court When Subpoenaed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promptness of Required Reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Creativity in Handling Assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Multi-Task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets Deadlines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community Relations Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrests (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MMCs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UTTs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PINs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Policy and Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Familiar with Property Safety Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Laws and Ordinances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of Computer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifies and Reports Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintains Positive Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: [Redacted] / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|--|---------|
| 1 of 1 | December 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 02JAN12 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of December 2011 you used no sick time. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature: [Redacted]

Officer receiving Notice

1-17-12 16:00

Date/Time

Signature: 

Supervisor Giving Review

1-17-12

Date/Time


20 Jan 2012



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

TO [REDACTED] Patrolman / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|--|---------|
| 1 of 1 | November 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 02DEC11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of November 2011 you were off sick due to an on-duty injury. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature: [REDACTED]

Officer receiving Notice

12-15-11 2118

Date/Time

Signature: [Signature]

Supervisor Giving Review

12-15-11 2118

Date/Time

Received / Forwarded
Comrade [Signature]
 12/19/2011



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: [Redacted] Patrolman / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|--|---------|
| 1 of 1 | November 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 02DEC11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of November 2011 you were off sick due to an on-duty injury. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature _____



1-10-12 1626

Officer receiving Notice

Date/Time

Signature: _____

[Handwritten Signature]

10/27/12 / 1630

Supervisor Giving Review

Date/Time

*AGRIEF
11 JAN 2012*



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

TO [REDACTED] / Patrolman / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|---|---------|
| 1 of 1 | October 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 14NOV11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of October 2011 you did not call off. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature

[REDACTED]

11-18-11

Officer receiving Notice

Date/Time

Signature:

[Handwritten Signature]

18NOV11 / 1530

Supervisor Giving Review

Date/Time

[Handwritten Signature]
21 Nov 2011



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO [REDACTED] Patrolman / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|---|---------|
| 1 of 1 | September 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 14OCT11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of September 2011 you did not call off. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature: H/A OUT ON February
Officer receiving Notice Date/Time

Signature: [Signature] (14th Sick)
Supervisor Giving Review Date/Time

[Handwritten Signature]
25 Oct 2011





**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: [Redacted] / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|--|---------|
| 1 of 1 | July 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 05AUG11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of July 2011 you did not call off. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature:

[Redacted Signature]

Officer receiving Notice

8-11-11 1634

Date/Time

Signature:

[Handwritten Signature]

Supervisor Giving Review

8-11-11

Date/Time

Richard Schilling
16 AUG 2011



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: [Redacted] / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|--|---------|
| 1 of 1 | June 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 18JUN11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of June 2011 you called off sick one time. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature: [Redacted] _____ 7-20-11
Officer receiving Notice Date/Time

Signature: [Signature] _____ 7-20-11 1540
Supervisor Giving Review Date/Time

[Signature]
22 July 2011



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

TO: [Redacted] Patrolman / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|---|---------|
| 1 of 1 | May 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 14JUN11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of May 2011 you called off sick one time. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature: [Redacted] _____ 15 JUN 11 1639
Officer receiving notice Date/Time

Signature: [Signature] _____ 15 Jun 11
Supervisor Giving Review Date/Time

[Signature]
 16 June 2011

✓



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: [Redacted] Patrolman / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|---|---------|
| 1 of 1 | April 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 05APR11 |

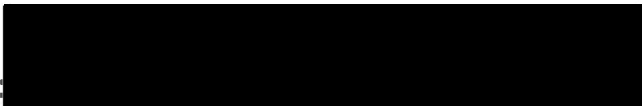
On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of April 2011 you reported to work on time. You called of sick 1 times during the month and have no present events. You have adhered to all departmental Rules and Regulations and Policies and Procedures.

Signature: [Redacted]



5-16-11 1608

Officer receiving Notice

Date/Time

Signature: [Signature]

[Signature]

5-16-11 1608

Supervisor Giving Review

Date/Time

Gawief
19 May 2011



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: [REDACTED] / Patrolman / Second Platoon

FROM: Richard Schilling #652/ Sergeant/Second Platoon

| PAGE | SUBJECT | DATE |
|--------|---|---------|
| 1 of 1 | March 2011 Unacceptable Performance Review Reference: Your 2010 Performance Evaluation | 05APR11 |

On your 2010 Performance Evaluation you received unacceptable performance in the following Categories.

Section 1: Attitude

Call off/ Sick time usage.

For the month of March 2011 you reported to work on time. You called of sick 2 times during the month and have no present events. You have adhered to all departmental Rules and Regulations and Policies and



Signature:

Officer receiving Notice

13 APR 11 1645

Date/Time

Signature:

Supervisor Giving Review

13 APR 11

Date/Time

15 APRIL 2011

Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

| | | | | |
|---------------------------|-------------------------------------|---------------------------|----------------------|----------------|
| | | Assaf | J. | 642 |
| <i>Member's Last Name</i> | <i>First Initial</i> <i>Badge #</i> | <i>Rated by Last Name</i> | <i>First Initial</i> | <i>Badge #</i> |

| | | |
|-----------------|-------------------|-------------|
| Police Officer | Third Platoon | 2/8/2011 |
| <i>Position</i> | <i>Assignment</i> | <i>Date</i> |

RATING INSTRUCTIONS: Rate the member's performance in reference to the scale below by checking a rating value. Check the N/A Box if the evaluation does not apply to a member's assignment.

| | | |
|----------------------|--------------|------------|
| REVIEW PERIOD | START | END |
| | 1/1/2010 | 31DEC10 |

Unacceptable performance = 1 & 2 Acceptable performance = 3, 4 & 5 Superior performance = 6 & 7

SECTION I: ATTITUDE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude Toward Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accepts Additional Duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude Toward Public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exhibits Proper Grooming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reports To Work On Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reports Off As Required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Citizens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Call off / Sick time usage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Other Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows Orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Courteous With Other Employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obeys Rules and Regulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interaction With Other Ethnic Groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supports/ Complies With Department Goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Promotes CMHA / Community Partnership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepts Constructive Criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Care of Vehicles and Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Teamwork: Works Well With Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION II: QUALITY OF WORK

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Reports | | | | | | | | | Communication | | | | | | | | | |
| Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communicates effectively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Uses Proper Diction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Controls Radio Traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper Grammar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Security Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION III: PERFORMANCE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reports Arrival and Completion Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MVA Record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds to / Dispatches assignments in timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driving Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investigative/Interviewing Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attends Court When Subpoenaed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promptness of Required Reports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Creativity in Handling Assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Multi-Task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meets Deadlines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problem Solving Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community Relations Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrests (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MMCs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UTTs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PINs (Consistent with Platoon Average) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Policy and Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Familiar with Property Safety Systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge of Laws and Ordinances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of Computer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Identifies and Reports Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintains Positive Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION III: PERFORMANCE, continued

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Maintains High-quality Case Files | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cultivates Informants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Search Warrant Completeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Investigates Cases in Timely Manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity in Assignment Handling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prosecutor Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Escalates Critical Issues Appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grand Jury Packages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Keep Supervisors Informed of Matters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Investigative Clearance Rate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION IV: SUPERVISORS

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Monitors Performance of Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Promotes Departmental Goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Timely Completion of Assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Safety of Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discovers Employee Errors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Use of Overtime | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Offers Constructive Criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Effectively Assigns Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recommends Appropriate Discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Effectively Allocates Resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepts and Assumes Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delegates Authority Appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Monitors Performance of Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AREAS OF IMPROVEMENT NEEDED

 called off 17 times in 2010, and was issued ACP Written Warning on 21OCT10.

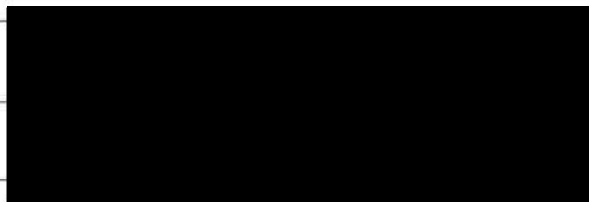
GOALS FOR NEXT RATING PERIOD

Reduce the amount of sick time hours used.

TRAINING NEEDS TO ACOMPLISH GOALS

None

COMMENTS

| | | | |
|--------------|---|-------|----------|
| MEMBER |  | DATE: | 2-14-11 |
| SUPERVISOR | <i>Sgt. Frank J. [Signature]</i> | DATE: | 14/2/11 |
| COMMANDER | <i>Det 60-1</i> | DATE: | 2-23-11 |
| DEPUTY CHIEF | <i>Det Solomon #602</i> | DATE: | 2-23-11 |
| CHIEF | <i>Charles [Signature] Chief</i> | DATE: | 3/2/2011 |

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME _____

SUPERVISOR: Lt. Ronald J. Morenz #626

DATE COMPLETED: February 13, 2008

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
PERFORMANCE APPRAISAL

CONFIDENTIAL

Name [REDACTED]

Position: Patrolman

Department/Area: Police Division

Last Appraisal Date: 02 / 09 / 07

Type: Annual Mid Probation Other

Current Date: 01 / 18 / 08

Evaluation Period: From 01 / 01 / 07 To 01 / 01 / 08

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for " each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

E = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Right Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I think there is always room for improvement but I meet the requirements.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I had called off too much last year but not enough where it was abusive. I would like to never call off for my entire career.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I meet the standards of completing my assignments but accuracy could be improved.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: Need improvement

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O **E** **S** **I** **U** 3 Points

COMMENTS: I like working third shift and I am well rested and ready to go.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I could use a class on radio communication due to the fact my disposition is too long.

SELF APPRAISAL

7. **Interpersonal Relationship:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

0 E S I U 3 Points

COMMENTS: I like working with my co-workers and supervisors and a little more helpful than previously.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

0 E S I U 3 Points

COMMENTS: I am going to follow instructions because its is my obligation.

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrols designated area, in order to prevent crime or disturbance of the peace and apprehend violators.

RATING

0 E S I U 2 Points

COMMENTS: More foot patrols needed in my work performance but meet the requirements

Objective #2: Responds to reported violation of the state law, city ordinance and the CMHA resident lease including, but not limited to etc.

RATING

0 E S I U 2 Points

COMMENTS: I could go out a little more aggressively to deter crime better but I have improved in this area.

Objective #3: Conducts preliminary investigations of crimes, accidents and civil disturbance; gathers evidence and protects the crime scene etc.

RATING

0 E S I U 3 Points

COMMENTS: These are mandatory obligations that must be met but we all could use improvement.

Objective #4: Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. etc.

RATING

0 E S I U 2 Points

COMMENTS: I could report more lights be either put or burned out in the hi crime areas.

Objective #5: Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents etc.

RATING

0 E S I U 2 Points

COMMENTS: Definitely needs improvement in this area.

Objective #6: Obtains and maintains firearms and other certification that area required for this position.

RATING

0 E S I U 2 Points

COMMENTS: I need to go to the range more and still have problems shooting fifty feet.

Rate employee's overall performance:

Total Points 32 $\div 14 = 2.4$ (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Reporting and firearms

Specific goals for improvement: Not to call off none this year.

Training needed to accomplish goals: Need more report writing training and to be more computer literate

Additional comments: _____

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 1 18 08

Reviewing Supervisor Signature: [Signature]

Date: 2 13 08

Department Director Signature: [Signature]

Date: 2 18 08



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED]

Department/Area: Police Division

Position: Police Officer

Report Year: 07

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2- Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3- Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4- Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5- Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6- Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: [REDACTED]

Date: 2 19 107

Immediate Supervisor Signature: [Signature]

Date: 03 10 9 107

Department Director Signature: [Signature]

Date: 3 22 107

NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DEPARTMENT

BADGE NUMBER

VACATION TIME DUE

MIDDLE

DATE OF HIRE

SICK DAYS DUE

EMPLOYEE ATTENDANCE RECORD

19

| | ABSENCE SUMMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
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A=ANNUAL LEAVE
 B=DOCTOR'S CERT. REQUESTED
 C=COMPENSATORY LEAVE
 D=DID NOT CALL IN 1ST HR.
 E=DOCTOR'S CERT. PRESENTED

F=FUNERAL LEAVE
 J=JURY LEAVE
 L=ADMINISTRATIVE LEAVE
 M=MILITARY LEAVE
 O=AWOL

P=PERSONAL
 S=SICK LEAVE
 SS=SUSPENSION
 W=LEAVE WITHOUT PAY
 X=VACATION DAY

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



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED]

Position: Patrol Officer

Department/Area: Police

Last Appraisal Date: 02 / 09 / 07

Type: Annual Mid Probation Other

Current Date: 02 / 13 / 08

Evaluation Period: From 01 / 01 / 07 To 12 / 31 / 07

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

E = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 3 Points

COMMENT: [REDACTED] has demonstrated that he possesses the practical and technical skills to execute his job duties.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 2 Points

COMMENT: [REDACTED] called off sick 15 times during the last half of 2007. He followed all other Departmental and Agency rules and regulations.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 3 Points

COMMENTS: The work that [REDACTED] submits is within Departmental standards.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 3 Points

COMMENTS: The work that [REDACTED] generates is generally hi-rise checks or backing-up other units. The result is that he is running from one end of the city to the other, instead of concentrating on specific areas each night. He stays active the entire shift once he gets into the field.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 2 Points

COMMENTS: [REDACTED] needs to start generating on-views. As a member of the K9 Unit he should be out on foot patrols of the various estates with his canine partner providing a visible deterrent to criminal activity.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 3 Points

COMMENT: [REDACTED] communicates effectively in writing and orally. He is able to understand instructions given to him orally, or in writing, and is capable of properly executing them. He needs to shorten his dispositions on calls and limit his radio traffic to the information that is needed.

7. **Interpersonal Relations:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

S

I

U

3 **Points**

COMMENTS: [REDACTED] has demonstrated that he can cooperate and work with other patrolmen, supervisors, and the general public that he comes in contact with.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

S

I

U

3 **Points**

COMMENT: [REDACTED] works well without supervision once he gets into the field.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrols a designated area, in order to prevent crimes and disturbances of the peace and apprehend violators. Makes...

RATING

O

E

S

I

U

3 Points

COMMENTS: [REDACTED] patrols the areas that he is assigned to, providing a visible deterrent to criminal activity. He maintains radio contact with the RCC as required.

Objective #2: Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited...

RATING

O

E

S

I

U

3 Points

COMMENTS: [REDACTED] responds to all of the calls that are given to him.

Objective #3: Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the...

RATING

O

E

S

I

U

3 Points

COMMENTS: [REDACTED] conducts preliminary investigations and completes reports as required. He presents his cases in court along with a Prosecutor.

Objective #4: Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and...

RATING

O

E

S

I

U

3 Points

COMMENTS: [REDACTED] inspects his equipment and the areas that he patrols. He makes note of any deficiencies and reports it to a supervisor.

Objective #5: Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents,...

RATING

O

E

S

I

U

3 Points

COMMENTS: [REDACTED] completes reports as required.

Objective #6: Obtains and maintains firearms and other certifications that are required for this position.

RATING

O

E

S

I

U

3 Points

COMMENTS: [REDACTED] maintains his certifications as required.

Overall Performance

Rate employee's overall performance:

Total Points 40 $\div .14 =$ 2.9 (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Generate more on-views.

Specific goals for improvement: Increase the number of on-views, relating to suspected criminal activity, during his tours of duty.

Training needed to accomplish goals: None.

Additional comments: [Redacted] always assists other units when he is available. During 2008 we are going to help focus his approach and patrols to areas that are within the same general area, to keep him from running from the east side to the west side assisting units. He is always willing to help out in any manner that he is asked.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature [Redacted]

Date: 02 / 13 / 08

Reviewing Supervisor Signature: [Signature]

Date: 02 / 13 / 08

Department Director Signature: [Signature]

Date: 2 / 18 / 08



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED]

Department/Area: Police Division

Position: Police Officer

Report Year: 2008

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2- Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3- Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4- Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5- Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6- Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: [REDACTED]

Date: 02 / 13 / 08

Immediate Supervisor Signature: *[Signature]* 626

Date: 02 / 13 / 08

Department Director Signature: *[Signature]*

Date: 2 / 18 / 08

**CMHA POLICE DEPARTMENT
CAREER COUNSELING**

NAME: [REDACTED] _____

DATE: 13FEB08

CURRENT ASSIGNMENT: K9 Unit- 3rd Platoon

Education:

High School/GED XX Associates Degree ____
Bachelors Degree ____ Masters Degree ____
Doctorate ____

Specialized Training:

Basic Narcotics Officer, Meth Lab Recognition Training, Money Laundering, Undercover Narcotics
Operations, K9 Handler

1. Professionally speaking, where would you like to be five (5) years from now?

A narcotics detective.

2. What are your professional goals?

Return to school and obtain a degree.

3. How can CMHA assist you in obtaining your professional goals?

Tuition reimbursement.

4. If possible, what type of training would you like to attend that would be beneficial to your current position?

a) Report writing

b) K9 training with other Departments to get a different perspective

c) Computer training

5. In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?

YES XX NO ____

6. Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.

YES ____ NO XX

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME: [REDACTED] _____

SUPERVISOR: Jack J. Justus, Lieutenant

DATE COMPLETED: 09MAR07

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
PERFORMANCE APPRAISAL**

CONFIDENTIAL

Name: [REDACTED]

Position: Patrolman

Department/Area: Police Division

Last Appraisal Date: 01 / 01 / 06

Type: Annual Mid Probation Other

Current Date: 02 / 09 / 07

Evaluation Period: From 01 / 01 / 06 To 01 / 01 / 07

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 2 Points

COMMENTS: Officer needs improvement

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 2 Points

COMMENTS: I called off twice last year, expectation not to call off for entire career

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 2 Points

COMMENTS: Needs improvement

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 2 Points

COMMENTS: Have not succeeded in completing assignments on a timely basis

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 2 Points

COMMENTS: Need improvement on getting motivated

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 2 Points

COMMENTS: I think every person can improve in this area

SELF APPRAISAL

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

0

E

S

I

U

2 Points

COMMENTS: Need to improve in the ability to work with others a little better and learn to put aside personal issues.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

0

E

S

I

U

2 Points

COMMENTS: Need improvement

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrol Designated area.

RATING
 0 E S I U 2 Points

COMMENTS: I could familiarize myself with the residents better like Detective Kennedy who has a good repour with the residents which enables him to find fugitives

Objective #2: Respond to reported violations

RATING
 0 E S I U 2 Points

COMMENTS: Will respond to calls that is mandatory but needs a little initiative to apprehend offenders.

Objective #3: Conducts investigations of crimes, accidents and civil disturbances

RATING
 0 E S I U 2 Points

COMMENTS: Not enough effort to conduct investigative techniques to solve crimes that occurred before I arrived on scene.

Objective #4: Observes inspects and reports

RATING
 0 E S I U 4 Points

COMMENTS: I must give myself an excellent evaluation in this area because I will go into vacant units and made numerous arrest for Criminal Trespassing

Objective #5: Prepares crimereports

RATING
 0 E S I U 2 Points

COMMENTS: Weak in reports not one time has a supervisor reviewed my report without making the necessary corrections.

Objective #6: Obtains and Maintains certification

RATING
 0 E S I U 2 Points

COMMENTS: Terrible shooter and truthfully will not go to the range unless qualifications

Rate employee's overall performance:

Total Points 30 $\div 14 = 2.2$ (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Needs improvement in report writing like taking a typing class or Microsoft class.

Specific goals for improvement: My goal is to complete reports in a timely manner and the typing class will help solve that problem

Training needed to accomplish goals: Need more training in the Canine Unit at least twice a week

Additional comments: _____

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 2 19 107

Reviewing Supervisor Signature: 

Date: 03 10 107

Department Director Signature: 

Date: 3 22 07



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED]

Department/Area: Police Division

Position: Police Officer Canine Unit

Report Year: 2006

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.


- 1- Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2- Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3- Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4- Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5- Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6- Obtains and maintains firearms and other certifications that are required for this position.

Employee Sign: [REDACTED]

Date: 06 / 05 / 06

Immediate Supervisor Signature: 

Date: 06 / 05 / 06

Department Director Signature: 

Date: 20 OCT 06 /

NAME [REDACTED] DEPARTMENT [REDACTED]
 DATE OF BIRTH [REDACTED] MIDDLE [REDACTED] BADGE NUMBER [REDACTED]
 SOCIAL SECURITY NUMBER [REDACTED] SICK DAYS DUE VACATION TIME DUE

EMPLOYEE ATTENDANCE RECORD

| | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|----|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| JAN | X | S | S | S | S | S | X | S | S | S | S | S | X | S | S | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S |
| FEB | S | S | S | X | S | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| MAR | S | S | S | X | S | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| APR | X | S | S | S | S | S | X | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| MAY | X | S | S | S | S | S | X | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| JUN | S | S | X | S | S | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| JUL | X | S | S | S | S | S | X | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| AUG | S | S | S | X | S | S | S | S | S | S | S | X | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| SEP | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| OCT | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| NOV | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| DEC | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |

ABSENCE SUMMARY
 A B C D E F H M O P S W S S

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

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



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED]

Position: Canine Unit

Department/Area: Police Department

Last Appraisal Date: 06 / 05 / 06

Type: Annual Mid Probation Other

Current Date: 03 / 09 / 07

Evaluation Period: From 01 / 01 / 06 To 12 / 31 / 06

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Ei . Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 4 Points

COMMENTS: [redacted] shows and continue to show that he has the ability to complete his job duties. He has improved since returning to work after his injury.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 3 Points

COMMENTS: [redacted] used a total of 880 hours of sick time however that was due to him having surgery from a on duty injury, since returning on 05JUN06 he used only 8 hours.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 3 Points

COMMENTS: [redacted] has improved on his report writing as well as other reports that he generates.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 4 Points

COMMENTS: [redacted] completes all assignments on time and without extensions.

5. **Initiative:** The extent to which an employee is a " self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 4 Points

COMMENTS: [redacted] enjoys his position with Canine and continues to set higher goals for himself.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 3 Points

COMMENTS: [redacted] has continued to show improvement with his report writing and follows verbal orders as given.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

0 E S I U 3 Points

COMMENTS: [REDACTED] works well with his peers, supervisors as well as outside agencies.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

0 E S I U 3 Points

COMMENTS: [REDACTED] works by himself on a daily basis being assigned to the Canine Unit allowing him to search out crimes and violations.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Assigned to a specific unit, investigate complaints, follow-up investigations...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] follows and completes all assignments given within the Canine unit.

Objective #2: Respond to assist officers...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] responds as required and beyond the normal duties, will anticipate assistance and will act on it.

Objective #3: Conducts preliminary investigations of crimes...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] follows up with all his assignments and completes as required.

Objective #4: Observes, inspects and reports the condition of CMHA property...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] being a member of the Canine Unit is responsible for a take home vehicle which he is held to a higher standard and maintains that vehicle and its equipment per

Objective #5: Prepares crime reports and other required reports...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] completes all reports and or written assignments in the specified time allotted.

Objective #6: Obtains and maintains firearms and other certificates that are required for this position...

RATING

0

E

S

I

U

3 Points

COMMENT: [REDACTED] maintains all certifications as required by the department and the agency.

Overall Performance

Rate employee's overall performance:

3.4

Total Points 47 $\div 14 = 3.4$ (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: [redacted] needs to take pride in himself, and realize that he is an essential part of the department as well as the Canine Unit.

Specific goals for improvement: None at this time.

Training needed to accomplish goals: None at this time.

Additional comments: [redacted] is very hard on himself after reviewing his self evaluation, he list himself as needs improvement in all areas. I wish he would see himself as others do, he sees himself as needing improvement as we all need improvement. But he fails to see how much he has improved.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. Signing does not indicate agreement with your performance appraisal.

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the Director of Human Resources within ten (10) days after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: [redacted]

Date: 03 / 09 / 07

Reviewing Supervisor Signature: [Signature]

Date: 03 / 09 / 07

Department Director Signature: [Signature]

Date: 3 22 07



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED] _____

Department/Area: Police Division

Position: Police Officer _____

Report Year: 07 _____

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2- Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3- Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4- Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5- Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6- Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: [REDACTED]

Date: 2 19 07

Immediate Supervisor Signature: [Signature]

Date: 03 09 07

Department Director Signature: [Signature]

Date: 3 22 07

**CMHA POLICE DEPARTMENT
CAREER COUNSELING**

NAME: [REDACTED] _____

DATE: 09MAR07

CURRENT ASSIGNMENT: Canine Unit/2K

Education:

High School/GED Associates Degree _____
Bachelors Degree _____ Masters Degree _____
Doctorate _____

Specialized Training:

Specialized Training in Narcotics Unit, Tactical training as well as Canine Training.

1. Professionally speaking, where would you like to be five (5) years from now?

I would like to possibly work third Shift in the future or remain in the Canine Unit.

2. What are your professional goals?

I would like to be a History Teacher or maybe ending my career in the Swat Unit

3. How can CMHA assist you in obtaining your professional goals?

Truthfully, I think that CMHA should allow more Officers to receive more training.

4. If possible, what type of training would you like to attend that would be beneficial to your current position?

- a) I would like to go to other K9 Training facilities that can offer other solutions or ideas.
- b) _____
- c) _____

5. In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?

YES _____ NO

6. Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.

YES _____ NO

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES ___

NO X

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

No, because this is a small department your privacy or confidentiality would be exposed.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES X

NO ___

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES ___

NO X

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never ___

Sometimes ___

Often X

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES X

NO ___

Employee Name and Badge#

[REDACTED]

(PRINT)

Employee Signature:

[REDACTED]

Date:

3/9/07

Supervisor Signature:

Jack J. [Signature]

Date:

09/10/07

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME: [REDACTED] _____

SUPERVISOR: Jack J. Justus, Lieutenant

DATE COMPLETED: 06JUN06

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
PERFORMANCE APPRAISAL**

CONFIDENTIAL

Name: [REDACTED] _____

Position: K9 Unit

Department/Area: Police Division

Last Appraisal Date: 01 / 01 / 05

Type: Annual Mid Probation Other

Current Date: 08 / 23 / 06

Evaluation Period: From 01 / 01 / 05 To 12 / 31 / 05

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 2 Points

COMMENTS: I understand and demonstrate the job that is expected of me. I have the knowledge of the ORC code and the agencies police and procedures. I still need more improvement.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 2 Points

COMMENTS: I enjoy coming to work and will never abuse the attendance standards.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 2 Points

COMMENTS: I definitely need more improvement in the thoroughness of the work performed.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 2 Points

COMMENTS: I can improve in completing my assignments on a timely manner

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 2 Points

COMMENTS: I need to be a self starter a little more without a supervisor motivating me.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 2 Points

COMMENTS: Communicate well verbally but need to improve it in writing.

SELF APPRAISAL

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

0

E

S

I

U

2 **Points**

COMMENTS: I feel that it is important for all employees to work well with each other as well as other agencies. I can definitely perform well in this area.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

0

E

S

I

U

2 **Points**

COMMENTS: Needs more improvement in this area because I'm dependent on supervision for certain tasks.

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police

RATING

0 E S I U 2 Points

COMMENTS: Needs more improvement in familiarizing the area in which I patrol so that I can effectively certain apprehend dangerous criminals in the designated area.

Objective #2: Responds to reported violations of state law, city ordinance and the CMHA resident lease. including drug, felony and civil disturbances

RATING

0 E S I U 2 Points

COMMENTS: Need to learn more about the city ordinance and the ORC.

Objective #3: Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene

RATING

0 E S I U 2 Points

COMMENTS: Need improvement on my investigative skills including, interrogation

Objective #4: Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects

RATING

0 E S I U 2 Points

COMMENTS: Needs more knowledge of safety precautions for the property and CMHA residents

Objective #5: Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents. investigation and complaints

RATING

0 E S I U 2 Points

COMMENTS: I feel that i could be a little more faster in completing my reports in a timely manner.

Objective #6: Obtain and maintains firearms and other certifications that are required for this position.

RATING

0 E S I U 2 Points

COMMENTS: I shoot terribly this year and last year.

Rate employee's overall performance:

Total Points 28 $\div 14 = 2.1$ (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Everything pertaining to report writing.

Specific goals for improvement: To be more computer literate

Training needed to accomplish goals: K9 Training twice a week

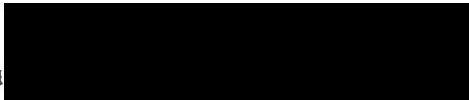
Additional comments: _____

ACKNOWLEDGMENT:

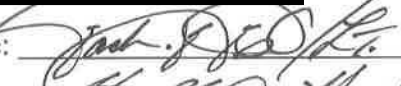
Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 08 / 23 / 06

Reviewing Supervisor Signature: 

Date: 08 123 106

Department Director Signature: 

Date: 20 08 06 /



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED] Department/Area: Police Division

Position: Police Officer - Detective Narcotics Report Year: 2005

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature: [REDACTED]

Date: 1 1 7 1 0 5

Immediate Supervisor Signature: Sgt Rueda #632

Date: 1 1 7 1 0 5

Department Director Signature: [Signature]

Date: 1 1 7 1 0 5

NAME _____
 LAST _____ FIRST _____ MIDDLE _____
 DEPARTMENT _____
 DATE OF BIRTH _____
 SOCIAL SECURITY NUMBER _____
 SICK DAYS DUE _____
 VACATION TIME DUE _____
 BADGE NUMBER _____

EMPLOYEE ATTENDANCE RECORD

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----|---|---|----|---|---|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| JAN | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
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| MAY | | | XX | | | | | | | XX | | | | | | | | | | | | | XX | | XX | | | | | | |
| JUN | | | | | | | XX | | | | | | | | XX | | | | | | XX | | | | | | XX | | | | |
| JUL | | | XX | | | | | | C | | | | | | | | | | | | | | | | | | | | | | |
| AUG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ABCTDEFTMOPSWSS
 ASSENCE SUMMARY

A=ANNUAL LEAVE
 B=DOCTOR'S CERT. REQUESTED
 C=COMPENSATORY LEAVE
 D=DID NOT CALL IN 1ST HR.
 E=DOCTOR'S CERT. PRESENTED

F=FUNERAL LEAVE
 J=JURY LEAVE
 L=ADMINISTRATIVE LEAVE
 M=MILITARY LEAVE
 O=AMOL

P=PERSONAL
 S=SICK LEAVE
 SS=SUSPENSION
 W=LEAVE WITHOUT PAY
 X=VACATION DAY

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



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name [REDACTED]

Position: Canine Unit

Department/Area: Police Department

Last Appraisal Date: 01 / 01 / 05

Type: Annual Mid Probation Other

Current Date: 06 / 05 / 06

Evaluation Period: From 01 / 01 / 05 To 12 / 31 / 05

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 3 Points

COMMENTS: [redacted] shows and continue to show that he has the ability to complete his job duties.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 3 Points

COMMENTS: [redacted] used only 24 hours of sick time before he was injured on 15SEP05.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 3 Points

COMMENTS: [redacted] continues to get better with accuracy on all aspects of his paperwork

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 3 Points

COMMENTS: [redacted] quality of work is accurate and completed within the specified time.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 3 Points

COMMENTS: [redacted] enjoys his position with Canine and continues to set higher goals for himself.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 3 Points

COMMENTS: [redacted] has continued to show improvement with his report writing and follows verbal orders as given.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] works well with his peers, supervisors as well as outside agencies.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

0

E

S

I

U

3 Points

COMMENTS: With [REDACTED] being assigned to the Canine Unit he shows good ability to work with little supervision.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Assigned to a specific unit, investigate complaints, follow-up investigations...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] follows and completes all assignments given within the Canine unit.

Objective #2: Respond to assist officers...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] responds as required and beyond the normal duties, will anticipate assistance and will act on it.

Objective #3: Conducts preliminary investigations of crimes...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] follows up with all his assignments and completes as required.

Objective #4: Observes, inspects and reports the condition of CMHA property...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] being a member of the Canine Unit is responsible for a take home vehicle which he is held to a higher standard and maintains that vehicle and its equipment per

Objective #5: Prepares crime reports and other required reports...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] completes all reports and or written assignments in the specified time allotted.

Objective #6: Obtains and maintains firearms and other certificates that are required for this position...

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] maintains all certifications as required by the department and the agency.

Overall Performance

Rate employee's overall performance:

Total Points 42 / 14 = 3.0 (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Continue to work with the team atmosphere of the Canine Unit.

Specific goals for improvement: _____

Training needed to accomplish goals: _____

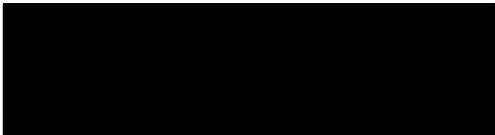
Additional comments: _____

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 06 / 05 / 06

Reviewing Supervisor Signature: *Jack J. [Signature]*

Date: 06 / 05 / 06

Department Director Signature: *[Signature]*

Date: 20 06 / 06 /



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name [REDACTED] _____

Department/Area: Police Division

Position: Police Officer Canine Unit

Report Year: 2006

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2- Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3- Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4- Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5- Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6- Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: [REDACTED]

Date: 06 / 05 / 06

Immediate Supervisor Signature: 

Date: 06 / 05 / 06

Department Director Signature: 

Date: 20 OCT 06 /

**CMHA POLICE DEPARTMENT
CAREER COUNSELING**

NAME [REDACTED] _____

DATE: 09/22/06

CURRENT ASSIGNMENT: K9 Unit

Education:

High School/GED X Associates Degree _____
Bachelors Degree _____ Masters Degree _____
Doctorate _____

Specialized Training:

I received basic and advanced training in Narcotics, Highway Interdiction, Tactical training, K9 Training, with local, State and Federal jurisdictions.

1. **Professionally speaking, where would you like to be five (5) years from now?**
Remain in the K9 Unit or Tow Unit.

2. **What are your professional goals?**
I see myself finishing my education and becoming a Parole Officer maybe I don't know at this time.

3. **How can CMHA assist you in obtaining your professional goals?**
NONE

4. **If possible, what type of training would you like to attend that would be beneficial to your current position?**
a) The training we have is good enough but we need more of it, like twice a week.
b) License to carry narcotics for training aids.
c) I would like to go to K9 Tactical Training school.

5. **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**
YES _____ NO X

6. **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**
YES _____ NO X

CAREER COUNSELING (continued)

7. **Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.**

YES

NO

8. **If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.**

I would go to PO Ronald Hopkins #88 because he is the only Officer in this Department that I truly trust.

9. **If needed, would you talk to your immediate supervisor about work-related or personal stress problems?**

YES

NO

10. **If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?**

YES

NO

11. **In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?**

Never

Sometimes

Often

12. **Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?**

YES

NO

Employee Name and Badge#

Employee Signature:

Date: 22 Feb 06

Supervisor Signature:

Date: 05 June 06

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME [REDACTED] _____

SUPERVISOR: Sergeant Carol Rucker #632

DATE COMPLETED: January 7, 2005

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
PERFORMANCE APPRAISAL**

CONFIDENTIAL

Name [REDACTED]

Position: K-9 Unit

Department/Area: Police Department K-9 Unit

Last Appraisal Date: 12 / 20 / 03

Type: Annual Mid Probation Other

Current Date: 12 / 20 / 04

Evaluation Period: From 12 / 20 / 03 To 12 / 20 / 04

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

SELF APPRAISAL

PERFORMANCE FACTORS (Right Performance Factors are to be valued)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 2 Points

COMMENTS: I understand and demonstrate the job that is expected of me. I have the knowledge of the ORC code and the agencies police and procedures. I still need more improvement.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 3 Points

COMMENTS: I enjoy coming to work and will never abuse the attendance standards.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 2 Points

COMMENTS: I definitely need more improvement in the thoroughness of the work performed.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 2 Points

COMMENTS: I can improve in completing my assignments on a timely manner

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 2 Points

COMMENTS: I need to be a self starter a little more without a supervisor motivating me.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 2 Points

COMMENTS: Communicate well verbally but need to improve it in writing.

SELF APPRAISAL

7. **Interpersonal Relationships**. The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

S

I

U

5 Points

COMMENTS: I feel that it is important for all employees to work well with each other as well as other agencies. I can definitely perform well in this area.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

S

I

U

2 Points

COMMENTS: Needs more improvement in this area because I'm dependent on supervision for certain tasks.

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police

RATING

O

E

S

I

U

3 Points

COMMENTS: Need more improvement in familiarizing the area in which I patrol so that I can effectively apprehend dangerous criminals in the designated area.

Objective #2: Responds to reported violations of state law, city ordinance and the CMHA resident lease including, but not limited to

RATING

O

E

S

I

U

2 Points

COMMENTS: Need to learn more about the city ordinance and the ORC.

Objective #3: Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the

RATING

O

E

S

I

U

2 Points

COMMENTS: Need improvement on my investigative skills including, interrogation

Objective #4: Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects

RATING

O

E

S

I

U

2 Points

COMMENTS: Need more knowledge of safety precautions for the property and CMHA residents.

Objective #5: Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents.

RATING

O

E

S

I

U

2 Points

COMMENTS: I feel that i could be a little more faster in completing my reports in a timely manner.

Objective #6: Obtain and maintains firearms and other certifications that are required for this position.

RATING

O

E

S

I

U

3 Points

COMMENTS: I have made an attempt on my own time and money to practice at stone wall with relatives and friends and was able to shoot a lot better than i had previously.

Rate employee's overall performance:

Total Points 34 $\div .14 = 2.43$ (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Need more knowledge in my report writing skills so i can be effective in convicting criminals.

Specific goals for improvement: Applying to more schools for certification and job knowledge.

Training needed to accomplish goals: Report writing, tactical education, and training on city ordinance.

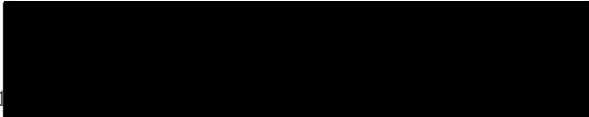
Additional comments: none.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 12 12 04

Reviewing Supervisor Signature: Sgt. Ruel #632

Date: 1 5 05

Department Director Signature: Anthony Jackson, chief

Date: 1 10 05



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED] Department/Area: Police Division

Position: Police Officer - Detective Administration Report Year: 2004

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature: [REDACTED]

Date: 1/16/04

Immediate Supervisor Signature: Sgt. Carol Kuch #632

Date: 01/16/04

Department Director Signature: Anthony Jackson, Chief

Date: 1/27/04

NAME [REDACTED] DEPARTMENT NARCOTICS

FIRST [REDACTED] MIDDLE [REDACTED]

DATE OF BIRTH [REDACTED] DATE OF HIRE [REDACTED] SICK DAYS DUE [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED] VACATION TIME DUE [REDACTED]

LAST [REDACTED]

EMPLOYEE ATTENDANCE RECORD

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| | ABSENCE SUMMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | AR | AS | AT | AU | AV | AW | AX | AY | AZ | BA | BB | BC | BD | BE | BF | BG | BH | BI | BJ | BK | BL | BM | BN | BO | BP | BQ | BR | BS | BT | BV | BW | BX | BY | BZ | CA | CB | CC | CD | CE | CF | CG | CH | CI | CJ | CK | CL | CM | CN | CO | CP | CQ | CR | CS | CT | CV | CW | CX | CY | CZ | DA | DB | DC | DD | DE | DF | DG | DH | DI | DJ | DK | DL | DM | DN | DO | DP | DQ | DR | DS | DT | DV | DW | DX | DY | DZ | EA | EB | EC | ED | EE | EF | EG | EH | EI | EJ | EK | EL | EM | EN | EO | EP | EQ | ER | ES | ET | EV | EW | EX | EY | EZ | FA | FB | FC | FD | FE | FF | FG | FH | FI | FJ | FK | FL | FM | FN | FO | FP | FQ | FR | FS | FT | FV | FW | FX | FY | FZ | GA | GB | GC | GD | GE | GF | GG | GH | GI | GJ | GK | GL | GM | GN | GO | GP | GQ | GR | GS | GT | GV | GW | GX | GY | GZ | HA | HB | HC | HD | HE | HF | HG | HH | HI | HJ | HK | HL | HM | HN | HO | HP | HQ | HR | HS | HT | HV | HW | HX | HY | HZ | IA | IB | IC | ID | IE | IF | IG | IH | II | IJ | IK | IL | IM | IN | IO | IP | IQ | IR | IS | IT | IV | IW | IX | IY | IZ | JA | JB | JC | JD | JE | JF | JG | JH | JI | JJ | JK | JL | JM | JN | JO | JP | JQ | JR | JS | JT | JV | JW | JX | JY | JZ | KA | KB | KC | KD | KE | KF | KG | KH | KI | KJ | KK | KL | KM | KN | KO | KP | KQ | KR | KS | KT | KV | KW | KX | KY | KZ | LA | LB | LC | LD | LE | LF | LG | LH | LI | LJ | LK | LL | LM | LN | LO | LP | LQ | LR | LS | LT | LV | LW | LX | LY | LZ | MA | MB | MC | MD | ME | MF | MG | MH | MI | MJ | MK | ML | MM | MN | MO | MP | MQ | MR | MS | MT | MV | MW | MX | MY | MZ | NA | NB | NC | ND | NE | NF | NG | NH | NI | NJ | NK | NL | NM | NN | NO | NP | NQ | NR | NS | NT | NV | NW | NX | NY | NZ | OA | OB | OC | OD | OE | OF | OG | OH | OI | OJ | OK | OL | OM | ON | OO | OP | OQ | OR | OS | OT | OV | OW | OX | OY | OZ | PA | PB | PC | PD | PE | PF | PG | PH | PI | PJ | PK | PL | PM | PN | PO | PP | PQ | PR | PS | PT | PV | PW | PX | PY | PZ | QA | QB | QC | QD | QE | QF | QG | QH | QI | QJ | QK | QL | QM | QN | QO | QP | QQ | QR | QS | QT | QV | QW | QX | QY | QZ | RA | RB | RC | RD | RE | RF | RG | RH | RI | RJ | RK | RL | RM | RN | RO | RP | RQ | RR | RS | RT | RV | RW | RX | RY | RZ | SA | SB | SC | SD | SE | SF | SG | SH | SI | SJ | SK | SL | SM | SN | SO | SP | SQ | SR | SS | ST | SV | SW | SX | SY | SZ | TA | TB | TC | TD | TE | TF | TG | TH | TI | TJ | TK | TL | TM | TN | TO | TP | TQ | TR | TS | TV | TW | TX | TY | TZ | UA | UB | UC | UD | UE | UF | UG | UH | UI | UJ | UK | UL | UM | UN | UO | UP | UQ | UR | US | UT | UV | UW | UX | UY | UZ | VA | VB | VC | VD | VE | VF | VG | VH | VI | VJ | VK | VL | VM | VN | VO | VP | VQ | VR | VS | VT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA | WB | WC | WD | WE | WF | WG | WH | WI | WJ | WK | WL | WM | WN | WO | WP | WQ | WR | WS | WT | VV | VW | VX | VY | VZ | WA |



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED]

Position: Detective

Department/Area: Police - Headquarters

Last Appraisal Date: 01 / 16 / 04

Type: XX Annual Mid Probation Other

Current Date: 01 / 07 / 05

Evaluation Period: From 01 / 16 / 04 To 01 / 16 / 05

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Right Performance Factors are to be valued)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 3 Points

COMMENTS: [REDACTED] has practical/technical skills used on the job. He's attend several Narcotics classes While assigned to the task force.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 4 Points

COMMENTS: [REDACTED] comes to work on time and as scheduled, No sick time used.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 3 Points

COMMENTS:

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 3 Points

COMMENTS: With him being assigned to the Task Force, I'm limited to the information that I receive regarding his assignments. With his assignments thus far, that I'm aware of, he is on task and completes his assignments.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 3 Points

COMMENTS: Being assigned to the task force, he needs to expand the skills and knowledge he has, to help further enhance his ability/knowledge of what is required of him during his duration in the task force.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 3 Points

COMMENTS: [REDACTED] as demonstrated to me his ability to communicate very well in an affective manner, verbally needs further training on his written skills.

7. **Interpersonal Relationship**... The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

S

I

U

3 **Points**

COMMENTS: [redacted] has shown that he has the capability to work with anyone, even outside agencies, co-workers, supervisors.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

S

I

U

3 **Points**

COMMENTS: Assigned to the Task Force, [redacted] did receive some direction/supervision. But once he grasped on to the Task Force concept, he became familiar with what there concept was and grasped onto such.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Assigned to a specific unit, investigate complaints received/ conduct follow-up investigation. Proactively prevent crimes on CMHA Property.

RATING

0

E

S

I

U

3 Points

COMMENTS: Conducting follow-up investigations are common for [REDACTED]. He will take the necessary steps following all procedures to insure that the sensitivity/confidentiality of the Task Force assignments are kept within that unit.

Objective #2: Respond to assist officers, issues necessary paperwork for criminal/lease violations not just limited to drug violations.

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] will assist anyone requesting assistance. Being assigned to the Task Force limits his ability to be on CMHA Property. But if called upon [REDACTED] will respond in a appropriate time/manner.

Objective #3: Completes investigations, conducts interviews, prosecute suspects/offenders as necessitated by circumstances.

RATING

0

E

S

I

U

3 Points

COMMENTS: His task force assignments allows him to conduct investigations, interviews and prosecute suspects/offenders as necessitated by circumstances.

Objective #4: Obtains search warrants. Plans/organizes conducts search after receipt of warrant. Prepare cases for prosecution/eviction.

RATING

0

E

S

I

U

3 Points

COMMENTS: While assigned to the Task Force with limited information [REDACTED] has made me aware of the search warrants that he has gotten. And has prepared his case for prosecution.

Objective #5: Disseminates information, keep superior advised of status. Maintain files. Prepare reports as required.

RATING

0

E

S

I

U

3 Points

COMMENTS: [REDACTED] will keep me informed of some of his investigations, although the sensitivity of the task force, he advises me of what he can without any problems. Follows all policy and procedures.

Objective #6: Obtains and maintain firearms and other certifications required for the position. Completes training relevant for the specialized unit assigned.

RATING

0

E

S

I

U

4 Points

COMMENTS: [REDACTED] has always maintained his firearms/certifications as required for this position.

Overall Performance

Rate employee's overall performance:

Total Points 41 $\div 14 = 3.0$ (Overall Rating: Round rating to one (1) decimal place)

- | | |
|--|---|
| <input type="checkbox"/> Outstanding (4.5 - 5.0) | <input type="checkbox"/> Improvement Needed (1.5 - 2.4) |
| <input type="checkbox"/> Exceeds Expectations (3.5 - 4.4) | <input type="checkbox"/> Unsatisfactory (0 - 1.4) |
| <input checked="" type="checkbox"/> Successful (2.5 - 3.4) | |

Specific areas of improvement needed: Report Writing

Specific goals for improvement: Continuous training including hands on training.

Training needed to accomplish goals: Advanced Training/Classes.

Additional comments: ████ will continue to be a tremendous asset to any unit that he is assigned to, with more training and knowledge of the job he is assigned to do, this will help him to further complete his assignment/duties as expected.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 1/17/05

Reviewing Supervisor Signature: Sgt. Carol Kuyk #632

Date: 1/17/05

Department Director Signature: [Handwritten Signature]

Date: 1/10/05



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED] Department/Area: Police Division

Position: Police Officer - Detective Narcotics Report Year: 2005

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature: [REDACTED]

Date: 1 1 7 1 0 5

Immediate Supervisor Signature: Sgt Ruckel #632

Date: 1 1 7 1 0 5

Department Director Signature: [Signature]

Date: 1 1 7 1 0 5

**CMHA POLICE DEPARTMENT
CAREER COUNSELING**

NAME: [REDACTED] _____

DATE: 12/29/04

CURRENT ASSIGNMENT: K-9 Unit

Education:

High School/GED Associates Degree ____
Bachelors Degree ____ Masters Degree ____
Doctorate ____

Specialized Training:

Narcotics, Clandestine Laboratories, Interrogation, and Interviewing subjects. Counter-Surveillance and
FBI-Wiretapping. Patrol Operations, Search Warrants, and Identifying Club Drugs such as, Ecstasy and
Crystal Meth.

1. **Professionally speaking, where would you like to be five (5) years from now?**
Remaining in the K-9 Unit and retiring in the K-9 Unit because I enjoy coming to work and this is what I
see myself doing in the future

2. **What are your professional goals?**
To become a High-School History Teacher after I retire from CMHA Police Department.

3. **How can CMHA assist you in obtaining your professional goals?**
By continuing to allowing me to receive additional training in my current position as well as my future
ambitions.

4. **If possible, what type of training would you like to attend that would be beneficial to
your current position?**
a) Swat School and more tactical training
b) To be National Certified in K-9 Training
c) To enhance my report writing skills

5. **In the past 12 months, have you been provided with or seen posted in the Police
Department, information on available work-related training?**
YES ____ NO

6. **Currently, do you have any health issues, personal or work-related stress problems
that could affect your attendance and/or job performance? If YES, please explain.**
YES ____ NO

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES ___

NO X

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

My immediate Supervisor because he or she would be the first to recognize the problem.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES X

NO ___

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES X

NO ___

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never ___

Sometimes ___

Often X

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES X

NO ___

Employee Name and Badge# Saleem Ibrahim Ali #31

Employee Signature: [Redacted]

Date: 12/29/04

Supervisor Signature: Sgt. Rude #632

Date: 1/7/05

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME: [REDACTED] _____

SUPERVISOR: Sergeant Carol Rucker #632

DATE COMPLETED: January 16, 2004

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
PERFORMANCE APPRAISAL**

CONFIDENTIAL

Name: [REDACTED]

Position: Detective

Department/Area: Police Department/Narcotics

Last Appraisal Date: 03 / 31 / 03

Type: Annual Mid Probation Other

Current Date: 01 / 16 / 04

Evaluation Period: From 01 / 16 / 04 To 01 / 16 / 05

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Each Performance Factor are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O

E

S

I

U

2 Points

COMMENTS: I personally think that there is improvement needed in all areas.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O

E

S

I

U

2 Points

COMMENTS: There is always an improvement needed.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O

E

S

I

U

2 Points

COMMENTS: More training needed in identifying drugs

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O

E

S

I

U

2 Points

COMMENTS: Need to be more efficient in this area

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O

E

S

I

U

2 Points

COMMENTS: A need to be a self starter but at times depend on supervision,

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O

E

S

I

U

2 Points

COMMENTS: Need to improve on my report writing skills

SELF APPRAISAL

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

S

I

U

2 Points

COMMENTS: I need to be more out going with people as far as working with others.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

S

I

U

2 Points

COMMENTS: I kind of depend on supervision but can work well without supervision

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties,

RATING
0 **E** **S** **I** **U** 2 Points

COMMENTS: I can be a little more to improve the quality of work performance in providing safety for the CMHA residents.

Objective #2: Responds when requested to assist patrol units on reported violations of state law, city ordinance and the CMHA.

RATING
0 **E** **S** **I** **U** 2 Points

COMMENTS: I will always assist my fellow officers but need to be more responsive to residential needs.

Objective #3: Completes investigations of crimes committed on CMHA properties, or against CMHA properties, or against CMHA

RATING
0 **E** **S** **I** **U** 2 Points

COMMENTS: My investigation skills needs to improve so that I can be more effective for CMHA residents and the property.

Objective #4: When required obtain search and/or arrest warrants. Plans organizes, and conducts searches or arrest after

RATING
0 **E** **S** **I** **U** 2 Points

COMMENTS: need to improve my physical agility training to be more fit.

Objective #5: Disseminates information as appropriate, keeping their supervisors advised on the status of all investigation

RATING
0 **E** **S** **I** **U** 2 Points

COMMENTS: I tend to be a little tardy with keeping investigations advised or updated.

Objective #6: obtains and maintains firearms and other certification that are required for this position.

RATING
0 **E** **S** **I** **U** 2 Points

COMMENTS: Terrible shooter, just enough to qualify.

Rate employee's overall performance:

Total Points 28 $\div 14 = \underline{2.0}$ (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: in report writing skills

Specific goals for improvement: To be more familiar with exotic drugs and quantities.

Training needed to accomplish goals: More schools available to meet these needs

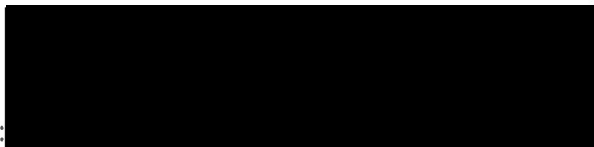
Additional comments: I need to be more assertive in my work ethics

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 1/16/04

Reviewing Supervisor Signature: Sgt. Carol Ruck #632

Date: 1/16/04

Department Director Signature: Christy Jackson, chief

Date: 1/27/04



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED] Department/Area: Police Division

Position: Police Officer - Detective Narcotics Unit Report Year: 2003

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature: [REDACTED]

Date: 3/31/03

Immediate Supervisor Signature: David D. Kuster

Date: 3/31/03

Department Director Signature: Anthony Jackson, chief

Date: 4/2/03



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED]

Position: Detective

Department/Area: Police - Headquarters

Last Appraisal Date: 03 / 31 / 03

Type: Annual Mid Probation Other

Current Date: 01 / 16 / 04

Evaluation Period: From 01 / 16 / 04 To 01 / 16 / 05

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Ei) Performance Factors are to be e iated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 3 Points

COMMENTS: [redacted] has practical/technical skills used on the job. He needs more advanced training to enhance the training that he has, now that he is assigned to the task force.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 4 Points

COMMENTS: [redacted] comes to work on time and as scheduled, No sick time used.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 3 Points

COMMENTS: [redacted] has demonstrated his ability to complete an assignments. Expects any assignments given to him. He needs more knowledge/training in his task force assignments.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 3 Points

COMMENTS: With him being assigned to the Task Force, I'm limited to the information that I receive regarding his assignments. With his assignments thus far, that I'm aware of, he is on task and completes his assignments.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 3 Points

COMMENTS: Being assigned to the task force, he needs to obtain more training, and expand the skills and knowledge he have, to help further enhance his assignments during his duration in the task force.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 3 Points

COMMENTS: [redacted] has demonstrated to me his ability to communicate very well in an affective manner, both written and verbal. With his task force assignments

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

S

I

U

3 Points

COMMENT: [REDACTED] has shown that he has the capability to work with anyone, even outside agencies, co-workers, supervisors. Definite team player.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

S

I

U

3 Points

COMMENTS: Being assigned to the Task Force was [REDACTED] did have to receive some direction/supervision. But once he grasped on to the Task Force concept, he continued on and makes decisions and is responsible for his job duties.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Assigned to a specific unit, investigate complaints received/ conduct follow-up investigation. Proactively prevent crimes on CMHA Property.

RATING

0 **E** **S** **I** **U** 3 Points

COMMENTS: [redacted] will investigate a complaint and submit findings. Conducting follow-up investigations are common for [redacted] he will take the necessary steps following all procedures to insure that the sensitivity/confidentiality of the Task Force assignments are kept within that unit.

Objective #2: Respond to assist officers, issues necessary paperwork for criminal/lease violations not just limited to drug violations.

RATING

0 **E** **S** **I** **U** 3 Points

COMMENTS: [redacted] will assist anyone requesting assistance. Being assigned to the Task Force limits his ability to be on CMHA Property. But if called upon, [redacted] will respond in a appropriate time/manner.

Objective #3: Completes investigations, conducts interviews, prosecute suspects/offenders as necessitated by circumstances.

RATING

0 **E** **S** **I** **U** 3 Points

COMMENTS: His task force assignments allows him to conduct investigations, interviews and prosecute suspects/offenders as necessitated by circumstances.

Objective #4: Obtains search warrants. Plans/organizes conducts search after receipt of warrant. Prepare cases for prosecution/eviction.

RATING

0 **E** **S** **I** **U** 3 Points

COMMENT: [redacted] conducts his investigations, if it leads to the issuance of a search warrant, he will take the necessary steps to obtain such. Then prepares the necessary paperwork fro prosecution. This process in done by way of his task force assignments.

Objective #5: Disseminates information, keep superior advised of status. Maintain files. Prepare reports as required.

RATING

0 **E** **S** **I** **U** 3 Points

COMMENTS: [redacted] has always kept me informed of every step of his investigations, although the sensitivity of the task force, he advises me of what he can without any problems. Follows all policy and procedures.

Objective #6: Obtains and maintain firearms and other certifications required for the position. Completes training relevant for the specialized unit assigned.

RATING

0 **E** **S** **I** **U** 4 Points

COMMENTS: [redacted] has always maintained his firearms/certifications as required for this position.

Overall Performance

Rate employee's overall performance:

Total Points 44 \div 14 = 3.2 (Overall Rating: Round rating to one (1) decimal place)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Successful (2.5 - 3.4)
- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Since assigned to the Task Force, his investigative skills should be more enhanced. He is no longer dealing with street level drug dealers.

Specific goals for improvement: Continuous training including hands on training.

Training needed to accomplish goals: More advance Narcotics Training/Classes.

Additional comment: [Redacted] will continue to be a tremendous asset to the Narcotics Unit, with more training and knowledge of the job he is assigned to do, this will help him to further complete his assignment/duties as expected.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature

[Redacted Signature]

Date: 1/16/04

Reviewing Supervisor Signature:

Sgt. Carol Reche #632

Date: 1/16/04

Department Director Signature:

Anthony Jefferson, Chief

Date: 1/27/04



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name [REDACTED] Department/Area: Police Division

Position: Police Officer - Detective Administration Report Year: 2004

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature

[REDACTED]

Date: 1/16/04

Immediate Supervisor Signature:

Sgt. Carol Kucher #632

Date: 01/16/04

Department Director Signature:

Anthony Jackson, Chief

Date: 1/27/04

**CMHA POLICE DEPARTMENT
CAREER COUNSELING**

NAME: [REDACTED] _____

DATE: January 16, 2004

CURRENT ASSIGNMENT: Detective-Narcotics Unit

Education:

High School/GED XX Associates Degree ____
Bachelors Degree ____ Masters Degree ____
Doctorate ____

Specialized Training:

Various Narcotics Related Courses

1. **Professionally speaking, where would you like to be five (5) years from now?**

A Sergeant

2. **What are your professional goals?**

Continue in Law Enforcement/training

3. **How can CMHA assist you in obtaining your professional goals?**

Provide more training to me.

4. **If possible, what type of training would you like to attend that would be beneficial to your current position?**

- a) Advanced Narcotics Training/Courses.
- b) Courses related to my current assignment in task force to further assist with my job.
- c) _____

5. **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**

YES XX NO ____

6. **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**

YES ____ NO XX

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES

NO XX

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

None

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES XX

NO

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES XX

NO

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never

Sometimes

Often XX

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES XX

NO

Employee Name and Badge#

Employee Signature:

Date: 1/16/04

Supervisor Signature:

Sgt. Carol D. Ruck #632

Date: 1/16/04

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME: [REDACTED] _____

SUPERVISOR: Sergeant Carol Rucker #632

DATE COMPLETED: March 31, 2003

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED]

Position: Detective

Department/Area: Police/Narcotics Unit

Last Appraisal Date: 03 / 25 / 02

Type: Annual Mid Probation Other

Current Date: 03 / 31 / 03

Evaluation Period: From 01 / 01 / 02 To 12 / 31 / 02

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Right Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I personally believe that there is always room for improvement.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I personally believe that there is room for improvement, even though I have not called off from work in approximately two years. Always room for improvement.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: Need to be better.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: Definitely needs more improvement.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I love to initiate my own cases pertaining to the job but needs more improvement.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I will always strive to be the best especially in this skill but still needs improvement.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

S

I

U

2 **Points**

COMMENTS: I have a pure love for the staff at CMHA, supervisors and employees. I need to improve.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

S

I

U

2 **Points**

COMMENTS: I do excel in this manner but still needs improvement.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Assigned to a specific unit, investigate complaints received/ conduct follow-up investigation. Proactively prevent crimes on CMHA Property.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I am a very hard worker and would do everything in power to ensure the safety of the property and the residents of CMHA. Need to improve.

Objective #2: Respond to assist officers, issues necessary paperwork for criminal/lease violations not just limited to drug violations.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I have a good working relationship with my Supervisor and my fellow Detective personnel but still needs improvement.

Objective #3: Completes investigations, conducts interviews, prosecute suspects/offenders as necessitated by circumstances.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: Very eager to do this type of work but still needs improvement.

Objective #4: Obtains and maintain firearms and other certifications required for the position. Completes training relevant for the specialized unit assigned.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I am terrible in this skill and need more training.

Objective #5: Disseminates information, keep superior advised of status. Maintain files. Prepare reports as required.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: Needs improvement.

Objective #6: Obtains and maintain firearms and other certifications required for the position. Completes training relevant for the specialized unit assigned.

RATING

O **E** **S** **I** **U** 2 Points

COMMENTS: I successfully qualify by the skin of my teeth but needs improvement.

Overall Performance

Rate employee's overall performance:

Total Points 28 $\div 14 = 2.0$ (Overall Rating: Round rating to one (1) decimal place)

- | | |
|---|--|
| <input type="checkbox"/> Outstanding (4.5 - 5.0) | <input checked="" type="checkbox"/> Improvement Needed (1.5 - 2.4) |
| <input type="checkbox"/> Exceeds Expectations (3.5 - 4.4) | <input type="checkbox"/> Unsatisfactory (0 - 1.4) |
| <input type="checkbox"/> Successful (2.5 - 3.4) | |

Specific areas of improvement needed: All areas of the duties that I am assigned to do in the unit that I am assigned to and the position I hold.

Specific goals for improvement: Education, striving to obtain a Bachelors Degree

Training needed to accomplish goals: More Education

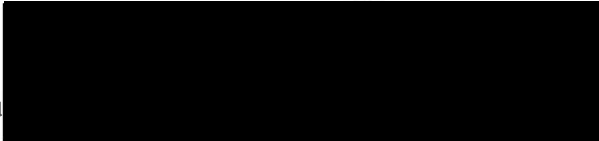
Additional comments: The Agency has provided me the best tools for my goals in law enforcement

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 3/31/03

Reviewing Supervisor Signature: Sgt. Carol Kuehn

Date: 3/31/03

Department Director Signature: Andy Jackson, Chief

Date: 4/2/03



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED] _____

Department/Area: Police Division

Position: Police Officer - Detective _____

Report Year: 2002

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature: [REDACTED]

Date: 3/19/02

Immediate Supervisor Signature: [Signature]

Date: 3/25/02

Department Director Signature: [Signature]

Date: 4/1/02



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name [REDACTED]

Position: Detective

Department/Area: Police - Headquarters

Last Appraisal Date: 03 / 25 / 02

Type: Annual Mid Probation Other

Current Date: 03 / 31 / 03

Evaluation Period: From 01 / 01 / 02 To 12 / 31 / 02

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The **COMMENTS: section must be completed for all Performance Factors and Employee Objectives/Expectations.** As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5 Points): Performance consistently exceeds the overall requirements of the position. These employees are viewed as role models by the rest of the agency. They set the standard for achievement in their work group. They are innovative in their approach to work and are able to positively influence functions outside their span of control.

EE = Exceeds Expectations (4 Points): Performance is often beyond the level expected for the position. Performance demonstrates a skill level that exceeds that required to fulfill the basic requirements of the position. Employees performing at this level are consistently completing more high quality work than their peers in similar positions.

S = Successful (3 Points): Performance results are meeting the stated objectives of the position. Performance is consistently up to standard. Employees performing at this level achieve their planned objectives within predetermined benchmarks and designated time frames.

I = Improvement Needed (2 Points): Performance is unsatisfactory from time to time. Although demonstrated performance may reach satisfactory level, it is generally not sustained for significant periods of time. Employees performing at this level require significant amounts of coaching and direction to achieve and maintain acceptable performance levels.

U = Unsatisfactory (1 Point): Performance is consistently below standard and expectations for the position are rarely met. Employees performing at this level require constant oversight and direction in order to approach acceptable performance levels.

PERFORMANCE FACTORS (Right Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E S I U 4 Points

COMMENTS: [redacted] has become a tremendous asset to the narcotics unit, he has demonstrated his knowledge/ training of what the narcotics unit duties are and he will ask questions, will contact others who could help enhance his ability to perform his duties.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E S I U 4 Points

COMMENTS: [redacted] comes to work on time and as scheduled, No sick time used.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E S I U 4 Points

COMMENTS: [redacted] has demonstrated his ability to complete his assignments. Excepts any assignments given to him.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E S I U 5 Points

COMMENTS: [redacted] quality of work is excellent, he will begin an assignment, turned in and completed on time. And will offer suggestions to enhance the assignment, with regards to the safety of the unit and other fellow officers.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E S I U 5 Points

COMMENTS: [redacted] will not sit around waiting to see if an assignment will be given, he will go out and initiate details, take all the training/knowledge/skills he has acquired and utilize that to get the job done. A definite self starter.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E S I U 5 Points

COMMENTS: [redacted] has demonstrated to me his ability to communicate very well in an affective manner, both written and verbal, and has shown his proven ability to understand and execute verbal and/or written instruction no matter what the assignment is.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

0 E S I U 4 Points

COMMENTS: [REDACTED] as shown that he has the capability to work with anyone, even outside agencies, co-workers, supervisors. Definite team player.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

0 E S I U 4 Points

COMMENTS: The unit generally works together, once an assignment is handed to them, it's handled without any further questions. Being out in the field with Hermensky, he has shown me that he can handle his responsibilities, and little to no supervision is needed.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Assigned to a specific unit, investigate complaints received/ conduct follow-up investigation. Proactively prevent crimes on CMHA Property.

RATING

0

E

S

I

U

4 Points

COMMENTS: [redacted] will investigate a complaint and submit findings. Conducting follow-up investigations are common for Ali, if received by patrol, he will take the necessary steps following all procedures to insure that they are handled in a timely manner and document all findings.

Objective #2: Respond to assist officers, issues necessary paperwork for criminal/lease violations not just limited to drug violations.

RATING

0

E

S

I

U

4 Points

COMMENTS: [redacted] will assist anyone requesting assistance [redacted] doesn't limit himself to just narcotics violations, and non-residents involved in criminal activity. He will take the initiative and handle any incidents committed on CMHA Property up to and including involving residents who violate the laws and/or lease agreement.

Objective #3: Completes investigations, conducts interviews, prosecute suspects/offenders as necessitated by circumstances.

RATING

0

E

S

I

U

4 Points

COMMENTS: Completes investigations/crimes committed on CMHA Property/Jurisdictional limits. Conducts interviews when required. Will pursue all investigative leads to complete his investigation, Shows continuous effort to take appropriate actions up to and including apprehend/arrest, prosecution of persons committing crimes to and/or on CMHA Property.

Objective #4: Obtains search warrants. Plans/organizes conducts search after receipt of warrant. Prepare cases for prosecution/eviction.

RATING

0

E

S

I

U

4 Points

COMMENTS: [redacted] conducts his investigations, if it leads to the issuance of a search warrant, he will take the necessary steps to obtain such. Prepares all necessary paperwork for the search warrant up to and including briefing and profile of all suspects involved. Then prepares the necessary paperwork fro prosecution and/or eviction or both.

Objective #5: Disseminates information, keep superior advised of status. Maintain files. Prepare reports as required.

RATING

0

E

S

I

U

4 Points

COMMENTS: [redacted] as always kept me informed of every step of his investigations. Keeps/maintains accurate files on such investigations and submit all findings. Follows all policy and procedures.

Objective #6: Obtains and maintain firearms and other certifications required for the position. Completes training relevant for the specialized unit assigned.

RATING

0

E

S

I

U

4 Points

COMMENTS: [redacted] as always maintained his firearms/certifications as required for this position.

Overall Performance

Rate employee's overall performance:

Total Points 61 $\div 14 = 4.3$ (Overall Rating: Round rating to one (1) decimal place)

- | | |
|--|---|
| <input type="checkbox"/> Outstanding (4.5 - 5.0) | <input type="checkbox"/> Improvement Needed (1.5 - 2.4) |
| <input checked="" type="checkbox"/> Exceeds Expectations (3.5 - 4.4) | <input type="checkbox"/> Unsatisfactory (0 - 1.4) |
| <input type="checkbox"/> Successful (2.5 - 3.4) | |

Specific areas of improvement needed: Since assigned to the Task Force, his investigative skills should be more enhance. He is no longer dealing with street level drug dealers.

Specific goals for improvement: Continuous training including hands on training.

Training needed to accomplish goals: More advance Narcotics Training/Classes.

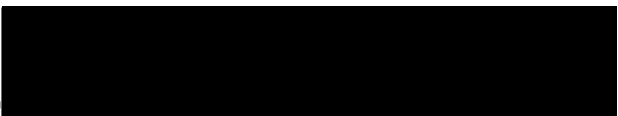
Additional comments: ██████████ will continue to be a tremendous asset to the Narcotics Unit, with more training and knowledge of the job he is assigned to do, this will help him to further complete his assignment/duties as expected.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review. **Signing does not indicate agreement with your performance appraisal.**

Also indicate whether you intend to submit a written statement or comments in the space provided below. Your statement or comments must be submitted to the **Director of Human Resources within ten (10) days** after completion of your performance appraisal review.

Written Statement/Comments: Yes No

Employee Signatur 

Date: 3/31/03

Reviewing Supervisor Signature: Paul D. Kueber

Date: 3/31/03

Department Director Signature: Anthony Jackson, Chief

Date: 4/2/03

**CMHA POLICE DEPARTMENT
CAREER COUNSELING**

NAME: [REDACTED] _____

DATE: 4/2/03

CURRENT ASSIGNMENT: Narcotics Unit/ CGTF

Education:

High School/GED Associates Degree _____
Bachelors Degree _____ Masters Degree _____
Doctorate _____

Specialized Training:

Undercover Narcotics Surveillance Training, Clandestine Drug Laboratory Training, Interviewing and Interrogation.

1. **Professionally speaking, where would you like to be five (5) years from now?**

More advanced in Narcotics Training and experience.

2. **What are your professional goals?**

To become a supervisor.

3. **How can CMHA assist you in obtaining your professional goals?**

More training.

4. **If possible, what type of training would you like to attend that would be beneficial to your current position?**

a) Tactical Narcotics Training

b) Advance Narcotics Training/ Classes.

c) Legal update classes including but not limited to case laws/updates and court rulings.

5. **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**

YES NO _____

6. **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**

YES _____ NO

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES

NO X

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

If I had any work related stress, I would talk with my immediate supervisor Sgt. Rucker #632, she always is willing to listen and offer advise to the unit and individual at anytime.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES X

NO

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES X

NO

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never

Sometimes

Often X

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES X

NO

Employee Name and Badge#

Employee Signature:

Date:

Supervisor Signature:

Date:



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED] Department/Area: Police Division

Position: Police Officer - Detective Narcotics Unit Report Year: 2003

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature: [REDACTED]

Date: 3/31/03

Immediate Supervisor Signature:

David D. Kuster

Date: 3/31/03

Department Director Signature:

Cynthia Jackson, Chief

Date: 4/2/03

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME: [REDACTED] _____

SUPERVISOR: Jack J. Justus, SWAT/ Tactical Response Unit O.I.C.

DATE COMPLETED: 01-18-2002

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED]

Position: Police Officer SWAT Unit

Department/Area: Police Department

Last Appraisal Date: 12 / 31 / 00

Type: XX Annual Mid Probation Other

Current Date: 01 / 18 / 02

Evaluation Period: From 01 / 01 / 01 To 12 / 31 / 01

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The Comments Section must be completed for all performance ratings. As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5): Performance is exceptional in all areas recognized as being far superior to others.

I = Improvement Needed (2): Performance is deficient in certain areas. Improvement is necessary.

E = Exceeds Expectations (4): Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

U = Unsatisfactory (1): Results are generally

M = Meets Expectations (3): Competent and dependable level of performance. Meets performance standards of the job.

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E M I U 3 Points

COMMENTS: I don't need to be babysitted, but there is always improvement.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E M I U 3 Points

COMMENTS: I have not called off since I have been in a specialized unit, but I'm striving to never call off; ever.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E M I U 3 Points

COMMENTS: I give the best of my Ability but there is
Always improvement

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E M I U 3 Points

COMMENTS: There is Always room for improvement

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E M I U 5 Points

COMMENTS: I will give myself this credit because I
desire to learn more About my profession

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E M I U 3 Points

COMMENTS: I need more improvement in my written

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O E M I U 4 Points

COMMENTS: I respect all employees And Staff

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O E M I U 4 Points

COMMENTS: I will Always need A Supervisor for
something

Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrols a designated area, in order to prevent crime or disturbance
RATING
O E M I U 5 Points

COMMENTS: Without a doubt I will make a presence in a high crime area, and will pursue violators, and always on foot patrol

Objective #2: Responds to reported violations of state law
RATING
O E M I U 3 Points

COMMENTS: I will meet the requirement standards as far as issue and arresting violators

Objective #3: Conducts preliminary investigations of crimes,
RATING
O E M I U 2 Points

COMMENTS: HAVE NOT received a lot of protecting crime scenes

Objective #4: Observes, inspects and reports condition of COMHA property
RATING
O E M I U 2 Points

COMMENTS: HAVE NOT concentrated on safety objectives

Objective #5: Prepares crimes reports and other required reports
RATING
O E M I U 2 Points

COMMENTS: Always can improve on any reports

Objective #6: Obtains and maintains firearms and other certification
RATING
O E M I U 1 Points

COMMENTS: I have very poor firearms training skills just maintain enough to pass

Overall Performance

Rate employee's overall performance:

Total Points 43 - 14 = 3.1 (Overall Rating)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Meets Expectations (2.5 - 3.4)

- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: Investigations, report writing,
and firearms training

Specific goals for improvement: To be a better shooter for firearms
qualification. And to be a better report writer

Training needed to accomplish goals: Need to go to school for Investigation
And more time in the firing range

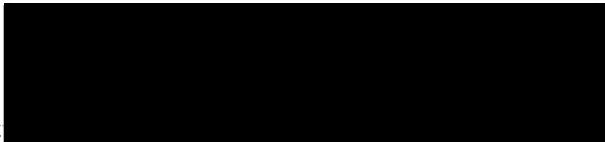
Additional comments: NONE

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review in the spaces provided below.

Also, indicate whether you intend to submit a written statement or comments. A statement or comments must be submitted within 10 days after completion of the evaluation.

Written Statement/Comments: Yes No

Employee Signature: 

Date: 1/21/02

Reviewing Supervisor Signature: Jack J. [Signature]

Date: 1/25/02

Department Director Signature: [Signature]

Date: 4/1/02



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED]

Department/Area: Police Division

Position: Police Officer

Report Year: 2001

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2- Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3- Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4- Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5- Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6- Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: [REDACTED]

Date: 02 15 01

Immediate Supervisor Signature: [Signature] #624

Date: 02 10 01

Department Director Signature: [Signature]

Date: 3 18 01

**CMHA POLICE DEPARTMENT
CAREER COUNSELING**

NAME [REDACTED] DATE: 02-18-02

CURRENT ASSIGNMENT: Tactical Response Unit

Education:

High School/GED Associates Degree
Bachelors Degree Masters Degree
Doctorate

Specialized Training:

None in the past year.

1. **Professionally speaking, where would you like to be five (5) years from now?**
A supervisor.

2. **What are your professional goals?**
To grow in law enforcement and one day be a successful business man.

3. **How can CMHA assist you in obtaining your professional goals?**
By giving me more training and education.

4. **If possible, what type of training would you like to attend that would be beneficial to your current position?**
a) SWAT School

b) Tactical Firearms training

c) Self defense training.

5. **In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?**
YES NO

6. **Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.**
YES NO

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES ___ NO xx

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

My supervisor.

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES xx NO ___

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES xx NO ___

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never ___ Sometimes ___ Often xx

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES xx NO ___

Employee Name and Badge#

Employee Signatu

Date: 02-18-02

Supervisor Signature:

Date: 02-18-02



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED] _____

Position: Police Tactical Response Unit

Department/Area: Police Department

Last Appraisal Date: 12 / 31 / 01

Type: xxx Annual Mid Probation Other

Current Date: 01 / 18 / 02

Evaluation Period: From 01 / 01 / 01 To 12 / 31 / 01

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The Comments Section must be completed for all performance ratings. As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5): Performance is exceptional in all areas recognized as being far superior to others.

I = Improvement Needed (2): Performance is deficient in certain areas. Improvement is necessary.

E = Exceeds Expectations (4): Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

U = Unsatisfactory (1): Results are generally

M = Meets Expectations (3): Competent and dependable level of performance. Meets performance standards of the job.

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E M I U 3 Points

COMMENTS: The officer knows his job, what is expected of him and how to complete it successfully.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E M I U 3 Points

COMMENTS: The officer is dependable and reports to work on time.

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E M I U 3 Points

COMMENTS: Officer completes assignments with few errors.

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E M I U 3 Points

COMMENTS: officer completes all assignments received.

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E M I U 4 Points

COMMENTS: Officer shows initiative on a dailey basis with strong motivation.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E M I U 3 Points

COMMENTS: Officer completes and understands all written and verbal orders.

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O E M I U 3 Points

COMMENTS: Officer shows thw willingness to work and co-operate with all his/her fellow officers.

8. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O E M I U 3 Points

COMMENTS: Officer requires little supervision to complete tasks.

Employee Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrols a designated area

RATING

0

E

S

I

U

3 Points

COMMENTS: Officer completes and stay within his designated areas.

Objective #2: Responds to reported violations

RATING

0

E

S

I

U

3 Points

COMMENTS: officer completes and quickly responds to all assignments witnessed by him/her on assigned to hem

Objective #3: Conducts preliminary investigation

RATING

0

E

S

I

U

3 Points

COMMENTS: Officers insists on conducting investigation and completes in a timely manner.

Objective #4: Observes, inspects and reports.

RATING

0

E

S

I

U

3 Points

COMMENTS: Officers takes responsibility for all CMHA equipment.

Objective #5: Prepares crime reports and other required reports.

RATING

0

E

S

I

U

3 Points

COMMENTS: Officers completes all reports that are required by the department and his superior officer. Takes responsibility for all CMHA equipment.

Objective #6: Obtains and maintains firearms and other certifications.

RATING

0

E

S

I

U

3 Points

COMMENTS: Per department regulations.

Overall Performance

Rate employee's overall performance:

Total Points 43 - 14 = 3.07 (Overall Rating)

 Outstanding (4.5 - 5.0)

 Improvement Needed (1.5 - 2.4)

 Exceeds Expectations (3.5 - 4.4)

 Unsatisfactory (0 - 1.4)

xxx Meets Expectations (2.5 - 3.4)

Specific areas of improvement needed: None at this time, officer needs to continue at his current rate and attempt to better himself.

Specific goals for improvement: Officer needs to spend additional time at the range to become a consistent shooter.

Training needed to accomplish goals: Fire arms courses.

Additional comments: The officer has shown a steady improvement since coming to the Tactical Response Unit.

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review in the spaces provided below.

Also, indicate whether you intend to submit a written statement or comments. A statement or comments must be submitted within 10 days after completion of the evaluation.

Written Statement/Comments: Yes ✓ No

Employee Signature: 

Date: 02 / 06 / 02

Reviewing Supervisor Signature: 

Date: 02 / 06 / 02

Department Director Signature: 

Date: 4 / 1 / 02



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED]

Department/Area: Police Division

Position: Police Officer - Detective

Report Year: 2002

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Assigned to a specific unit, to proactively prevent crimes and apprehend violators on CMHA properties, or investigate all complaints received, providing follow-up on crimes or other information reported by patrol officers.
- 2: Responds when requested to assist patrol units on reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Completes investigations of crimes committed on CMHA properties, or against CMHA, within jurisdictional limits. Gathers physical evidence and investigates crime scenes, conducting additional interviews and interrogations. Pursues all information received taking appropriate actions to apprehend, arrest, and prosecute suspects and offenders as necessitated by circumstances.
- 4: When required obtain search and/or arrest warrants. Plans, organizes, and conducts searches or arrests after receipt of warrants. Prepares cases for court presentation and assisting in prosecution or eviction proceedings.
- 5: Disseminates information as appropriate, keeping their superiors advised on the status of all investigations. Maintains case files and statistical reports on investigations, preparing reports as required by policy and procedure.
- 6: Obtains and maintains firearms and other certifications that are required for this position. Completes additional training relevant to the specialized unit assigned to.

Employee Signature: [REDACTED]

Date: 3/19/02

Immediate Supervisor Signature: Sgt. [Signature]

Date: 3/25/02

Department Director Signature: [Signature]

Date: 4/1/02

**CMHA POLICE DEPARTMENT
PERFORMANCE APPRAISAL CHECKLIST**

EMPLOYEE NAME: [REDACTED] _____

SUPERVISOR: Sgt. Melvin I. Guinn #624

DATE COMPLETED: 02-09-01

- 1. Employee "self-evaluation"
- 2. Previous year Objectives/Expectations Worksheet.
- 3. Copy of Employee Attendance Record for previous year
- 4. Current Performance Appraisal
- 5. Current year Objectives/Expectations Worksheet
- 6. Employee comments and/or written statement regarding Performance Appraisal.
- 7. Career Counseling Form



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED]

Position: Police officer

Department/Area: Police / Security

Last Appraisal Date: 1 1

Type: Annual Mid Probation Other

Current Date: 02 10 91 01

Evaluation Period: From 01 01 100 To 12 31 100

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The Comments Section must be completed for all performance ratings. As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

O = Outstanding (5): Performance is exceptional in all areas recognized as being far superior to others.

I = Improvement Needed (2): Performance is deficient in certain areas. Improvement is necessary.

E = Exceeds Expectations (4): Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.

U = Unsatisfactory (1): Results are generally

M = Meets Expectations (3): Competent and dependable level of performance. Meets performance standards of the job.

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O

E

M

I

U

4 Points

COMMENTS: _____

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O

E

M

I

U

4 Points

COMMENTS: _____

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O

E

M

I

U

4 Points

COMMENTS: _____

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O

E

M

I

U

4 Points

COMMENTS: _____

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O

E

M

I

U

5 Points

COMMENTS: _____

3. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1:

RATING

O

E

M

I

U

5 Points

COMMENTS:

Objective #2:

RATING

O

E

M

I

U

3 Points

COMMENTS:

Objective #3:

RATING

O

E

M

I

U

2 Points

COMMENTS:

Objective #4:

RATING

O

E

M

I

U

2 Points

COMMENTS:

Objective #5:

RATING

O

E

M

I

U

4 Points

COMMENTS:

Objective #6:

RATING

O

E

M

I

U

2 Points

COMMENTS:

Overall Performance

Rate employee's overall performance:

Total Points 30 - 14 = 2.4 (Overall Rating)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Meets Expectations (2.5 - 3.4)

- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas of improvement needed: _____

Specific goals for improvement: _____

Training needed to accomplish goals: _____

Additional comments: _____

ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review in the spaces provided below.

Also, indicate whether you intend to submit a written statement or comments. A statement or comments must be submitted within 10 days after completion of the evaluation.

Written Statement/Comments: Yes No

Employee Signature:  _____

Date: 02.15.01

Reviewing Supervisor Signature: _____

Date: / /

Department Director Signature: _____

Date: / /

CMHA POLICE DEPARTMENT
CAREER COUNSELING

NAME: [REDACTED]

DATE: 02/13/01

CURRENT ASSIGNMENT: Patrolman

Education:

High School/GED
Bachelors Degree ___
Doctorate ___

Associates Degree ___
Masters Degree ___

Specialized Training:

BASIC Police Academy (Cleveland Heights)

1. Professionally speaking, where would you like to be five (5) years from now?
Possible in a specialize unit or maybe supervision

2. What are your professional goals?
longevity in law enforcement

3. How can CMHA assist you in obtaining your professional goals?
Always more training or tuition reimbursement

4. If possible, what type of training would you like to attend that would be beneficial to your current position?
a) Typing ^{S.A.} class - And better
b) report writing skills
c)

5. In the past 12 months, have you been provided with or seen posted in the Police Department, information on available work-related training?
YES NO ___

6. Currently, do you have any health issues, personal or work-related stress problems that could affect your attendance and/or job performance? If YES, please explain.
YES ___ NO

CAREER COUNSELING (continued)

7. Currently, are there any work-related or personal stress problems that you would like CMHA to offer you assistance with. If YES, please explain.

YES

NO

8. If you had any personal or work-related stress related problems where, within CMHA, would you prefer going for assistance? Please explain reason.

I HAVE NONE AT THIS TIME

WOULD SPEAK WITH MY SUPERVISOR HE COULD TALK IT

9. If needed, would you talk to your immediate supervisor about work-related or personal stress problems?

YES

NO

10. If needed, would you talk to a Licensed Family Counselor on retainer by CMHA about work related or personal stress problems?

YES

NO

11. In the past 12 months, approximately how often have you had general or work-related conversation or discussions with your immediate supervisor?

Never

Sometimes

Often

12. Since being employed by CMHA, have you ever been provided with a copy of Administrative Order No. 11 - Personnel Policies?

YES

NO

Employee Name and Badge#

Employee Signature:

Date: 02/13/01

Supervisor Signature:

Date: 2-13-01



CUYAHOGA METROPOLITAN HOUSING AUTHORITY PERFORMANCE APPRAISAL

CONFIDENTIAL

Name: [REDACTED] _____

Position: Police Officer _____

Department/Area: Police _____

Last Appraisal Date: _____ / _____ / _____

Type: xx Annual _____ Mid Probation _____ Other

Current Date: _____ 02 / 13 / 01 _____

Evaluation Period: From 01 / 01 / 00 To 01 / 01 / 01

Instructions: Five (5) Performance Levels and associated ratings have been established for Performance Factors. A general definition of each Performance Level is also provided. When appraising an employee, determine the performance level for "each" Performance Factor and record the associated numeric rating. The Comments Section must be completed for all performance ratings. As required, additional pages may be attached to this Performance Appraisal.

PERFORMANCE LEVELS

- | | |
|---|---|
| O = Outstanding (5): Performance is exceptional in all areas recognized as being far superior to others. | I = Improvement Needed (2): Performance is deficient in certain areas. Improvement is necessary. |
| E = Exceeds Expectations (4): Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis. | U = Unsatisfactory (1): Results are generally |
| M = Meets Expectations (3): Competent and dependable level of performance. Meets performance standards of the job. | |

PERFORMANCE FACTORS (Eight Performance Factors are to be evaluated)

1. **Job Knowledge:** The practical/technical skills and information used on the job. The demonstrated ability to execute the duties outlined on the job description.

RATING

O E M I U 3 Points

COMMENTS: [REDACTED] is finishing up his probationary period at this time. He was promoted from a special police officer. His skills are developing. In time and with experience he will improve in this area.

2. **Dependability:** The extent to which an employee follows attendance standards, safety and conduct rules, and all agency regulations.

RATING

O E M I U 4 Points

COMMENTS: _____

3. **Quality:** The accuracy, thoroughness and acceptability of work performed.

RATING

O E M I U 3 Points

COMMENTS: See item #1

4. **Productivity:** The quality and efficiency of work completed in a specified period of time, e.g. meeting/exceeding established goals.

RATING

O E M I U 3 Points

COMMENTS: See item #1

5. **Initiative:** The extent to which an employee is a "self starter", seeks out new assignments, expands his or her skills and knowledge, and suggests better ways of accomplishing the job.

RATING

O E M I U 3 Points

COMMENTS: Being a probationary officer, PO Ali does not have the chance to initiate his own actions.

6. **Communications:** Demonstrates the ability to communicate in an effective manner, both written and verbal. Demonstrates the ability to understand and execute verbal and/or written instructions.

RATING

O E M I U 4 Points

COMMENTS: _____

7. **Interpersonal Relationships:** The willingness and demonstrated ability to cooperate, work and effectively communicate with co-workers, supervisors, subordinates and/or outside contacts.

RATING

O E M I U 4 Points

COMMENTS: _____

3. **Independence:** The extent of work performed with little or no direction/supervision. Demonstrates an ability to make decisions and take ownership of their own job duties.

RATING

O E M I U 3 Points

COMMENTS: See item #1

Objectives/Expectations

Rate employee performance toward accomplishment of the objectives/expectations defined on the attached Employee Objectives/Expectations Worksheet.

Objective #1: Patrols a designated area, ...

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

Objective #2: Responds to reported violations...

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

Objective #3: Conducts preliminary investigations of crimes...

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

Objective #4: Observes, inspects and reports the condition of CMHA property...

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

Objective #5: Prepares crime reports...

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

Objective #6: _____

RATING

O

E

M

I

U

3 Points

COMMENTS: _____

Overall Performance

Rate employee's overall performance:

Total Points 45 - 14 = 3.2 (Overall Rating)

- Outstanding (4.5 - 5.0)
- Exceeds Expectations (3.5 - 4.4)
- Meets Expectations (2.5 - 3.4)

- Improvement Needed (1.5 - 2.4)
- Unsatisfactory (0 - 1.4)

Specific areas Of improvement needed  will become a fine officer. He will learn the diffrent aspects of the job as he goes.

Specific goals for improvement:

Training needed to accomplish goals: Any training dealing with patrol functions.

Additional comments:

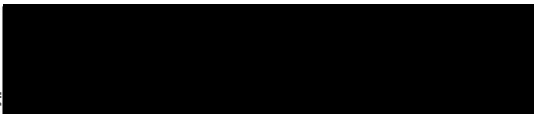
ACKNOWLEDGMENT:

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and recording the date of this review in the spaces provided below.

Also, indicate whether you intend to submit a written statement or comments. A statement or comments must be submitted within 10 days after completion of the evaluation.

Written Statement/Comments: Yes No

Employee Signature



Date: 02 / 13 / 01

Reviewing Supervisor Signature:

Sgt. CPD A 016

Date: 02 / 13 / 01

Department Director Signature:

Anthony Jackson, chief

Date: 3/8/01



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED]

Department/Area: Police Division

Position: Police Officer

Report Year: 2000

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1: Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2: Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3: Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4: Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5: Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6: Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: [REDACTED]

Date: 03/11/2000

Immediate Supervisor Signature: Donald J. [Signature]

Date: 03/13/2000

Department Director Signature: Anthony [Signature]

Date: 3/17/00



CUYAHOGA METROPOLITAN HOUSING AUTHORITY EMPLOYEE OBJECTIVES/EXPECTATIONS WORKSHEET

CONFIDENTIAL

Name: [REDACTED]

Department/Area: Police Division

Position: Police Officer

Report Year: 2001

Instructions: Based upon a review of department and/or area goals established for the above report year and your position description, you will be responsible for accomplishing specific objectives/expectations during this report year. Please note that your annual performance appraisal will be based upon the progress demonstrated toward accomplishment and actual obtainment of the objectives/expectations defined below (a total of six [6] objectives/expectations is required). As required, additional pages may be attached to this worksheet.

- 1- Patrols a designated area, in order to prevent crime or disturbance of the peace and apprehend violators. Makes police presence visible in order to deter crime. Familiarizes themselves with patrol area, noting hazards, suspicious persons and circumstances, reporting them to their superior officer. Maintains ongoing radio contact according to established procedures.
- 2- Responds to reported violations of state law, city ordinances and the CMHA resident lease including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, misdemeanors and lease violations.
- 3- Conducts preliminary investigations of crimes, accidents and civil disturbances; gathers evidence and protects the crime scene until relieved by the appropriate superior officer or investigatory unit. Locate, question and detain witnesses. Pursues, apprehends, arrest, interrogates and transports suspects and offenders as necessitated by circumstances. Testifies and presents evidence in court.
- 4- Observes, inspects and reports the condition of CMHA property, reporting any hazardous conditions. Inspects and maintains department equipment.
- 5- Prepares crime reports and other required reports. Completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
- 6- Obtains and maintains firearms and other certifications that are required for this position.

Employee Signature: [REDACTED]

Date: 02 15 01

Immediate Supervisor Signature: [Signature] 4/24

Date: 02 10 01

Department Director Signature: [Signature]

Date: 3 18 01

C.M.H.A. P.D. PERFORMANCE RATING CHECKLIST



EMPLOYEE'S NAME

/ BADGE

1-98 to 1-99
RATING PERIOD

Sergeant Tom Burton #634
/ SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest, 10-being the highest, 6-being average with 5-just below and 7-just above.

QUALITY OF WORK

| | | | |
|------------------------------|------------|--|-----------|
| Accuracy | <u>7</u> | Accepts Responsibility | <u>8</u> |
| Judgement | <u>7</u> | Cooperative | <u>8</u> |
| Knowledge of Duties | <u>8</u> | Attitude Toward Department | <u>7</u> |
| Thoroughness | <u>7</u> | Goals & Objectives | <u>7</u> |
| Ability to Learn | <u>7</u> | Accepts/Acts on | <u>7</u> |
| Interest in Work | <u>7</u> | Constructive Criticism | <u>7</u> |
| Ability to Make Reports | <u>8</u> | PERSONAL RELATIONSHIPS | |
| Proper Care of Equipment | <u>8</u> | Tactful | <u>7</u> |
| Compliance/Policy-Directives | <u>7</u> | Courteous | <u>7</u> |
| Court Cases/Preparation | | Proper Appearance | <u>7</u> |
| & Presentation | <u>N/A</u> | Proper Uniform / Dress | <u>7</u> |
| QUANTITY OF WORK | | FOR SUBORDINATE'S RATING OF SUPERVISOR ONLY | |
| Production | <u>N/A</u> | Obtains Desired Work Results From Subordinates | <u>9</u> |
| Organization of Time | <u>N/A</u> | Explains Well the Work to be Done | <u>9</u> |
| Industriousness | <u>N/A</u> | Systematically Checks the Work of Subordinates | <u>9</u> |
| Notice to Violator & Misd. | <u>N/A</u> | Knowledge & Conformity to Departmental Directives | <u>9</u> |
| Citations Issued | <u>N/A</u> | Readily Accepts & Assumes Responsibility Including Disciplinary Action | <u>10</u> |
| Arrest Record | <u>N/A</u> | | |

SUMMARY COMMENTS

IS A VERY GOOD WORKER REPORTS ON TIME TAKES OFF SICK VERY LITTLE NEEDS VERY LITTLE SUPERVISION, ALSO FOLLOWS ORDER DIRECT WHEN GIVEN

OFFICER SIGNATURE

SUPERVISOR SIGNATURE

C.M.H.A.P.D. PERFORMANCE RATING CHECKLIST



EMPLOYEE'S NAME / BADGE

January 1, 1997 to December 31, 1997 Tom Purton Sgt.

RATING PERIOD / SUPERVISOR

A numerical value shall be placed in the space next to the item being evaluated as follows; 1-being the lowest, 10-being the highest, 6-being average with 5-just below and 7-just above.

QUALITY OF WORK

| | | | |
|------------------------------|------------|------------------------------|-----------|
| Accuracy | <u>6</u> | Accepts Responsibility | <u>6</u> |
| Judgement | <u>6</u> | Cooperative | <u>6</u> |
| Knowledge of Duties | <u>6</u> | Attitude Toward Department | <u>6</u> |
| Thoroughness | <u>6</u> | Goals & Objectives | <u>6</u> |
| Ability to Learn | <u>7</u> | Accepts/Acts on | <u>7</u> |
| Interest in Work | <u>6</u> | Constructive Criticism | <u>7</u> |
| Ability to Make Reports | <u>7</u> | PERSONAL RELATIONSHIPS | |
| Proper Care of Equipment | <u>7</u> | Tactful | <u>7</u> |
| Compliance/Policy-Directives | <u>6</u> | Courteous | <u>7</u> |
| Court Cases/Preparation | | Proper Appearance | <u>7</u> |
| & Presentation | <u>M/A</u> | Proper Uniform / Dress | <u>6</u> |
| QUANTITY OF WORK | | FOR SUBORDINATE'S RATING OF | |
| Production | <u>M/A</u> | SUPERVISOR ONLY | |
| Organization of Time | <u>M/A</u> | Obtains Desired Work Results | |
| Industriousness | <u>M/A</u> | From Subordinates | <u>9</u> |
| Notice to Violator & Misd. | | Explains Well the Work to be | |
| Citations Issued | <u>M/A</u> | Done | <u>10</u> |
| Arrest Record | | Systematically Checks the | |
| DEPENDABILITY | | Work of Subordinates | <u>10</u> |
| Reports for Work on Time | <u>7</u> | Knowledge & Conformity to | |
| Requires Little Supervision | <u>6</u> | Departmental Directives | <u>8</u> |
| Follows Instructions | <u>6</u> | Readily Accepts & Assumes | |
| | | Responsibility Including | |
| | | Disciplinary Action | <u>10</u> |

SUMMARY COMMENTS

IF HE PUTS HIS MIND TO DOING A GOOD JOB. COULD BE A VERY GOOD OFFICER

OFFICER SIGNATURE

SUPERVISOR SIGNATURE

PROBATE COURT
FILED
FEB 5 1992
CUYAHOGA COUNTY, OHIO

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

JOHN J. DONNELLY, Presiding Judge
JOHN E. CORRIGAN, Judge

In The Matter Of Stephen Todd Huston

Case No. 1070194 Docket 1069 Page

JUDGMENT ENTRY OF CHANGE OF NAME

On this 5 day of February, 1992, this matter is before the Court on the application of [REDACTED]

[REDACTED] for an order of this Court changing

his name from [REDACTED]

to [REDACTED]

The Court, being fully advised in the premises, finds that notice has been given, as required by law, of the application for the change of his name .

The Court finds that the facts set forth in the application are true, and that there exists reasonable and proper cause for changing the name of the applicant .

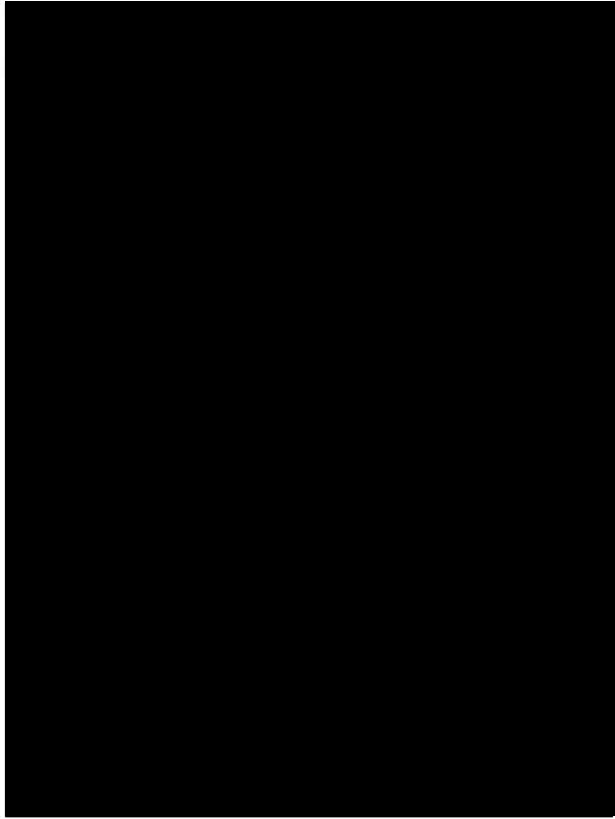
It is, therefore, ordered and decreed that the name of the applicant be and is hereby changed from [REDACTED]

to [REDACTED]

 as prayed for.

FEB 5 1992

[Signature]
Probate Judge



CMHA

Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113
Phone: 216/348-5000 • Fax: 216/696-0636

03 September 1992

[REDACTED]

[REDACTED]

Your Application for Employment consideration with this Department has been received and reviewed.

An interview has been scheduled for Friday, September 11, 1992 at 10:00 a.m. *rescheduled for 10/27/92*

Please report to 2685 East 79th Street and bring the original and one (1) copy of your High School Diplomas or G.E.D., your Ohio Peace Officers Basic Training Certificate and you must be Firearms Certified.

Also have in your possession a Valid Ohio Drivers License.

If you will be attending this interview session please contact Ms. Suber-Bey by no later than September 9, 1992 at 361-3700

Sincerely,

Darlice S. Ogletree,
Chief of Police

Miles T. Cobbs
Miles T. Cobbs
Deputy Chief of Police

MTC:ao

Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman
Dwayne Browder • Dr. Consueia Sousa • Robert Townsend, II
Claire F. Freeman, Executive Director

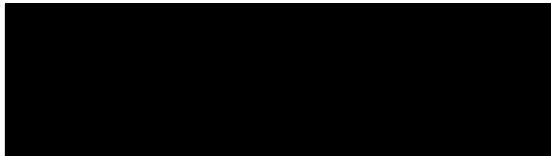


CMHA

Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113
Phone: 216/348-5000 • Fax: 216/696-0636

17 September 1992



Confirmed

Your Application for Employment consideration with this Department has been received and reviewed.

An interview has been rescheduled for Friday, October 2, 1992 at 10:00 a.m.

Please report to 2685 East 79th Street and bring the original and one (1) copy of your High School Diplomas or G.E.D., your Ohio Peace Officers Basic Training Certificate and you must be Firearms Certified.

Also have in your possession a Valid Ohio Drivers License.

If you will be attending this interview session please contact Ms. Suber-Bey by no later than September 30, 1992 at 361-3700

Sincerely,

Darlice S. Ogletree,
Chief of Police

Miles T. Cobbs

Miles T. Cobbs
Deputy Chief of Police

DSO:MTC:ao

Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman
Dwayne Browder • Dr. Consuela Sousa • Robert Townsend, II
Claire E. Freeman, Executive Director



DATE: OCTOBER 17, 1992
TO: PROSPECTIVE EMPLOYEE
FROM: James E. Tufts, Lieutenant
Police Division

SUBJECT: PHYSICAL AGILITY TEST

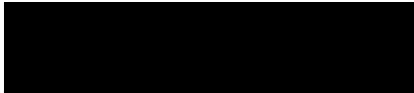
I understand that I must report to Cuyahoga Metropolitan Housing Authority Police Headquarters on the date specified if I wish to be considered for Employment by the Police Division of the Cuyahoga Metropolitan Housing Authority.

I have been informed that the date that I must take the Physical Agility Test is Saturday, Oct, 17, 1992 at 1200 hours (noon).

Wear the appropriate clothing as the test will be held outside regardless of the weather and consists of (but is not limited to) :

1. A timed One (1) Mile Run (13 Minutes Maximum).
2. A timed Stair Climb (45 Seconds, 3 Flights of Stairs, Up/Down).
3. A Vehicle Push.
4. A Dummy Extraction and Carry.

About 1½ hours of time is expected to be required for the testing.

 10-17-92 11:50am
Signature Date/Time
Pat. Moore 53 10-17-92
Witnessed by

JET:jh

PHYSICAL AGILITY
TEST
SCORESHEET



DATED: 10-17-92
TIME: 11:50am

NAME OF APPLICANT: [REDACTED]
SIGNATURE OF APPLICANT: [REDACTED]
SSN: [REDACTED] DOB: [REDACTED]

- | | | |
|----------------------------|-------------|------|
| 1. TIMED ON - MILE RUN | <u>PASS</u> | FAIL |
| 2. THREE FLIGHT STAIRCLIMB | <u>PASS</u> | FAIL |
| 3. SEDAN PUSH | <u>PASS</u> | FAIL |
| 4. DUMMY EXTRACTION, CARRY | <u>PASS</u> | FAIL |

TIME: 32 : 14

MILE RUN, LAP TIMES
1. 1 : 22
2. 3 : 17
3. 5 : 21
4. 7 : 20

TESTING OFFICER NAME AND BADGE #.
P.O. Brennan #55

WITNESSED BY: Ptl. Moore 53

CC: PERSONNEL DEPT.
DIVISION FILES

By Authority of the Board of Education of the
City of Cleveland, Ohio

ALUMNAE SCHOLARSHIP

has awarded this

scholarship

to



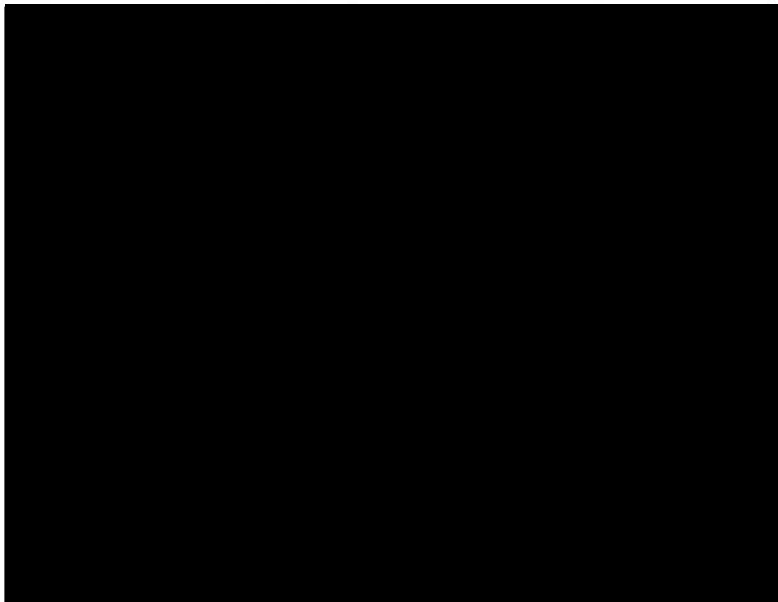
who has satisfactorily completed the requirements prescribed for graduation
from the Public High Schools of the City of Cleveland, Ohio

June 13, 1985

Anthony M. Vitale
Superintendent of Schools
Principal



Paul Jacobson
President, Board of Education
Over



APPLICANT STATUS SHEET

NAME: [REDACTED]

| ITEM | DATE COMPLETED |
|-----------------------------|-----------------|
| 1. APPLICATION PACKET | SB #55 10-02-92 |
| 2. INTERVIEW | 10-2-92 |
| 3. PSYCHOLOGICAL TESTING | 10-2-92 PASSED |
| 4. PHYSICAL EXAMINATION | 10-2-92 |
| 5. PHYSICAL AGILITY TEST | 10-3-92 PASSED |
| 6. BACKGROUND INVESTIGATION | |
| 7. COMMITTEE RECOMMENDATION | |
| FORWARDED FOR HIRE | |
| REJECTED/LETTER SENT | |

COMMITTEE CHAIRMAN SIGNATURE _____

SEB:cg

103090cg

DATE 10-2-92

BACKGROUND AND RECORDS RELEASE STATEMENT

...connection with an investigation for employment and/or crime, [redacted], hereby authorize and request any and all agencies having information and/or records pertaining to the undersigned to furnish full and complete information to any duly authorized representative of the Cuyahoga Metropolitan Housing Authority who presents this authorization. This authorization specifically includes authority to release for examination and reproduction pertinent records and reports, and specifically includes the request that any law enforcement agency, doctors, hospitals with knowledge of my background freely furnish their records, evaluations and/or opinions. This authorization is valid for the period in which the aforementioned is under the employ of the Cuyahoga Metropolitan Housing Authority.

[redacted] NAME (TYPED/PRINT) [redacted] SIGNATURE

NICKNAME: [redacted] MAIDEN NAME [redacted]

[redacted] CURRENT ADDRESS HOW LONG 6 mo. [redacted] FORMER ADDRESS HOW LONG 1 yr.

DOB: [redacted] SSN [redacted] COL: BLACK SEX: MALE

HGT: 6'4 WGHT: 180 lbs EYES: Brown HAIR: BLACK

Sworn to and subscribed before me, a Notary Public, this ____ day of _____, 19____.

NOTARY PUBLIC - SIGNATURE

SEAL MUST BE AFFIXED

BIOGRAPHICAL INFORMATION

NAME: [REDACTED]

PRESENT ADDRESS: [REDACTED]

FORMER ADDRESS: [REDACTED]

MARITAL STATUS: single

SPOUSE'S NAME: _____

SPOUSE'S SS#: _____ / _____ / _____ DATE OF BIRTH: _____ / _____ / _____

SPOUSE'S EMPLOYMENT: _____

NUMBER OF DEPENDENTS: 0

DEPENDENT'S NAME/DATE OF BIRTH:

LIST YOUR MOST SIGNIFICANT ACCOMPLISHMENTS DURING THE PAST FIVE (5) YEARS:

ATTEND CENTRAL STATE UNIVERSITY FOR 3yrs.
+ continuing + completed 120hr PRIVATE POLICE TRAIN.

DRIVER'S LICENSE NUMBER: [REDACTED]

HAVE YOU RESIDED IN THE STATE OF OHIO FOR AT LEAST 12 MONTHS?
YES NO

IF NO, WHERE? _____

I certify to the best of my knowledge the above statements concerning my biographical background are true

[REDACTED]
Applicant's Signature

POLYGRAPH (LIE DETECTOR) EXAMINATION RELEASE

In consideration of my being considered for employment by the Cuyahoga Metropolitan Housing Authority, I hereby agree to take any pre-employment polygraph and/or lie detector examination required by the Authority and to take such additional polygraph and/or lie detector examination as may be required by the Authority at any time.

I further agree that my refusal to take any such examination when requested by the Authority will constitute grounds for my dismissal.

DATE: 10-2-92



Signature

CSM

Witness

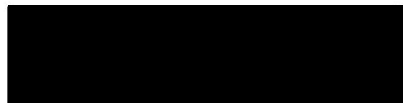
State of Ohio)
County of Cuyahoga) §

PHYSICAL AGILITY EXAMINATION
RELEASE FORM

I certify that I have no medical problems which would be aggravated by my participation in the C.M.H.A. Physical Agility Examination.

I further certify that I am presently in good health.

I hereby release C.M.H.A. from any claims of personal injury resulting from my participation in the Agility Examination.



Signature

10-2-92
Date

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 19____.

Notary Public
My Commission Expires _____

(SEAL MUST BE AFFIXED)

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DEPARTMENT OF SAFETY and SECURITY

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

DATE: FROM _____ TO _____

HONORABLE DISCHARGE: _____

STILL ACTIVE: _____

OTHER: _____

HAVE YOU EVER BEEN ARRESTED? YES: _____ NO:

CIRCUMSTANCES: _____

HAVE YOU EVER BEEN CONVICTED? YES: _____ NO:

CIRCUMSTANCES: _____



SIGNATURE

10-2-92

DATE

CMHAPD:11 February 1980
Revised

DSO:JER:jh

FOR USE by CMHA ONLY!

APPLICANT PROCESSING (OFFICE USE ONLY)

A. NAME _____

ALL FORMS COMPLETED Yes _____ No _____

Written Examination Score: _____

Psychological Examination Score: _____

Physical Agility: Passed _____ Failed _____

B. Instruction Cover (STOP)

- | | | |
|--|-----------|----------|
| 1. Selection Process Signed: | Yes _____ | No _____ |
| 2. Application for Employment Signed: | Yes _____ | No _____ |
| 3. Binding Contract Signed: | Yes _____ | No _____ |
| 4. Military Information Signed: | Yes _____ | No _____ |
| 5. Biographical Information Signed: | Yes _____ | No _____ |
| 6. Pre-Employment Physical Signed: | Yes _____ | No _____ |
| 7. Polygraph Waiver Signed: | Yes _____ | No _____ |
| 8. City of Cleve. P.D. Release Signed: | Yes _____ | No _____ |
| 9. Background/Records Release Signed: | Yes _____ | No _____ |
| 10. Physical Agility Release Signed: | Yes _____ | No _____ |
| 11. Copy of Position Descrip. Signed: | Yes _____ | No _____ |
| 12. History of C.M.H.A. Signed: | Yes _____ | No _____ |
| 13. Pay & Fringe Information Signed: | Yes _____ | No _____ |

CHECKED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

QUALIFIED: _____ UNQUALIFIED: _____

COMMENTS: _____

USE SEPARATE SHEET FOR CONTINUATION

CHIEF OF PERSONNEL: _____ DATE: _____

STOP

Do not fill out this application until you have completely read these instructions.

READ AND SIGN BELOW

This application packet is to be completed at this time.

This application and all parts thereof must be printed or typed in black ink, except the signatures that also must be in black ink.

All sections must be completed.

All documents that are to be notarized must be notarized.

Addresses for all PAST EMPLOYERS and PERSONAL REFERENCES must include CITY and ZIP CODE.

Prior to your application being processed, you must submit photocopies of:

- a. High School Diploma or Equivalent
- b. Basic Police Training Certificate
- c. Valid Ohio Drivers License

Finally, I attest that all the facts set forth-in this application for employment are true and complete.

Further, I understand that any missing items, false statement or deliberate misleading information may cause this application to be rejected or not processed at all. I also understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.


Signature of Applicant

10-2-92
Date

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE AND SECURITY

SELECTION PROCESS

1. APPLICATION:

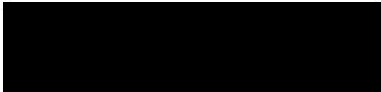
An application shall be required to complete an application packet of forms provided by C.M.H.A. Such application packet shall be retained by C.M.H.A. in the applicant's personnel file should he/she become an employee of C.M.H.A. If an applicant has not been hired by C.M.H.A. within six (6) months of the submission date of his/her written application, the application shall be deemed null and void and shall be discarded. Such applicants may reapply at anytime.

At no time shall application packets be issued until after advertisement in the local major newspaper of Cuyahoga County, and only for one (1) week subsequent to the date of the advertisement.

2. SCREENING:

- A. Upon receipt of the application packets, they shall be screened by a committee, appointed by the Deputy Chief, for completeness and possession of the minimum qualifications.
- B. Those applicants passing Section A shall then be scheduled for an interview and applicants shall be informed to bring verification of Educational and Training possessed. Any unverified item will be omitted and may result in a candidate failing to meet the minimum requirements.
- C. Next shall be the Physical Agility Test consisting of the following events:
 1. Weigh In (Weight must be in proportion to height, overweight shall result in disqualification).
 2. Sign a Release in order to participate in exercise portion. (Failure to sign shall result in disqualification).
 3. Report to the Test Site, upon notification, and pass the following Agility Tests:
 - a. 1 Mile Run - 13 minute maximum
 - b. Stair Climb, up and down, three (3) flights of stairs.

- c. Vehicle Push, 100' distance.
 - d. Extract a 100 lb. Dummy from front passenger seat of a vehicle, carry dummy 100 ft., without dropping same.
- D. Applicants passing Section C shall then be scheduled for a written examination, consisting of a General Aptitude Appraisal, conducted by an outside contractor.
- 1. Individuals passing the written examination shall be placed on an eligibility list consisting of a ranking by test score.
 - 2. Such list shall be held valid for a period of twelve (12) months.
 - 3. For every position to be filled, the top five (5) names shall be drawn from the list, and notified as to continued interest. For every declination, one (1) additional name shall be drawn from the list.
 - 4. A complete investigation into the background and family life of each individual drawn from the list shall be instituted; i.e., Arrest, School, Health and Financial Records.
- E. Applicants from the eligibility list shall again be scheduled for the Physical Agility Examination as outlined in Section C, if more than sixty (60) days has elapsed since initial testing.
- F. All applicants must pass a Physical Examination by a C.M.H.A. Physician prior to appointment.
- G. Applicants passing all phases of the screening process shall then receive a probationary appointment.


Applicant Signature

10-2-92
Date

CMHA

Cuyahoga Metropolitan Housing Authority

1441 West 25th Street • Cleveland, Ohio 44113

Phone: 216/348-5000 • Fax: 216/696-0636

POLICE DIVISION

2685 E. 79th Street, Cleveland, OH 44104

Dear Sirs:

[REDACTED] has applied for the position of C.M.H.A
POLICE within this Department and has given your name as a
former employer. We would appreciate your cooperation in completing the
questionnaire on the backside of this letter.
Your reply will assist us in determining the applicant's suitability for
employment and will impose no responsibility on you.
All responses will remain strictly confidential and will not be shared with
the applicant.

Sincerely,

Darlice S. Ogletree
Chief of Police



Miles T. Cobbs
Deputy Chief of Police

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the recipient of this letter to release and provide
any and all pertinent information regarding my employment history to the
Cuyahoga Metropolitan Housing Authority Police Department.

Date: 10-2-92 Signature of Applicant: [REDACTED]

Date: 10-2-92 Witness to signature: 

Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman
Dwayne Browder • Dr. Consuela Sousa • Robert Townsend, II
Claire E. Freeman, Executive Director



CMHA

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employment and will impose no responsibility on you.
All responses will remain strictly confidential and will not be shared with
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Chief of Police



Miles T. Cobbs
Deputy Chief of Police

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any and all pertinent information regarding my employment history to the
Cuyahoga Metropolitan Housing Authority Police Department.

Date: 10-2-92

Signature of Applicant: [REDACTED]

Date: 10-2-92

Witness to signature: [Handwritten Signature]

Board of Commissioners

Louise Harris, Chairwoman • Karen Coats, Vice-Chairwoman
Dwayne Browder • Dr. Consuela Sousa • Robert Townsend, II
Claire E. Freeman, Executive Director



CLEVELAND POLICE DEPARTMENT
GENERAL RECORDS DIVISION

RECORD OF [REDACTED] ALIAS [REDACTED]
ADDRESS [REDACTED] FORMER ADDRESSE [REDACTED]
DATE OF BIRTH [REDACTED] AGE [REDACTED] COL BLACK SEX M SOC. SEC. NO. [REDACTED]
AGENCY REQUESTING RECORD C.M.H.A SIGNATURE OF AGENT [Signature]

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

POLICE RECORD

DATE _____ CHECKED BY _____ APPROVED BY _____

COF C 71-2080

AFFIDAVIT

STATE OF OHIO }
COUNTY OF CUYAHOGA } SS:

[REDACTED] of [REDACTED] having been sworn deposited under oath,
(Name) (Address)

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

C.M.H.A POLICE DEPARTMENT
(Name of organization or individual to whom records are to be released)

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

[REDACTED], having been duly sworn under oath, states this is his lawful affidavit
(Name of Applicant-Affiant)

and request for release of records.

[REDACTED]
(Signature)

Sworn To And Subscribed before me, a Notary Public, this 2 day of oct, 19 91

SEAL MUST BE AFFIXED

[Signature]
Notary Public - Signature

DAVID L. BLY

Notary Public for Ohio
Recorded in Cuyahoga
My Comm. Expires 04-24-94
Print Name (Notary)

Print Address (Notary)

(Out of State Notary Must Submit Certificate)

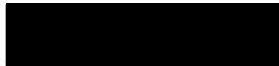


5715 Woodland Avenue T - 216-426-7760
Cleveland, Ohio 44104-2740 F - 216-361-3728



LETTER OF COMMENDATION

August 15, 2018



I received a message from Ms. Laura Cowan expressing her appreciation for the level of assistance you recently rendered to her. Ms. Cowan stated that you assisted her with a flat tire (in the pouring rain) and made sure she got home safely.

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

Thank you for a job well done.

Sincerely,

Andrés González, Chief
CMHA Police Department

- Cc: Jeffery K. Patterson, CEO
- Angel Morales, Deputy Chief
- Thomas Burdyslaw, Commander
- Member file

TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

Jeffery K. Patterson, Chief Executive Officer/Safety Director



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: All Members

FROM: Andrés González, Chief of Police

DATE: December 12, 2014

| | | |
|--------|------------------------|-------------------|
| 1 of 1 | AWARDS CEREMONY | DN #14-075 |
|--------|------------------------|-------------------|

The following members will be recognized during an Awards Ceremony to be held in the Multi-Purpose Room on **Friday, December 19, 2014 at 1130 hours**. Members shall report to the ceremony in Class-A uniform. Family and friends are welcome to attend.

The Annual Holiday Meeting will commence immediately after the Awards Ceremony.

MEDAL OF HEROISM

Sean Bradley, Police Officer #37

DISTINGUISHED SERVICE MEDAL

- Glen Caddell, Police Officer # 53
- Willie Hammond, Protection Officer # 200
- Thomas Hinkle, Detective # 42
- Robert Paolucci, Police Officer # 7
- Robert Vales, Detective # 44
- Robert Weiss, Detective # 6

CITIZEN'S AWARDS

- Ms. Shawnda Hunter
- Mr. Jordan Hunter
- Mr. Shawn Murray
- Mr. Nickolas Roberson
- Ms. Tanisha Deadwyler
- Dir. Michael Hughes

SPECIAL COMMENDATION MEDAL

- [REDACTED]
- Jay Assaf, Sergeant # 642
- William Chapman, Detective # 14
- Cliff Collins, Service Person IV #735
- Scott Drew, Police Officer # 34
- Estel Justus, Detective # 46
- Alecia Nagy, Police Officer # 4
- Terrissi Suber-Bey, Administration #732

CHIEF'S LETTER

Brenda Malone, Special Projects # 734

COMMANDER'S LETTER

- Louis Hines, Protection Officer #215
- Jeffery Holdeman, Police Officer # 10
- Christina Sanders, Detective #76

By order of,

Andrés González, Chief of Police



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

TO: All Members
FROM: Andrés González, Chief
DATE: January 10, 2014

| | | |
|--------------------|---|--------------------|
| Page 1 of 1 | 2013 OFFICER OF THE YEAR Police Officer Saleem Ali #31 | DN # 14-006 |
|--------------------|---|--------------------|

The Awards Committee is proud to announce that [REDACTED] is selected as the 2013 Police Officer of the Year.

[REDACTED] has taken on the added responsibility of training new officers. He has taken the initiative to engage new officers, in not only the specifics of the job, but also providing them with personal guidance and a sense of community awareness that helps them not only become better officers, but better people.

[REDACTED] also serves as an instrumental part of our Community Policing team. In this capacity he has implemented and provided support for a new CMHA PAL Boxing curriculum for resident youth. He provides oversight at two gyms, coordinates with coaches, and collaborates with youth that participate in the CMHA PAL Boxing program.

[REDACTED] has promoted pride in self, the value of education, healthy eating habits, and the importance of discipline with our youth. Once residents and their children became active in the boxing program there was a significant decrease in trouble reported on and around the CMHA Property."

[REDACTED] will be recognized and presented with the award on Saturday evening, January 18, 2014 during the annual CMHA Employee Gala at the Renaissance Hotel. Members are encouraged to attend. Members seeking to attend the function may see Ms. Terrissi Suber-Bey for additional information.

By order of,

 Andres Gonzalez, Chief



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: Dale Homerick #636, Administrative Lieutenant

FROM: Paul A. Styles #656, Sergeant- Complaint Investigation Unit OIC

| | | |
|-----------------------|---|-------------------------------|
| PAGE 1 of 1 | SUBJECT Secondary Employment Request by [REDACTED] | DATE/NUMBER 22DEC09 |
|-----------------------|---|-------------------------------|

The attached request for [REDACTED] permission to engage in secondary employment with (**The Regional Transit Authority Police Department**), is in compliance with Policy & Procedures Chapter 12.1

An audit of Police Officer [REDACTED] Sick Time for **2008** and **2009** revealed he has used:

184.00 Total hours

[REDACTED] **has not** received disciplinary actions for Sick Abuse. [REDACTED] **was not** on FMLA for the **2008** and **2009** calendar year.

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

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

Respectfully,

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



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

TO: [REDACTED] Police Officer- 3rd Platoon

FROM: David Solomon- Deputy Chief

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Request for Secondary Employment Determination | DATE 22DEC09 |
|-----------------------|--|------------------------|

My office received your application/request to work secondary employment. After reviewing all documents received and verifying your sick time usage for a 12 month calendar year. Your request for secondary employment is being **approved** for the **2010** calendar year.

Each employee receives fifteen (15) sick days per calendar year, 120 hours. You used 184.00 hours of sick time. You **did not** exceed the annual allotment for the previous 12 month period and you **were not** on FMLA for the **2008** or **2009** calendar year.

Respectfully,

David Solomon



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: David Solomon, Deputy Chief

FROM: Donna E. Correy #615, Administrative Commander

| | | |
|-----------------------|--|-------------------------------|
| PAGE 1 of 1 | SUBJECT Police Officer [REDACTED] re: Audit of Sick Time | DATE/NUMBER 22DEC09 |
|-----------------------|--|-------------------------------|

On **22DEC09**, due to a **Secondary Employment Request** by Police Officer [REDACTED] a complete audit of sick time usage pursuant to procedures was completed.

Audit conducted by: **Sergeant Paul A. Styles #656** from **01JAN08 to 10DEC09**.

Results: **184.00** Total sick time hours used for the specified period.

Less: **00.00** FMLA

Non-FMLA: **184.00** (64 hours) 2008 and (40 hours) 2009

In Compliance: *SEC* Not in Compliance:

Date when eligible to reapply:

Sick Time usage below 120 hours from date of audit: Yes: No:

Sick time usage to this date:

Respectfully,

[Handwritten Signature]
Donna E. Correy

View Saleem's Matrix

| Attendance Record for 2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---|---|---|-------|---|---|---|---|----|----|----|----|----|----|----|----|----|----------------|----|----|----|----|----|----|----|----|----|-------|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Jan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | X | X | | N | | | | X | X | N | | | | | X | X | | V | V | | | X | X | | | | | | X | X | |
| Apr | | | | X | X | V | | H | | X | X | | S | S | | | | X | X | N | S | S | | X | X | N | | | | | |
| May | | X | X | N | T .25 | | V | | X | X | | | | | | | X | X | N 4.0 C 4.0 | | | V | | X | X | | V | | | X | |
| Jun | X | N | | | | | X | X | | | | | | X | X | N | | | | | X | X | | S | | | | X | X | N | |
| Jul | S | S | | X | X | | | | | X | X | N | | | | | | | X | X | | | V | V | V | X | X | V | V | V | C |
| Aug | V | X | X | | | | | X | X | | | | | | X | X | | | S | S | S | | X | X | | | | | X | X | N |
| Sep | N | | | | X | X | C | | | | | | X | X | | | V | V | | X | X | | | | | | X | X | T .25 | | |
| Oct | | X | X | | C | | | | X | X | | S | S | S | | X | X | N | | | | | | X | X | | | | X | X | |
| Nov | X | X | | | | | X | X | | | | | | X | X | N | | | | | | X | X | | | | | | X | X | |
| Dec | | | | | X | X | S | S | | | | X | X | | | | | | V | X | X | | | | | | X | X | | | |

| Date | Comment |
|------------|------------------|
| 4/15/2009 | Personal Illness |
| 4/16/2009 | Personal Illness |
| 4/22/2009 | Personal Illness |
| 4/23/2009 | Personal Illness |
| 10/14/2009 | Personal Illness |
| 10/15/2009 | Personal Illness |
| 10/16/2009 | Personal Illness |
| 12/9/2009 | Personal Illness |
| 12/10/2009 | Personal Illness |

| Point Totals for 2009 | | | | | | | |
|-----------------------|-----------|----------|----------|--------------------|-----------------|------------------|-------------|
| | Tardy (T) | AWOL (O) | LWOP (W) | Unexcused Sick (U) | No Punch In (Q) | No Punch Out (R) | Month Total |
| May | 0.5 | 0 | 0 | 0 | 0 | 0 | 0.5 |
| Sep | 0.5 | 0 | 0 | 0 | 0 | 0 | 0.5 |
| Total Points: | | | | | | | 1 |
| Status: | | | | | | | Safe |

| Ali, Saleem Sick Abuse Event Totals | |
|-------------------------------------|-------------------------|
| Current SA Events: | 1 |
| Current Event Status: | Safe |
| Abuse points calculated from: | 10/16/2009 to 2/13/2010 |

NAME

LAST

FIRST

DATE OF HIRE

MIDDLE

3-19-91

DEPARTMENT

Police

BADGE NUMBER

VACATION TIME DUE

SOCIAL SECURITY NUMBER

20 08

EMPLOYEE ATTENDANCE RECORD

| | ABSENCE SUMMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| JAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NOV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

A=ANNUAL LEAVE
 B=DOCTOR'S CERT. REQUESTED
 C=COMPENSATORY LEAVE
 D=ID NOT CALL IN 1ST HR.
 E=DOCTOR'S CERT. PRESENTED

F=FUNERAL LEAVE
 J=JURY LEAVE
 L=ADMINISTRATIVE LEAVE
 M=MILITARY LEAVE
 O=AWOL

P=PERSONAL
 S=SICK LEAVE
 SS=SUSPENSION
 W=LEAVE WITHOUT PAY
 X=VACATION PAY

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



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



To: Sgt. Troyer #664

From: [Redacted]

Date: 16DEC09

Subject: Secondary Employment Request

I respectfully request permission to engage in off duty secondary employment with:

Name: [Redacted]

Address: 1216 East 61st

City: Cleveland State: Ohio

The estimated length of employment is 1yr I understand if approved, authorization to engage in secondary employment expires annually on December 31st.

My duties will consist of Fare Enforcement at the following location: 50 Public Square Tower City Rotunda which is a Fare Pass Check Point Zone

I Would be wearing a RTA Police uniform while performing my duties. The hourly rate of pay will be: 17.56 and I will be working approximately 5 hours per day.

In accordance with Chapter 12.1 of the Policy and Procedures Manual, I understand that under no circumstances shall I accumulate more than 28 hours of work per week. Additionally, in this employment, there shall be no involvement with the sale or dispensation of intoxicating liquor nor police duty or other type of work on, or in front of, such premises or other business establishments dispensing any alcoholic beverages for consumption on the premises.

Attachments:

- 1) CMHAPD94-048 dated 16DEC09 from [Redacted];
2) Letter dated 07NOV09 from RTA Human Resources re: Workers' Compensation Coverage;
3) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,

[Redacted Signature]



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: 02OCT09

EMPLOYEE'S NAME: [REDACTED]

ADDRESS: [REDACTED]

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

Name of Outside Employer: Regional Transit Authority Police Department

Address: 1240 West 6th Street

Phone Number: (216) 566-5163

Number of hours to be worked per WEEK MONTH 15

Capacity you will be employed in: Transportation

Is a Police Commission required? YES NO

Is a Uniform Required? YES NO

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

I hereby authorize CMHA and the employer listed on this form to exchange any information regarding discipline imposed upon me or medical information of which either may become aware.

[REDACTED] 11-13-09
EMPLOYEE'S SIGNATURE DATE:

TO THE EMPLOYER:

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

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

Employer Signature: [Signature]

Title: Chief of Police

TO THE OFFICE OF THE CHIEF EXECUTIVE OFFICER:

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

[Signature] DATE: 1/11/10
Chief of Police

*Prepare and attach to the Personnel Transaction



CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



To: Lt. Thomas Burdyslaw #640

From: Theodore E Troyer 664, Field Sergeant, 3rd Platoon

Date: 17DEC09

Subject: **SUPERVISOR'S RECOMMENDATION - Secondary Employment Request**

Sir/Ma'am:

The attached request to engage in secondary employment, by [REDACTED] is in compliance with Chapter 12.1 of the Policy and Procedures Manual.

Based on the date of the Request of Certification of Outside Employment (CMHAPD94-048), this officer has used a total of 120 sick hours in the previous 12-month period. Verification of the total sick hours is provided with the attached copies of this officer's Attendance Control Cards. The Attendance Control Cards have been reviewed by me and are deemed accurate records of the sick time used by this officer.

I have personally counseled [REDACTED] regarding CMHA being the primary and priority employer and the officer's responsibilities thereof. Further, this officer is thoroughly familiar with Chapter 12.1 of the Policy and Procedures Manual related to secondary employment.

Authorization of this secondary employment request will not adversely affect the operation of the CMHA Police Department. Therefore, I recommend this request be approved.

Attachments:

- 1) CMHAPD94-048, dated 16DEC09; from [REDACTED];
- 2) CMHAPD94-048A, dated 11NOV09; from [REDACTED];
- 3) Copies of Officer [REDACTED]'s Attendance Control Cards for years [REDACTED] and [REDACTED];
- 4) Letter, dated 07NOV09; from Kelly King #933 re: Workers' Compensation coverage;
- 5) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,



**The Greater Cleveland
Regional Transit Authority**

Main Office
1240 West 6th Street
Cleveland, Ohio 44113-1331
Phone 216 575-3910
or 216 575-3911
Fax 216 575-3892
email: jpjoyce@gcrta.org
website: www.rideRTA.com



John P. Joyce
Chief of Police
Director of Security

November 7, 2009

Chief Gonzalez
CMHA Police Department
5715 Woodland
Cleveland, Ohio 44104

Chief Gonzalez,

[REDACTED] is employed as a part time police officer with our department.

All part time police officers are required to work a minimum of eight (8) hours a week

If you have any questions, please contact me at (216) 771-4801.

Respectfully,

Sgt. Kelly L. King #933
Fare Enforcement Unit

CC: file



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215-2256

Governor Ted Strickland
Administrator Marsha P. Ryan

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

| | | | | | | | |
|--|--|----------------|--------|----------------|-----|--|---------------|
| Risk No. & Employer 20005000 THE GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY 1240 W 6TH ST CLEVELAND, OH 44113 | Period Specified Below <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">1st</td> <td style="text-align: center; border: none;">DAY OF</td> <td style="text-align: center; border-bottom: 1px solid black;">September 2009</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">1st</td> <td style="text-align: center; border: none;"></td> <td style="text-align: center; border-bottom: 1px solid black;">February 2010</td> </tr> </table> | 1st | DAY OF | September 2009 | 1st | | February 2010 |
| 1st | DAY OF | September 2009 | | | | | |
| 1st | | February 2010 | | | | | |

Subs

TEMPORARY CERTIFICATE

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan
Administrator



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

APPENDIX B



REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: 07JAN09

EMPLOYEE'S NAME: [REDACTED]

ADDRESS: [REDACTED]

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

Name of Outside Employer: RTA Fare Enforcement Officer

Address: 1240 West 6th Street Cleveland Ohio, 44113

Phone Number: (216) 566-5100

Number of hours to be worked per WEEK MONTH 20hrs

Capacity you will be employed in: East Cleveland and Cleveland

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

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

I hereby authorize CMHA and the employer listed on this form to exchange any information regarding discipline imposed upon me or medical information of which either may become aware.

[REDACTED] 07 JAN 09
EMPLOYEE'S SIGNATURE DATE:

TO THE EMPLOYER:

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

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

Employer Signature: John P. Joyce
Title: Chief of Police RTA

TO THE OFFICE OF THE CHIEF EXECUTIVE OFFICER:

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

[Signature] DATE: 1/31/09
Chief of Police

*Prepare and attach to the Personnel Transaction



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: James Tufts #613, Special Operations Lieutenant

FROM: [REDACTED]

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Secondary Employment Policies and Procedures | DATE 05FEB09 |
|-----------------------|--|------------------------|

Sir

I received a telephone message in reference to my approval to work my secondary employment at RTA Police Department. Lt. Tufts #613 advised me that I would not use K9 Repo in any capacity of the RTA. I advised Lt. Tufts that I understood and would comply the rules and regulations of this agency.

Respectfully,

[REDACTED]

P.O. Sateem Ali #51



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Jack J. Justus, Commander of Administration

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

| | | |
|----------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Secondary Employment Request by [REDACTED] | DATE/NUMBER 26JAN09 |
|----------------|--|------------------------|

The attached request for [REDACTED] permission to engage in secondary employment with (RTA Police Department), is in compliance with Policy & Procedures Chapter 12.1 and Departmental Notice #08-068.

An audit of [REDACTED] Sick Time over the past year reveals he has used:

48.00 total hours

[REDACTED] has not received any disciplinary actions for Sick Abuse. [REDACTED] was not on approved FMLA for the 2008 calendar year.

[REDACTED] has not used more that the annual allotment of sick time during the previous (12) month period, which is (15) days (120) hours.

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

Respectfully,

Carol D. Rucker

DC Solomon:

PLEASE VERIFY IF OFFICER [REDACTED] WILL BE WORKING 129 REPO?

31 Jan 09.



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: David Solomon, Deputy Chief

FROM: Jack J. Justus, Administrative Commander

| | | |
|-----------------------|---|-------------------------------|
| PAGE 1 of 1 | SUBJECT [REDACTED] re: Audit of Sick Time | DATE/NUMBER 26JAN09 |
|-----------------------|---|-------------------------------|

On **26JAN09**, due to a **Secondary Employment Request** by PO [REDACTED] a complete audit of sick time usage pursuant to procedures was completed.

Audit conducted by: **Sergeant Carol Rucker #632** from 01JAN08 to 31DEC08

Results: **48.00** Total sick time hours used for the specified period.

Less: **00.00** FMLA Approval for Dates:

In Compliance: *[Signature]* Not in Compliance: _____

Date when eligible to reapply:

Respectfully,

[Signature]

Jack J. Justus



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: [REDACTED] Police Officer-K-9 Unit

FROM: David Solomon- Deputy Chief

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Request for Secondary Employment Determination | DATE 26JAN09 |
|-----------------------|--|------------------------|

My office received your application/request to work secondary employment. After reviewing all documents received and verifying your sick time usage for a 12 month calendar year. Your request for secondary employment is being **approved** for the **2009** calendar year.

Each employee receives fifteen (15) sick days per calendar year, 120 hours. You used **48.00** hours of sick time. You **did not** exceed the annual allotment for the previous 12 month period.

Respectfully,

David Solomon #602

 David Solomon



CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



To: Richard Schilling #652, Lieutenant, Patrol OIC

From: Theodore E. Troyer #664, Field Sergeant, 3rd Platoon

Date: 21JAN09

Subject: **SUPERVISOR'S RECOMMENDATION - Secondary Employment Request**

Sir/Ma'am:

The attached request to engage in secondary employment, by [REDACTED] is in compliance with Chapter 12.1 of the Policy and Procedures Manual.

Based on the date of the Request of Certification of Outside Employment (CMHAPD94-048), this officer has used a total of 48 sick hours in the previous 12-month period. Verification of the total sick hours is provided with the attached copies of this officer's Attendance Control Cards. The Attendance Control Cards have been reviewed by me and are deemed accurate records of the sick time used by this officer.

I have personally counseled [REDACTED] regarding CMHA being the primary and priority employer and the officer's responsibilities thereof. Further, this officer is thoroughly familiar with Chapter 12.1 of the Policy and Procedures Manual related to secondary employment.

Authorization of this secondary employment request will not adversely affect the operation of the CMHAPD. Therefore, I recommend this request be approved.

Attachments:

- 1) CMHAPD94-048, dated 07JAN09 ; from [REDACTED] ;
- 2) CMHAPD94-048A, dated 07JAN09 . from [REDACTED] ;
- 3) Copies of Officer [REDACTED]'s Attendance Control Cards for years 2008 and 2009 ;
- 4) Letter, dated 13JAN09 ; from Kelly King, Sgt re: Workers' Compensation coverage;
- 5) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



To: Theodore Troyer #664, Third Platoon Watch Commander

From: [Redacted]

Date: 07JAN09

Subject: Secondary Employment Request

I respectfully request permission to engage in off duty secondary employment with:

Name: RTA Police Department

Address: 1240 West 6th Street

City: Cleveland State: Ohio

The estimated length of employment is 1yr. I understand if approved, authorization to engage in secondary employment expires annually on December 31st.

My duties will consist of Fare Enforcement Officer at the following location: East Cleveland Red Line and Euclid Corridor which is a Train and Bus Line

I will be wearing a RTA uniform while performing my duties. The hourly rate of pay will be: \$18.00 and I will be working approximately 4 hours per day.

In accordance with Chapter 12.1 of the Policy and Procedures Manual, I understand that under no circumstances shall I accumulate more than 28 hours of work per week. Additionally, in this employment, there shall be no involvement with the sale or dispensation of intoxicating liquor nor police duty or other type of work on, or in front of, such premises or other business establishments dispensing any alcoholic beverages for consumption on the premises.

Attachments:

- 1) CMHAPD94-048 dated 07JAN09 from [Redacted] # [Redacted];
2) Letter dated 01SEP08 from 01SEP09 re: Workers' Compensation Coverage;
3) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,

[Redacted Signature]



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215-2256

Governor **Ted Strickland**
Administrator **Marsha P. Ryan**

ohiobwc.com
1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

| | | | | | | | |
|---|--|----------------|--------|----------------|-----|--------|----------------|
| Policy No. & Employer 20005000 THE GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY 1240 W 6TH ST CLEVELAND, OH 44113 | Period Specified Below <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">1st</td> <td style="text-align: center;">DAY OF</td> <td style="text-align: center; border-bottom: 1px solid black;">September 2008</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">1st</td> <td style="text-align: center;">DAY OF</td> <td style="text-align: center; border-bottom: 1px solid black;">September 2009</td> </tr> </table> | 1st | DAY OF | September 2008 | 1st | DAY OF | September 2009 |
| 1st | DAY OF | September 2008 | | | | | |
| 1st | DAY OF | September 2009 | | | | | |

Subs

If you have questions in regard to claims issues, please contact the following individuals in the Risk Management Department:

| | | |
|-----------------------|----------------------|----------|
| Last Name A through G | Mary Beth McLaughlin | 566-5226 |
| Last Name H through O | Stephen Redling | 771-4182 |
| Last Name P through Z | Denise Trapp | 771-4004 |

For any other questions please contact Mary Flannery, Manager, at 781-4404.

Fax #: 771.4426

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan
Administrator

BWC-7201
SI-1



**The Greater Cleveland
Regional Transit Authority**

Main Office
1240 West 6th Street
Cleveland, Ohio 44113-1331
Phone 216 575-3910
or 216 575-3911
Fax 216 575-3892
email: jjjoyce@gcrtc.org
website: www.rideRTA.com

January 13, 2009



To Whom it May Concern,

The only requirement we have of our part time officers is that they be available to work a minimum of eight (8) hours per week. We will observe any restrictions on the maximum number of hours an officer can work from your department.

If you have any questions, please contact me at (216) 771-4801.

John P. Joyce
Chief of Police
Director of Security

Respectfully,

Kelly L. King
Sergeant
Fare Enforcement Unit

NAME _____ FIRST _____ MIDDLE _____ DEPARTMENT Police

DATE OF BIRTH _____ DATE OF HIRE 3-19-91 BADGE NUMBER _____

SOCIAL SECURITY NUMBER _____ SICK DAYS DUE _____ VACATION TIME DUE _____

20 09

EMPLOYEE ATTENDANCE RECORD

| | ABCE FMO P S WSS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|------------------|---|---|----|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| JAN | | | | XX | N | | | | | | XX | | | | | | | | | | | | | | | | | | | | |
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| MAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NOV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

A=ANNUAL LEAVE
 B=DOCTOR'S CERT. REQUESTED
 C=COMPENSATORY LEAVE
 D=DID NOT CALL IN 1ST HR.
 E=DOCTOR'S CERT. PRESENTED

F=FUNERAL LEAVE
 J=JURY LEAVE
 L=ADMINISTRATIVE LEAVE
 M=MILITARY LEAVE
 O=AWOL

P=PERSONAL
 S=SICK LEAVE
 SS=SUSPENSION
 W=LEAVE WITHOUT PAY
 X=VACATION DAY

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

Law Enforcement Application Checklist:

Make sure that all of the information is complete and returned before an application may be filled out.

- Letter from chief granting permission to work off duty.
(Attached)
- Department Photo ID
- Drivers License
- Second form of Identification (IE: Social Security card, Birth certificate, Passport etc....)
- Voided check for direct deposit
- OPOTA certificate
- Valid Range Scores

Please contact Tricia Bramante @ 216-426-7339 if you have any questions or concerns and to set up an appointment to turn in the aforementioned information and to fill out an application.



TENABLE® PROTECTIVE SERVICES, INC.

2423 Payne Avenue • Cleveland, OH 44114 • Tel: 216-361-0002 • 1-877-TENABLE • Fax: 216-361-8690

PERMISSION FOR OFF-DUTY ASSIGNMENT

I, ANDRES GONZALEZ, Chief of Police for
(Chief of other ranking Departmental Official)

CMHA POLICE DEPT. (City, Township, Municipality)

Do hereby grant [REDACTED] permission to work for
(Officer's name & badge applying for off duty work permission)

Tenable Protective Services, Inc. in an off-duty law enforcement capacity.

Signature: 

Title/Rank: CHIEF OF POLICE

Date: 10/8/08

* **NOTE:** PLEASE ATTACH ANY DEPARTMENTAL OR JURISDICTIONAL REQUIREMENTS, POLICIES OR RESTRICTIONS THAT MAY APPLY TO YOUR DEPARTMENT'S OFF-DUTY ASSIGNMENT REQUIREMENTS. SHOULD AT ANY TIME (1) PERMISSION BE RECEDED BY YOUR DEPARTMENT, THUS NO LONGER ALLOWING THE ABOVE NAMED OFFICER TO WORK OFF - DUTY ASSIGNMENTS OR (2) THE OFFICER IS NO LONGER EMPLOYEED BY YOUR AGENCY; TENABLE PROTECTIVE SERVICES MANAGEMENT MUST BE CONTACTED IMMEDIATLEY AT 216.361.8681.

Revised: 01/03/08

Security • Police Services • Investigations • Training • Consulting

www.tenable.net



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



To: William Likes, #604-Patrol Commander

From: Theodore E. Troyer #664, Field Sergeant, 3rd Platoon

Date: 02OCT08

Subject: **RECOMMENDATION - Secondary Employment Request**

Sir/Ma'am:

The attached request to engage in secondary employment, by [REDACTED] is in compliance with DN #99-038 and Rule 6.1.3 of the Manual of Rules and Regulations.

Based on the date of the Request of Certification of Outside Employment (CMHAPD94-048), this officer has used a total of 72 sick hours in the previous 12-month period. Verification of the total sick hours is provided with the attached copies of this officer's Attendance Control Cards. The Attendance Control Cards have been reviewed by me and are deemed accurate records of the sick time used by this officer.

I have personally counseled [REDACTED] regarding CMHA being the primary and priority employer and the officer's responsibilities thereof. Further, this officer is thoroughly familiar with Chapter 6 of the Manual of Rules and Regulations related to secondary employment.

Authorization of this secondary employment request will not adversely affect the operation of the CMHA Police Department. Therefore, I recommend this request be approved.

Attachments:

- 1) CMHAPD94-048, dated 01OCT08; from [REDACTED] # [REDACTED];
- 2) CMHAPD94-048A, dated 01OCT08; from [REDACTED] # [REDACTED];
- 3) Copies of Officer [REDACTED]'s Attendance Control Cards for years 2008 and 2007;
- 4) Letter, dated 01OCT08; from Tenable Protective Services re: Workers' Compensation coverage;
- 5) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



To: Sgt. Troyer #664

From: [REDACTED]

Date: 01OCT08

Subject: **Secondary Employment Request**

I respectfully request permission to engage in off duty secondary employment with:

Name: Tenable Protective Services

Address: 2423 Payne Ave.

City: Cleveland State: Ohio

The estimated length of employment is one year I understand if approved, authorization is granted for one year from the date of approval by the Chief of Police.

My duties will consist of Patrolling and Protecting Property at the following location: Schools, restaurants, stores etc. which is a non-alcohol sales establishment

I would be wearing a Tenable issued uniform while performing my duties. The hourly rate of pay will be: 20 per hour and I will be working approximately 4 hours per day.

In accordance with Chapter 6 of the Manual of Rules and Regulations, I ***understand that under no circumstances shall I accumulate more than 28 hours of work per week.*** Additionally, in this employment, there shall be no involvement with the sale or dispensation of intoxicating liquor nor police duty or other type of work on, or in front of, such premises or other business establishments dispensing any alcoholic beverages for consumption on the premises.

Attachments:

- 1) CMHAPD94-048 dated 01OCT08 fro [REDACTED] # [REDACTED];
- 2) Letter dated 01JUL08 from 22FEB09 re: Workers' Compensation Coverage;
- 3) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,

[REDACTED]



CLEVELAND METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: 01OCT08

EMPLOYEE'S NAME: [Redacted]

ADDRESS: [Redacted]

Sworn Police Officer: [X] YES [] NO If no, then Commission Number: _____

Name of Outside Employer: Tenable Protective Services, Inc.

Address: 2423 Payne Ave

Phone Number: (216) 361-0002 fax: (216) 361-8690

Number of hours to be worked per [X] WEEK [] MONTH 20hrs

Capacity you will be employed in: Cleveland

Is a Police Commission required? [X] YES [] NO

Is a Uniform Required? [X] YES [] NO

CMHA UNIFORM IS NOT AUTHORIZED

I hereby authorize CMHA and the employer listed on this form to exchange any information regarding discipline imposed... of which either may become aware.

[Redacted Signature] 10/1/08
EMPLOYEE'S SIGNATURE DATE

TO THE EMPLOYER:

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

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

Employer Signature: [Signature]

Title: Operations Manager of Law Enforcement

TO THE OFFICE OF THE EXECUTIVE DIRECTOR:

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

[Signature] DATE: 10/8/08
Chief of Police

*Prepare and attach to the Personnel Transaction



TENABLE® PROTECTIVE SERVICES, INC.

2423 Payne Avenue • Cleveland, OH 44114 • Tel: 216-361-0002 • 1-877-TENABLE • Fax: 216-361-8690

FACSIMILE TRANSMITTAL SHEET

| | |
|------------------------------|--|
| To: <u>Dep chief Solomon</u> | From: <u>Johnny Clayel</u> |
| Fax Number: <u>361-3759</u> | Date: <u>10/1/08</u> |
| Company: | Total No. of Pages including cover: <u>3</u> |
| Phone Number: | Sender's Reference Number: |
| Re: | Your Reference Number: |

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Notes/Comments:

[Faint handwritten notes or scribbles]

NOTICE OF CONFIDENTIAL AND PRIVILEGED INFORMATION

The information in this facsimile is a PRIVILEGED AND CONFIDENTIAL communication. It is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, or the intended recipient's agent, you are prohibited from reading, using, distributing, and/or copying this communication. If you are not the intended recipient or the intended recipient's agent, immediately notify the sender by telephone of the erroneous transmission and by the way of the United States Postal Service.

Security • Police Services • Investigations • Training • Consulting

www.tenable.net



TENABLE® PROTECTIVE SERVICES, INC.

2423 Payne Avenue • Cleveland, OH 44114 • Tel: 216-361-0002 • 1-877-TENABLE • Fax: 216-361-8690

October 1, 2008

Chief Andres Gonzalez
Cuyahoga Metropolitan Housing Authority
5715 Woodland Avenue
Cleveland, Ohio 44104

Dear Chief Gonzalez:

Having been a full-service security company for over twenty years, Tenable Protective Services, Inc. takes great pride in being able to provide quality law enforcement officers for our clients. As a provider of part-time services, we are also proud to offer special duty to CMHA Police Officers. Tenable Protective Services, Inc. would like the opportunity to employ CMHA Police Officers as our part-time employees. In doing so, we will comply with all policies and procedures inherent to the CMHA Police Department.

Tenable shall indemnify the Chief, his employees and the Cuyahoga Metropolitan Housing Authority against all liabilities, suits, fines, damages, claims and expenses that may be imposed upon, incurred, or asserted against the Chief, his employees and the Cuyahoga Metropolitan Housing Authority because of any act finally determined to be the result of negligence or intentional torts on the part of Tenable officers and employees, except to the extent that such claims result from the wrongful acts, instructions or negligence of the Chief, his employees and the Cuyahoga Metropolitan Housing Authority while working for Tenable Protective Services, Inc.

Please refer to our Workers Compensation Certificate, State License and Insurance Certificates as evidence of our legitimacy and longevity. If you have any questions or concerns relative to our business, I invite you to contact me at 216.337.0530.

Sincerely,

Johny Lloyd
Operations Manager
Law Enforcement Services

Security • Police Services • Investigations • Training • Consulting

www.tenable.net

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION
COLUMBUS, OHIO 43216-2256
CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

1003653

7/1/2008 THRU 2/28/2009

TENABLE SECURITY INC
2423 PAYNE AVE.
CLEVELAND, OH 44114-4428

ohiobwc.com


Administrator

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

THIS LANGUAGE MUST BE POSTED WITH THE CERTIFICATE OF COVERAGE

EMPLOYEE ATTENDANCE RECORD

| | | ABSENCE SUMMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|-----------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| JAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
INTEROFFICE COMMENDATION

TO: All Members of the Police Department

FROM: Stanley C. Murrey
Chief of Police

DATE: February 1, 2007

RE: Letter of Commendation: Operation Shutdown - Cedar Estate

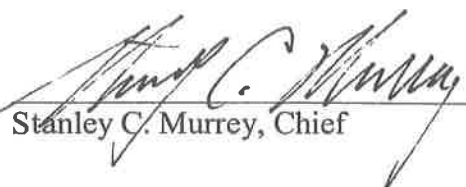
This letter of commendation is written to recognize you for effectively meeting the challenge of addressing an increase in sudden and frequent occurrences of robberies at Cedar Estate by participating in a special initiated operation known as "Shutdown". This operation was implemented for two (2) weeks during the dates of January 5, 2007 - January 20, 2007. Based on recent statistics and as a result of your aggressive law enforcement efforts, operation "Shutdown" was a huge success and robberies have ceased and overall crime decreased on the property.

In addition to the special police enforcement efforts of K-9, Narcotics, and SWAT Units, specific patrol and protection officers assigned to both Police and Security divisions implemented special attentions and safety checks of the estate and high-rise to ensure the positive outcome of the operation.

Again, congratulations for a job "well done". Your ongoing dedication to the residents and professionalism in policing is greatly appreciated.

A copy of this letter of commendation shall be placed in the personnel file of all officers participating.

Sincerely,



Stanley C. Murrey, Chief



CEDAR DETAIL ACTIVITY by OFFICER



| OFFICER |
|-----------------------|
| Alcantara #09 |
| [REDACTED] |
| Assaf #62 |
| Azzano #61 |
| Barto #603 |
| Beese #06 |
| Blakemore #12 |
| Burdyslaw #640 |
| Cattren #18 |
| Chapman #14 |
| Clayton #38 |
| Copeland #41 |
| Crawford #29 |
| DeJesus #20 |
| Drayton-Reynolds #109 |
| [REDACTED] |
| Griffiths #89 |
| Grimes #56 |
| Guinn #624 |
| Hamilton #36 |
| Harris #17 |
| Hinkle #42 |
| Hizak #24 |
| Holdeman #10 |
| Homerick #636 |
| Hopkins #88 |
| Jones #26 |
| Justus #46 |
| Justus #638 |
| Kleinhenz #08 |
| Kolb #70 |
| Lastuka #52 |
| Leon #58 |
| Mollohan #634 |
| Neal #35 |
| Ortiz #95 |
| Ovalle #30 |
| Ramsey #07 |
| Reynolds |
| Rives #86 |
| Rucker #632 |
| Salomone #23 |
| Schilling #33 |
| Smiddy #11 |
| Solomon #602 |
| Spigner #67 |
| Styles #656 |
| Svec #662 |
| Tallman #01 |
| Toles #648 |
| Troyer 664 |
| Vales #44 |
| Whitney #48 |
| Williams #65 |
| Wiltshire #19 |
| Woodland #101 |



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



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

| | | |
|-------------|-------------------------|------------|
| Page 1 of 1 | PAC Awards Certificates | DN #06-114 |
|-------------|-------------------------|------------|

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

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

[REDACTED]
Police Officer Adam Beese
Police Officer Kerry Blakemore
[REDACTED]
Police Officer William Higginbotham
Police Officer Ronald Hopkins
Police Officer John Kleinhenz
Police Officer Brian Salomone
Police Officer Robert Vales
Police Officer Eric Williams
Police Officer Thomas Williams
Communications Officer Michelle Ford
Communications Officer Lisa Revelt
Communications Officer Kelley Shealy

By order of,

Stanley C. Murrey, Chief of Police

AUG 24 2006
COMDOC



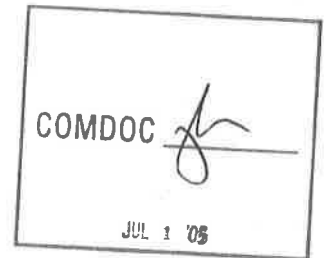
U.S. Department of Justice

Federal Bureau of Investigation

In Reply, Please Refer to
File No. 166E-CV-68075

1501 Lakeside Avenue
Cleveland, Ohio 44114
June 15, 2005

Anthony Jackson
Chief of Police
Cuyahoga Metropolitan Housing Authority
Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104



RE: WILLIAM HIGGENBOTHAM
[REDACTED]

Dear Chief Jackson:

I am sending this letter to inform you of the exemplary support and assistance provided to the Cleveland Division of the Federal Bureau of Investigation (FBI) and the Cleveland/Cuyahoga Fugitive/Gang Task Force by Patrol Officers William Higgenbotham and [REDACTED]. After receiving permission to utilize your Canine units in a fugitive arrest operation, Officers Higgenbotham and [REDACTED] met with tactical and investigating officers/agents, and advised the arrest teams on the proper use of Canine units during arrest scenarios. They then assisted in the tactical planning of the execution of several searches that would be conducted in an attempt to locate fugitive David Garner. Garner is part of a federal drug conspiracy indictment that was issued in February 2005 after lengthy investigation by the Cleveland/Cuyahoga Fugitive/Gang Task Force (including Detective Maurice Kennedy from your department), and the Fifth District of the Cleveland Police Department.

Throughout the morning of June 9, 2005, assigned agents and officers continued to conduct neighborhood investigations and follow leads concerning Garner's whereabouts. Officers Higgenbotham and [REDACTED] assisted agents and officers in "clearing" abandoned structures in the vicinity where Garner had recently fled. Garner was ultimately located fleeing from agents and officers in the vicinity of Crestwood Road. After losing sight of Garner, agents and officers employed Officers Higgenbotham and [REDACTED] and their Canine unit to determine Garner's route of travel. After several minutes of directing the Canine and interpreting the dog's signs and reactions, Garner was located and arrested safely.

The assistance provided by your Canine officers Higgenbotham and [REDACTED] was invaluable in safely apprehending a dangerous fugitive, and I hope that they will be appropriately recognized.

Sincerely,

THEODORE R. WASKY
Special Agent in Charge

By: 
JOHN D. R-R KIRKLAND
Supervisory Special Agent



CUYAHOGA METROPOLITAN HOUSING AUTHORITY



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740

tel 216.426.7760 fax 216.361.3759

Anthony H. Jackson
Chief of Police

December 15, 2004

[REDACTED]
CMHA Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104

Congratulations Officer [REDACTED]

As a result of meeting the below criteria during the year 2004, you have been awarded two (2) Cuyahoga Metropolitan Housing Authority (CMHA) Excellence In Action (EIA) coins:

Employees who performed their assigned duties in an exemplary manner, provided excellent customer service to CMHA residents, coworkers, community leaders and/or CMHA partners, went the "Extra Mile" to assist others in completing special projects or non-routine assignments.

Specifically, you are being commended for demonstrating noteworthy performance during your assignment with the Federal Bureau of Investigation.

The total value of the coins is \$25.00 and may be redeemed for a Gift Card at one (1) of these three retail/grocery establishments: 1) Kaufman's, 2) JC Penney, or 3) Dave's Supermarket. You must redeem the coins by visiting the CMHA Learning Center located at 2711 Church Street, between the hours of 8:00 A.M. - 12:00 P.M. and 2:00 P.M. - 4:00 P.M. on Monday - Friday by **no later than Thursday, December 30, 2004**. Once you turn in the coins at the Learning Center, you will receive your gift card approximately two (2) weeks later. Failure to redeem the coins by December 30th will result in the expiration of the coins and the loss of the gift certificate.

Again, congratulations. I hope you enjoy this small token of appreciation in recognition for your significant law enforcement efforts that have promoted positive relations, perceptions, and feedback for the CMHA Police Department.

Sincerely,

Anthony H. Jackson
Chief of Police

Enclosure (2 EIA coins)





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



TO: All members of the Division of Police
FROM: Anthony H. Jackson, Chief of Police
DATE: December 20, 2004

| |
|-------------------------------|
| COMDOC <u>JH</u> DEC 29 04 |
|-------------------------------|

| | | |
|-------------|------------------------------------|------------|
| Page 1 of 3 | Excellence in Action Awards - 2004 | DN# 04-098 |
|-------------|------------------------------------|------------|

PO Jose Alcantara #09 - Noteworthy performance in assisting other officers in the apprehension and arrest of three armed suspects for Aggravated Robbery on November 24, 2004.

██████████ Demonstrating noteworthy performance during his assignment with the Federal Bureau of Investigation.

PO Thomas Azzano #61 - Assisting in the swift recovery of a high profile stolen vehicle and the arrests of two suspects for Grand Theft Motor Vehicle on October 7, 2004.

PO Adam Beese #06 - Noteworthy performance in the execution of his duties by assisting other officers in a foot chase that ended in the recovery of a loaded weapon and the apprehension and arrest of three individuals for Armed Robbery on December 13, 2004.

PO Kerry Blakemore #12 - Noteworthy performance in the execution of his duties by assisting other officers in a foot chase that ended in the recovery of a loaded weapon and the apprehension and arrest of three individuals for Armed Robbery on December 13, 2004.

Det. Thomas Burdyslaw 11 - Assisting the Cuyahoga County Prosecutor's Office in the successful prosecution of an Aggravated Burglary, Robbery, and Kidnapping case in the summer of 2004 and for his outstanding efforts in protecting a high rise resident from a suspect by working with CPD to keep the suspect jailed in November 2003.

██████████ Noteworthy performance in the execution of his duties by assisting other officers in a foot chase that ended in the recovery of a loaded weapon and the apprehension and arrest of three individuals for Armed Robbery on December 13, 2004.

PO Cornell Grimes #56 - Providing assistance to a wounded female and assisting in the successful apprehension and arrest of the male suspect after a brief struggle on August 15, 2004.

PO Thomas Hinkle #42 - Showing an act of kindness by providing assistance to a senior citizen who was lost in the city of Cleveland on March 31, 2004.

Det. Kevin Ishler #34 - Noteworthy performance in the execution of his duties while assigned to the Northern Ohio Violent Fugitive Task Force and for receiving TOP COPS recognition for his work by the National Association of Police Organizations in July 2004.

PO Larry Jones #26 - Successful identification, apprehension, and arrest of a Domestic Violence suspect after a brief struggle with the suspect on August 15, 2004.

Det. John Kleinhenz #08 - Assisting in the interagency collaborative efforts against, and the internal investigation and high profile Federal prosecution of, persons committing acts of theft against the agency in the Fall of 2004.

PO Stephen Kolb #70 - Noteworthy performance in the execution of his duties by assisting other officers in a foot chase that ended in the recovery of a loaded weapon and the apprehension and arrest of three individuals for Armed Robbery on December 13, 2004.

PO Jerry Lastuka #52 - Noteworthy performance in assisting other officers in the apprehension and arrest of three armed suspects for Aggravated Robbery on November 24, 2004.

Det. Mary McGroder #83 - Assisting in the high profile internal investigation that led to the Federal prosecution of persons committing acts of theft against the agency in the Fall of 2004.

Lt. Ronald Morenz #626 - Noteworthy performance by being the lead investigator in the high profile internal investigation and Federal prosecution of persons committing acts of theft against the agency in the Fall of 2004.

Sgt. Raymond Morgan #658 - Noteworthy performance by being the lead investigator in the interagency collaborative efforts against, and internal investigation and high profile Federal prosecution of, persons committing acts of theft against the agency in the Fall of 2004.

PO Marc Ortiz #95 - Noteworthy performance in assisting other officers in the apprehension and arrest of a rape suspect after a foot chase on March 1, 2004, and for applying life saving techniques to the chest wound of a stabbing victim on March 22, 2004.

PO Clinton Ovalle #30 - Assisting other officers in the identification, apprehension, and arrest of a rape suspect after a foot chase on March 1, 2004.

CO Lisa Revelt #004 - Noteworthy performance in obtaining the name and address of an unidentified female victim and caller and then, dispatching police assistance to the victim on August 10, 2004. This spanned over a time period of 1 ½ hours while handling other radio traffic and calls.

PO Eric Rives #86 - Showing an act of kindness, and being a welcome comfort, to a senior citizen who was alone in a faulty vehicle on November 7, 2004.

CO Deeda Robinson #005 - Noteworthy performance in dispatching and assistance to police officers during the apprehension and arrests of three armed suspects for Aggravated Robbery on November 24, 2004.

PO Richard Schilling #33 - Noteworthy performance in the execution of his duties by assisting other officers in a foot chase that ended in the recovery of a loaded weapon and the apprehension and arrest of three individuals for Armed Robbery on December 13, 2004.

PO Charles Schultz #37 - Assisting in the swift recovery of a high profile stolen vehicle and the arrests of two suspects for Grand Theft Motor Vehicle on October 7, 2004.

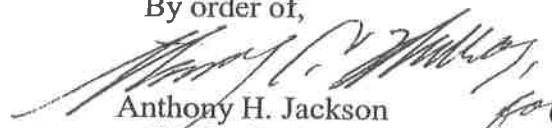
PO Michael Spigner #67 - Noteworthy performance by disarming a combative female armed with a knife, thereby preventing harm to others in the Summer of 2004.

PO James Stringfellow #71 - Noteworthy performance in the execution of his duties by assisting other officers in a foot chase that ended in the recovery of a loaded weapon and the apprehension and arrest of three individuals for Armed Robbery on December 13, 2004.

PO Robert Vales #44 - Noteworthy performance in the execution of his duties by assisting other officers in a foot chase that ended in the recovery of a loaded weapon and the apprehension and arrest of three individuals for Armed Robbery on December 13, 2004.

PO Darrell Woodland #101 - Showing an act of kindness and trust to a citizen in distress and in need of assistance in March 2004.

By order of,


Anthony H. Jackson
Chief of Police



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT

DATE: June 19, 2002

EMPLOYEE'S NAME: [REDACTED]

ADDRESS: [REDACTED]

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

Name of Outside Employer: C.Q.A.T Protection Company

Address: 4341 West 191 Street Cleveland, Ohio 44135

Phone Number: 215-7422

Number of hours to be worked per WEEK MONTH 2 days

Capacity you will be employed in: Longwood

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

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

I hereby authorize CMHA and the employer listed on this form to exchange any information regarding discipline imposed upon me or medical information of which either may become aware.

[REDACTED] 6/19/02
EMPLOYEE'S SIGNATURE DATE:

TO THE EMPLOYER:

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

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

Employer Signature: [Signature] # 2106

Title: Supervisor

TO THE OFFICE OF THE EXECUTIVE DIRECTOR:

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

[Signature] DATE: 7-11-02
Chief of Police

*Prepare and attach to the Personnel Transaction

TO: Anthony H. Jackson, Chief of Police
FROM: Stanley C. Murrey, Deputy Chief of Administration

| PAGE | SUBJECT | DATE |
|--------|---|---------|
| 1 of 1 | Secondary employment request by [REDACTED] | 11JUL02 |

Sir:

The attached request for permission to engage in secondary employment with **C.Q.A.T. Protection Company**, is in compliance with Rule # 6.1.3 of the Manual of Rules & Regulations and Departmental Notice #99-038.

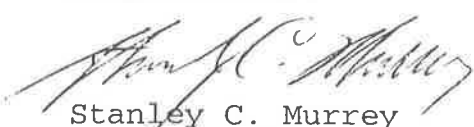
An audit of Det. [REDACTED] sick time over the past year reveals he has used:

0.00 hours for secondary employment calculation

I have no objection to this request and recommend approval.

Upon approval/denial, please forward a signed copy of CMHAPD94-048 to the Complaint Investigation Unit (C.I.U.) for proper recording. Approvals received will initiate the issuance of two CMHAPD94-018 forms to the officer's supervisor for completion. One CMHAPD94-018 form will be stored at the C.I.U.

Respectfully,


Stanley C. Murrey
Deputy Chief



CMHA
 CUYAHOGA METROPOLITAN
 HOUSING AUTHORITY
 POLICE DEPARTMENT



To: Sgt. Carol Rucker #632

From: [REDACTED]

Date: 06-19-2002

Subject: **Secondary Employment Request**

I respectfully request permission to engage in off duty secondary employment with:

Name: C.Q.A.T Protection Company
 Address: 4341 West 191 Street
 City: Cleveland State: Ohio

The estimated length of employment is 2 days per week I understand if approved, authorization is granted for one year from the date of approval by the Chief of Police.

My duties will consist of Patrolling the Longwood Estates at the following location: East 37th-40th which is a apartment complex

I will be wearing a general police (no logo) uniform while performing my duties. The hourly rate of pay will be: \$21.00 per hr. and I will be working approximately 6 hours per day.

In accordance with Chapter 6 of the Manual of Rules and Regulations, I *understand that under no circumstances shall I accumulate more than 28 hours of work per week.* Additionally, in this employment, there shall be no involvement with the sale or dispensation of intoxicating liquor nor police duty or other type of work on, or in front of, such premises or other business establishments dispensing any alcoholic beverages for consumption on the premises.

Attachments:

- 1) CMHAPD94-048 dated 06-18-2002 from [REDACTED] # [REDACTED];
- 2) Letter dated 06-18-2002 from C.Q.A.T Protection I.N.C re: Workers' Compensation Coverage;
- 3) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,

[REDACTED SIGNATURE]

C.Q.A.T. PROTECTION CO.

4341 West 191 St. · Cleveland, Ohio 44135

Mobile Phone 216-403-0777 - Fax 216-476-9974

Pager 216-207-3270

City of Cleveland Division of Police
1300 Ontario Street
Cleveland, Ohio 44113
Human Resources / Personnel Files

June 18, 2002

To whom it may concern:

This letter is to confirm the

[Redacted Name]

[Redacted Badge #]

whom is assigned
Badge #

to the CMHA Narcotics Unit is employed by C.Q.A.T. Protection Co.
District Unit Bureau

at various locations within the City of Cleveland, while performing Police related functions, during there part time off - duty employment.

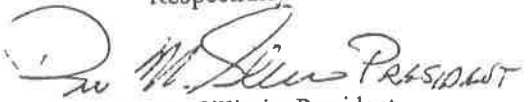
All Employees will be covered under Worker's Compensation Risk # 1221475-0
Federal E.I.N. # 31-1553360

At all times this employee is required to follow all rules and regulations of the Cleveland Police Departments, General Police Orders, Departmental Notices and all City, State and Federal Laws.

This letter is verification of employment at C.Q.A.T. Protection Co. for the above named Division of Police employee.

Thank you for your time and effort relating to the secondary employment for this member of the Cleveland Police Department.

Respectfully

 PRESIDENT

Patrick M. Gillissie, President
C.Q.A.T. Protection Co.

Securing Your Peace of Mind is Our Business
Over 45 years of Criminal Investigative Experience

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

1221475

01/01/2002 THRU 08/31/2002

BWC
COAT PROTECTION CO
4341 W 191ST ST
CLEVELAND OH 44135-1809

James Conrad
ADMINISTRATOR

DP-22
BWC - 1622 (REV. 3/96)

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



To: Thomas Imes, Lieutenant #628
From: Carol D. Rucker, Sergeant #632
Date: June 19, 2002
Subject: **RECOMMENDATION - Secondary Employment Request**
Sir/Ma'am:

The attached request to engage in secondary employment, by [redacted] #31, is in compliance with DN #99-038 and Rule 6.1.3 of the Manual of Rules and Regulations.

Based on the date of the Request of Certification of Outside Employment (CMHAPD94-048), this officer has used a total of 0 sick hours in the previous 12-month period. Verification of the total sick hours is provided with the attached copies of this officer's Attendance Control Cards. The Attendance Control Cards have been reviewed by me and are deemed accurate records of the sick time used by this officer.

I have personally counseled [redacted] regarding CMHA being the primary and priority employer and the officer's responsibilities thereof. Further, this officer is thoroughly familiar with Chapter 6 of the Manual of Rules and Regulations related to secondary employment.

Authorization of this secondary employment request will not adversely affect the operation of the Narcotics Unit. Therefore, I recommend this request be approved.

Attachments:

- 1) CMHAPD94-048, dated 6/18/02; from [redacted];
- 2) CMHAPD94-048A, dated 6/19/02; from [redacted];
- 3) Copies of Officer [redacted]'s Attendance Control Cards for years 2001 and 2002;
- 4) Letter, dated 6/18/02; from C.Q.A.T. re: Workers' Compensation coverage;
- 5) Copy of Bureau of Workers' Compensation Certificate.

6/20/02
Sick Time verified.
CD days used
correct.

Respectfully, Carol D. Rucker
FOR

Sergeant Carol Rucker #632

3 JUN 97



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DIVISION

TYPE: Inter - Office Memorandum

TO: Anthony H. Jackson, Chief of Police

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

DATE: June 3, 1997

SUBJECT: Achievement Awards

Sir:

The following third platoon personnel are entitled to the following ribbons:

Attendance Ribbon:

Special Police Officer Herman Hobbs #210
Sergeant Tom Burton

Good Conduct Ribbon:

Communication Officer Charlene Greer #6
Communication Officer Thomas Beercheck #9



Special Police Officer Edward Bartol #335
Special Police Officer Michael Clark #329
Special Police Officer Reginald Conway #209
Special Police Officer David DeJesus #307
Special Police Officer Eliazer Diaz #251
Special Police Officer Robert Dunham #238
Special Police Officer James Hale #263
Special Police Officer Willie Hammond #277
Special Police Officer Herman Hobbs #210
Special Police Officer Clifford Jefferson #233
Special Police Officer Larry Jones #271
Special Police Officer Murrey Matza #297

Special Police Officer James McCune #280
Special Police Officer Jamie Noll #226
Special Police Officer Anthony Soukup #285

Police Officer Al Hamilton #36
Police Officer Ronald Hopkins #88
Police Officer Derreck Keidel #14
Police Officer Jeffery Moyer #98
Police Officer Tommy Thompson #27

Safe Driver's Ribbon:

Sergeant Tom Burton
Police Officer Al Hamilton #36
Police Officer Ronald Hopkins #88
Police Officer Derreck Keidel #14
Police Officer Tommy Thompson #27

Respectfully,


Harvey J. McGowan, Lt.

cc:
Cobbs
Murrey



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

TO: William Likes #604, Commander
FROM: Dale E. Homerick #636, Lieutenant

| | | |
|-----------------------|-----------------------|------------------------|
| PAGE 1 of 1 | SUBJECT [REDACTED] | DATE 02JUL17 |
|-----------------------|-----------------------|------------------------|

On Thursday June 29, 2017 while assigned as the First Platoon Watch Commander, I had the occasion to speak with [REDACTED] references to calling out of service when taking personal breaks.

At 0845 hrs, I spoke with PO [REDACTED] reference to him taking breaks, calling out of service and notifying RCC of his intensions of being temporarily out of service. I expressed to him the importance of notifying radio that it's for officer safety so that we know his whereabouts. I further spoke to him and advised him that although he is on break he is still responsible for monitoring, answering his radio and responding to calls in a timely manner. PO [REDACTED] stated that he is not aware of any incident that he has intentionally done this and he that he does notify radio and puts on his duty log all locations that he calls out at.

[REDACTED] then stated "do you want me to call out on a personal when I pray". I advised "yes" regardless of what your intensions are when you take a break you must notify radio. [REDACTED] stated that he has no problems with this and he completely understands. I further stated to [REDACTED] I would prefer that when and if he is conducting his personal time that he would do it in a safe and secure location such as Police Headquarters'.

[REDACTED] stated that he completely understands and appreciates my concern for his safety and will take corrective actions immediately.

REVIEWED -
[Signature]
7/6/2017
CC MEMBERS
FILE.

Respectfully,
[Signature]
Dale E. Homerick #636, Lieutenant

[Signature] 7/5/17
[Signature]

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Bernie Innocenzi

Routing and/or Request for Action

DATE: May 27, 2011

TO: Andrés González
Chief, CMHA Police Department

Audrey Davis
General Counsel

Mark Hunt
Director, Human Resources

RE: SALEEM ALI'S RULING WITH THE
U. S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Action

F.Y.I.

Attached is the EEOC'S ruling in the matter regarding [REDACTED]

Review and comment

Review and distribute to your staff

Thank you.

/bjj

Attachment

cc: Jeffery Patterson

REVIEWED -
COPY TO MEMBER'S
FILE -
J. GOSWAMI
27 May 2011

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To:



From: **Cleveland Field Office**
EEOC, AJC Fed Bldg
1240 E 9th St, Ste 3001
Cleveland, OH 44199

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

532-2011-01137

Leona J. Smith,
Investigator

(216) 522-7417**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

MAY 26 2011

Enclosures(s)

Daniel Cabot,
Director

(Date Mailed)

cc: **George Phillips-Oliver, CEO**
CMHA
1441 W. 25 STREET
Cleveland, OH 44113

**INFORMATION RELATED TO FILING SUIT
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),
the Genetic Information Nondiscrimination Act (GINA), or the Age
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- not 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.

U.S. Equal Employment Opportunity Commission

George Phillips-Oliver, CEO
CMHA
1441 W.25 th Street
Cleveland, OH 44113

PERSON FILING CHARGE

THIS PERSON (check one or both)

Claims To Be Aggrieved

Is Filing on Behalf of Other(s)

EEOC CHARGE NO.

NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

Title VII of the Civil Rights Act (Title VII) The Equal Pay Act (EPA) The Americans with Disabilities Act (ADA)

The Age Discrimination in Employment Act (ADEA) The Genetic Information Nondiscrimination Act (GINA)

The boxes checked below apply to our handling of this charge:

1. No action is required by you at this time.
2. Please call the EEOC Representative listed below concerning the further handling of this charge.
3. Please provide by _____ a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
4. Please respond fully by _____ to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
5. EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by _____ to _____

If you **DO NOT** wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

Daniel Cabot,
Director

EEOC Representative

Telephone **(216) 522-7447**

Cleveland Field Office
EEOC, AJC Fed Bldg
1240 E 9th St, Ste 3001
Cleveland, OH 44199
Fax: (216) 522-7395

Enclosure(s): Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

Race Color Sex Religion National Origin Age Disability Retaliation Genetic Information Other

See enclosed copy of charge of discrimination.

Date
May 26, 2011

Name / Title of Authorized Official
Janice Z. Streeter,
Intake Supervisor

Signature
JZS/mpb

INFORMATION ON CHARGES OF DISCRIMINATION

EEOC RULES AND REGULATIONS

Section 1601.15 of EEOC's regulations provides that persons or organizations charged with employment discrimination may submit a statement of position or evidence regarding the issues covered by this charge.

EEOC's recordkeeping and reporting requirements are found at Title 29, Code of Federal Regulations (29 CFR): 29 CFR Part 1602 (see particularly Sec. 1602.14 below) for Title VII and the ADA; 29 CFR Part 1620 for the EPA; and 29 CFR Part 1627, for the ADEA. These regulations generally require respondents to preserve payroll and personnel records relevant to a charge of discrimination until disposition of the charge or litigation relating to the charge. (For ADEA charges, this notice is the written requirement described in Part 1627, Sec.

1627.3(b)(3), .4(a)(2) or .5(c), for respondents to preserve records relevant to the charge – the records to be retained, and for how long, are as described in Sec. 1602.14, as set out below). Parts 1602, 1620 and 1627 also prescribe record retention periods – generally, three years for basic payroll records and one year for personnel records. Questions about retention periods and the types of records to be retained should be resolved by referring to the regulations.

Section 1602.14 Preservation of records made or kept. Where a charge ... has been filed, or an action brought by the Commission or the Attorney General, against an employer under Title VII or the ADA, the respondent ... shall preserve all personnel records relevant to the charge or the action until final disposition of the charge or action. The term *personnel records relevant to the charge*, for example, would include personnel or employment records relating to the aggrieved person and to all other aggrieved employees holding positions similar to that held or sought by the aggrieved person and application forms or test papers completed by an unsuccessful applicant and by all other candidates or the same position as that for which the aggrieved person applied and was rejected. The date of *final disposition of the charge or the action* means the date of expiration of the statutory period within which the aggrieved person may bring [a lawsuit] or, where an action is brought against an employer either by the aggrieved person, the Commission, or the Attorney General, the date on which such litigation is terminated.

NOTICE OF NON-RETALIATION REQUIREMENTS

Section 704(a) of Title VII, Section 207(f) of GINA, Section 4(d) of the ADEA, and Section 503(a) of the ADA provide that it is an unlawful employment practice for an employer to discriminate against present or former employees or job applicants, for an employment agency to discriminate against any individual, or for a union to discriminate against its members or applicants for membership, because they have opposed any practice made an unlawful employment practice by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the statutes. The Equal Pay Act contains similar provisions. Additionally, Section 503(b) of the ADA prohibits coercion, intimidation, threats, or interference with anyone because they have exercised or enjoyed, or aided or encouraged others in their exercise or enjoyment, of rights under the Act.

Persons filing charges of discrimination are advised of these Non-Retaliation Requirements and are instructed to notify EEOC if any attempt at retaliation is made. Please note that the Civil Rights Act of 1991 provides substantial additional monetary provisions to remedy instances of retaliation or other discrimination, including, for example, to remedy the emotional harm caused by on-the-job harassment.

NOTICE REGARDING REPRESENTATION BY ATTORNEYS

Although you do not have to be represented by an attorney while we handle this charge, you have a right, and may wish to retain an attorney to represent you. If you do retain an attorney, please give us your attorney's name, address and phone number, and ask your attorney to write us confirming such representation.

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

FEPA
 EEOC

[REDACTED]

Ohio Civil Rights Commission

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Home Phone (Incl. Area Code)

Date of Birth

Street Address

City, State and ZIP Code

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

No. Employees, Members

Phone No. (Include Area Code)

CMHA

500 or More

(216) 348-5000

Street Address

City, State and ZIP Code

1441 W. 25 STREET, Cleveland, OH 44113

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

DATE(S) DISCRIMINATION TOOK PLACE

RACE COLOR SEX RELIGION NATIONAL ORIGIN
 RETALIATION AGE DISABILITY GENETIC INFORMATION
 OTHER (Specify)

Earliest Latest
04-29-2011 05-03-2011

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I was hired on November 22, 1992, as a Special Police Officer. My most recent position is Police Officer. On April 29, 2011, [REDACTED] came out of Sgt. Richard Schilling's office while in the presence of Sgt Schilling, yelling at me, "Radio got calls waiting for you." I replied, I am aware of the assignment for it has already been given to me by Sgt Schilling. [REDACTED] immediately directed his attention to my boots alleging they were not correct, in that, my pants leg was not sitting correctly on my boot. [REDACTED] ordered me to submit a written statement on the above issues. I also heard [REDACTED] telling Sgt. Schilling that I should be written up concerning my boots.

On May 3, 2011, I received an anecdotal from [REDACTED] to be placed in my shift file for one year.

I believe that I have been harassed and subjected to a hostile work environment in retaliation for filing a previous Charge of Discrimination (532-2011-01061) in violation of Title VII of the Civil Rights Act of 1964, as amended (Title VII).

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

X [REDACTED] 5-17-11

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Leona J Smith 5-17-11

EEOC
CLDO-CART UNIT

MAY 17 2011

Charging Party Signature

Date

RECEIVED

DISMISSAL AND NOTICE OF RIGHTS

To: [Redacted]

From: Cleveland Field Office
AJC Federal Bldg
1240 E 9th St, Ste 3001
Cleveland, OH 44199

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

| EEOC Charge No. | EEOC Representative | Telephone No. |
|-----------------|------------------------------|---------------|
| [Redacted] | Maria M. Colón, Investigator | [Redacted] |

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Cynthia Stankiewicz
Cynthia Stankiewicz
Acting Director

JUN 22 2010

(Date Mailed)

Enclosures(s)

cc: CUYAHOGA METROPOLITAN HOUSING
AUTHORITY

CC
LEGAL
HR

U.S. Equal Employment Opportunity Commission

Mr. George Phillips-Olivier
CEO
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
1441 West 25th St
Cleveland, OH 44113

PERSON FILING CHARGE

THIS PERSON (check one or both)

Claims To Be Aggrieved

Is Filing on Behalf of Other(s)

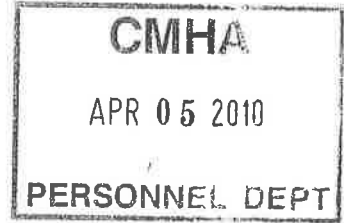
EEOC CHARGE NO. [REDACTED]

NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

- Title VII of the Civil Rights Act The Americans with Disabilities Act
- The Age Discrimination in Employment Act The Equal Pay Act



The boxes checked below apply to our handling of this charge:

- No action is required by you at this time.
- Please call the EEOC Representative listed below concerning the further handling of this charge.
- Please provide by _____ a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- Please respond fully by _____ to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by _____ to _____

If you DO NOT wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

Daniel Cabot,
Director

EEOC Representative

Telephone (216) 522-7447

Cleveland Field Office
AJC Federal Bldg
1240 E. 9th St
Cleveland, OH 44199

Enclosure(s): Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

- RACE COLOR SEX RELIGION NATIONAL ORIGIN AGE DISABILITY RETALIATION OTHER

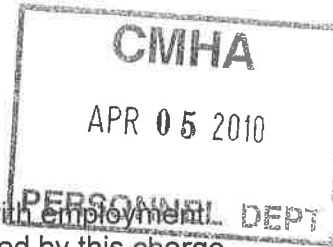
ISSUES:

DATE(S) (on or about): EARLIEST: LATEST:

| | | |
|------------------------------|---|---------------------------|
| Date April 2, 2010 | Name / Title of Authorized Official Janice Z. Streeter, Intake Supervisor | Signature <i>J/amp</i> |
|------------------------------|---|---------------------------|

INFORMATION ON CHARGES OF DISCRIMINATION

EEOC RULES AND REGULATIONS



Section 1601.15 of EEOC's regulations provides that persons or organizations charged with employment discrimination may submit a statement of position or evidence regarding the issues covered by this charge.

EEOC's recordkeeping and reporting requirements are found at Title 29, Code of Federal Regulations (29 CFR): 29 CFR Part 1602 (see particularly Sec. 1602.14 below) for Title VII and the ADA; 29 CFR Part 1620 for the EPA; and 29 CFR Part 1627, for the ADEA. These regulations generally require respondents to preserve payroll and personnel records relevant to a charge of discrimination until disposition of the charge or litigation relating to the charge. (For ADEA charges, this notice is the written requirement described in Part 1627, Sec. 1627.3(b)(3), .4(a)(2) or .5(c), for respondents to preserve records relevant to the charge – the records to be retained, and for how long, are as described in Sec. 1602.14, as set out below). Parts 1602, 1620 and 1627 also prescribe record retention periods – generally, three years for basic payroll records and one year for personnel records.

Questions about retention periods and the types of records to be retained should be resolved by referring to the regulations.

Section 1602.14 Preservation of records made or kept. Where a charge ... has been filed, or an action brought by the Commission or the Attorney General, against an employer under Title VII or the ADA, the respondent ... shall preserve all personnel records relevant to the charge or the action until final disposition of the charge or action. The term *personnel records relevant to the charge*, for example, would include personnel or employment records relating to the aggrieved person and to all other aggrieved employees holding positions similar to that held or sought by the aggrieved person and application forms or test papers completed by an unsuccessful applicant and by all other candidates or the same position as that for which the aggrieved person applied and was rejected. The date of *final disposition of the charge or the action* means the date of expiration of the statutory period within which the aggrieved person may bring [a lawsuit] or, where an action is brought against an employer either by the aggrieved person, the Commission, or the Attorney General, the date on which such litigation is terminated.

NOTICE OF NON-RETALIATION REQUIREMENTS

Section 704(a) of Title VII, Section 4(d) of the ADEA, and Section 503(a) of the ADA provide that it is an unlawful employment practice for an employer to discriminate against present or former employees or job applicants, for an employment agency to discriminate against any individual, or for a union to discriminate against its members or applicants for membership, because they have opposed any practice made an unlawful employment practice by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the statutes. The Equal Pay Act contains similar provisions. Additionally, Section 503(b) of the ADA prohibits coercion, intimidation, threats, or interference with anyone because they have exercised or enjoyed, or aided or encouraged others in their exercise or enjoyment, of rights under the Act.

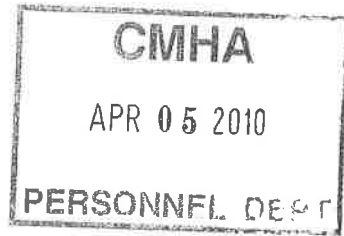
Persons filing charges of discrimination are advised of these Non-Retaliation Requirements and are instructed to notify EEOC if any attempt at retaliation is made. Please note that the Civil Rights Act of 1991 provides substantial additional monetary provisions to remedy instances of retaliation or other discrimination, including, for example, to remedy the emotional harm caused by on-the-job harassment.

NOTICE REGARDING REPRESENTATION BY ATTORNEYS

Although you do not have to be represented by an attorney while we handle this charge, you have a right, and may wish to retain an attorney to represent you. If you do retain an attorney, please give us your attorney's name, address and phone number, and ask your attorney to write us confirming such representation.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Cleveland Field Office



AJC Federal Building
1240 East Ninth Street, Suite 3001
Cleveland, OH 44199
Intake Information Group: (800) 669-4000
Intake Information Group TTY: (800) 669-6820
Cleveland Status Line: (866) 408-8075
Cleveland Direct Dial: (216) 522-7416
TTY (216) 522-8441
FAX (216) 522-7395

INSTRUCTIONS REGARDING NOTICE OF CHARGE OF DISCRIMINATION
WITHOUT A COPY OF THE CHARGE

Often the EEOC receives correspondence (such as a letter or intake questionnaire) from potential charging parties that contain information that is minimally sufficient to file a charge of discrimination. By law, the EEOC is required to date stamp such correspondence, assign a charge number to it, draft a basic charge and mail it to the charging party. While we are waiting for the signed charge to be returned to us, the respondent is then sent a Notice of Charge of Discrimination, Form 131, within 10 days of receipt of the initial charging party correspondence. A copy of the signed charge is not included due to the fact that the Charging Party has not signed and returned same to EEOC. For this reason, the respondent is informed on Form 131 that it need not take any action at this time.

Once a signed and notarized charge of discrimination is returned to the EEOC on a Form 5 (Charge of Discrimination), a copy of the charge is sent to the respondent identifying the specific charge allegations. At this time, the respondent is asked to either elect to enter into mediation on the charge of discrimination or provide a position statement responding to the charging party's allegations. If the charging party fails to return a signed copy of the charge within 33 days and in most circumstances much longer, the charge is dismissed and the respondent is notified.

If you need additional information, please contact Cynthia Stankiewicz, (216) 522-7445, or Dan Cabot, Field Office Director at (216) 522-7447.



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: David Solomon #602, Deputy Chief of Police

FROM: William Likes #604, Patrol Commander

| | | |
|-----------------------|-----------------------|------------------------|
| PAGE 1 of 2 | SUBJECT [REDACTED] | DATE 01APR10 |
|-----------------------|-----------------------|------------------------|

On 01APR10 at approximately 1130 hours, I met with [REDACTED] at headquarters in regards to him being placed on Administrative Leave.

I met with [REDACTED] in my office and advised him that effective today he is on paid Administrative Leave until further notice. I issued [REDACTED] letter from Chief Andres Gonzalez, which outlined he was on paid administrative leave and he was ordered to surrender specific departmental equipment and undergo a medical evaluation prior to returning to work.

I asked [REDACTED] to sign a copy of the letter to acknowledge receiving it. [REDACTED] asked if he could contact his union lawyer before signing it. I advised him yes and he left my office to where I assumed he was making a phone call. Detective Robert Vales came to my office and advised me that [REDACTED] was going home and Sgt. Christopher Svec was providing transportation.

I caught [REDACTED] in the back parking lot of headquarters and again advised him he was on Administrative Leave and advised him that Sgt. Svec would take him home a retrieve his property and he had to contact CMHA Human Resources, on Monday 05APR10, for further instructions.

Sgt. Svec transported [REDACTED] home where [REDACTED] surrendered his photo identification, K-9 office keys, Glock 45, hand held radio, and gun magazines.

I examined [REDACTED] take home vehicle 3K, which [REDACTED] parked in the back parking lot at headquarters. The key was located in the ignition. I opened the rear driver's door and observed a large brown substance in the rear passenger's compartment where repo would be placed. [REDACTED] advised me that K-9 Repo had got sick and he had not had a chance to clean it up. Sgt. Marc Ortiz documented the inside of the car with camera 17, picture 22.

I checked the trunk and observed the spare tire was flat with a screw in the tire. I further located a broken control arm in the truck. The control arm is supposed to be located on the passenger rear door of the vehicle to operate the k-9 bail out door opener. The broken control arm and the area where it should



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



be located were documented with camera 17, pictures 19, 20, and 21. On 20NOV09, Ali generated case report 09-43675 documenting the damage to the control arm.

Zone car 3K was transported down to the Mr. Magic car wash where it was cleaned inside and out. The spare tire was exchanged with a new tire. The damage to the control arm was previously documented. At this time I recommend no charges against [REDACTED].

I recommend that the control arm be repaired and zone car 3K be assigned to PO John Smiddy as his assigned take home vehicle.

Respectfully,

William Likes, Commander

APPROVED - PLEASE
 COPY OF THIS REPORT
 IN PO Ali's FILE -

5 APRIL 10



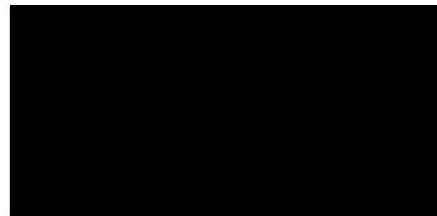
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740
Phone 216.426.7760 • Fax 216.361.3728

Andrés González
Chief of Police

01 April 2010



Effectively immediately, you are hereby placed on paid Administrative Leave until further notice.

You are ordered to surrender your badge, identification card, departmental issued weapon, police vehicle, and any equipment related to the K-9 Unit.

You will be directed to a CMHA approved physician to undergo a medical evaluation prior to returning to active duty.

You are ordered to contact Mr. Mark Hunt, Director of Human Resources, on Monday, 5 April 2010 for further instructions. Mr. Hunt may be reached at 216-348-5030.

By order of,

Andrés González (signature)
Andrés González, Chief
CMHA Police Department

Cc: Mark Hunt, Director, Human Resources
David Solomon, Deputy Chief
Member File



CMHA - Police Division

Case Report

Detail



CUYAHOGA METROPOLITAN HOUSING
AUTHORITY
ORI Number: OH0186800

Print Date/Time: 04/01/2010 13:04

Login ID: [REDACTED]
Case Number: [REDACTED]

Case Details

Case Number: [REDACTED] Incident Type: Damage to Property
Location: [REDACTED] Occurred From: 11/20/2009 22:59
Occurred Thru: 11/20/2009 23:04

Reporting Officer ID: [REDACTED] Status: Open Status Date: 11/20/2009
Assigned Bureau: K-9 Unit Exc Clear: Exc Clear Date:

Offenses

| No. | Group/ORI | Crime Code | Statute | Description | Counts |
|-----|-----------|------------|--------------------|--------------------|--------|
| 1 | OH0186800 | NCR | Damage to Property | Damage to Property | 1 |

Offense #1

Group/ORI: OH0186800 Crime Code: NCR Statute: Damage to Property Counts: 1 Attempt/Commit Code: Commit
Description: Damage to Property Offense Date: 11/20/2009
NCIC Code: Scene Code: Police Headquarters Bias/Motivation: No Bias
Offense Status: Open Status Date: 11/20/2009 Occupancy Code:
of Adults: # of Juveniles: IBR Seq. NO: 1
Property Damage Amt: Abandoned Structure: No Household Status:
Domestic Circumstance: Carjacking: No Lane:
Accosting Situation: Gambling Motivated: No Hate Bias Indicator:

Subjects

Arrests

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------------|---------|--------------------|------|-------|-------------------------------|---------|----------|
| 11/20/2009 | Damaged | Structures - Other | | | 1 air shock for bale out door | | |

Seq #1

Property Codes: Damaged Property Type: Structures - Other Property Class: Automobiles Date Received: 11/20/2009
UCR Value: Initial Value: Stolen Location:
Quantity: 1.000 Unit Of Measure: Each Measurement Source: Description: 1 air shock for bale out door

Suspect Vehicles

Narrative- Ali 31

On 20NOV09, at 2259 I had the occasion to generate Damage to Property report relating to K9 Repo. The following are the facts relating to the incident:

K9 Repo bit off the air shock bale out spring connected to the door. K9 Repo has the tendency to bit on the inside metal when he observes another animal.



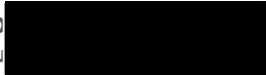
CMHA - Police Division Case Report Detail



Print Date/Time: 04/01/2010 13:04

Login ID

Case Nu



CUYAHOGA METROPOLITAN HOUSING
AUTHORITY

ORI Number: OH0186800

Reporting Officer _____

Date _____



ISSUED
EQUIPMENT RECEIPT



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

RECEIVED 01 _____ DAY OF APR _____ 2010 FROM PO Ali #30 _____

- | | INITIALS | | INITIALS |
|--|----------|-----------------------------------|----------|
| 1) BREAST BADGE _____ | () | 2) HAT BADGE _____ | () |
| 3) PHOTO IDENTIFICATION _____ | (CS) | 4) ADT SWIPE CARD _____ | () |
| 5) DOOR KEY(S) _____ | (C) | 6) RADIO CASE/BATTERY _____ | (C) |
| 7) NIGHT STICK _____ | () | 8) NIGHT STICK HOLDER _____ | () |
| 9) ASP _____ | () | 10) ASP HOLDER _____ | () |
| 11) OC SPRAY _____ | () | 12) OC SPRAY CASE _____ | () |
| 13) GLOCK 45 MODEL 21 _____ | (CS) | 14) EXTRA MAGAZINES (GLOCK) _____ | (CS) |
| 15) RULES & REGS. MANUAL _____ | () | 16) POLICIES & PROC MANUAL _____ | () |
| 17) RCC MANUAL _____ | () | 18) POCKET ORC _____ | () |
| 19) Issued Holster & Mag Pouches _____ | () | 20) Bullet Resistant Vest _____ | () |
| 21) SHORT SLEEVE SHIRTS _____ | () | 22) LONG SLEEVE SHIRTS _____ | () |
| 23) BLAUERJACKET _____ | () | 24) HAT _____ | () |
| 25) RAIN COAT _____ | () | 26) RAIN CAP _____ | () |
| 27) PANTS _____ | () | 28) SKIRTS _____ | () |
| 29) TIES _____ | () | 30) SWEATER _____ | () |
- Key 3B110 / Leica Key CS

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

04 / 01 / 10
 DATE RECIPIENT PRINTED NAME SIGNATURE OF RECIPIENT
 04 / 01 / 10 CHRISTOPHER R. SWEET
 DATE SUPERVISOR PRINTED NAME SIGNATURE OF SUPERVISOR



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

TO: David Solomon #602, Deputy Chief of Police

FROM: William Likes #604, Patrol Commander

| | | |
|-----------------------|-----------------------|------------------------|
| PAGE 1 of 2 | SUBJECT [REDACTED] | DATE 01APR10 |
|-----------------------|-----------------------|------------------------|

On 01APR10 at approximately 1130 hours, I met with [REDACTED] at headquarters in regards to him being placed on Administrative Leave.

I met with [REDACTED] in my office and advised him that effective today he is on paid Administrative Leave until further notice. I issued [REDACTED] a letter from Chief Andres Gonzalez, which outlined he was on paid administrative leave and he was ordered to surrender specific departmental equipment and undergo a medical evaluation prior to returning to work.

I asked [REDACTED] to sign a copy of the letter to acknowledge receiving it. [REDACTED] asked if he could contact his union lawyer before signing it. I advised him yes and he left my office to where I assumed he was making a phone call. Detective Robert Vales came to my office and advised me that [REDACTED] was going home and Sgt. Christopher Svec was providing transportation.

I caught [REDACTED] in the back parking lot of headquarters and again advised him he was on Administrative Leave and advised him that Sgt. Svec would take him home a retrieve his property and he had to contact CMHA Human Resources, on Monday 05APR10, for further instructions.

Sgt. Svec transported [REDACTED] home where [REDACTED] surrendered his photo identification, K-9 office keys, Glock 45, hand held radio, and gun magazines.

I examined [REDACTED]s take home vehicle 3K, which [REDACTED] parked in the back parking lot at headquarters. The key was located in the ignition. I opened the rear driver's door and [REDACTED] observed a large brown substance in the rear passenger's compartment where repo would be placed. PO [REDACTED] advised me that K-9 Repo had got sick and he had not had a chance to clean it up. Sgt. Marc Ortiz documented the inside of the car with camera 17, picture 22.

I checked the trunk and observed the spare tire was flat with a screw in the tire. I further located a broken control arm in the truck. The control arm is supposed to be located on the passenger rear door of the vehicle to operate the k-9 bail out door opener. The broken control arm and the area where it should



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

be located were documented with camera 17, pictures 19, 20, and 21. On 20NOV09, Ali generated case report 09-43675 documenting the damage to the control arm.

Zone car 3K was transported down to the Mr. Magic car wash where it was cleaned inside and out. The spare tire was exchanged with a new tire. The damage to the control arm was previously documented. At this time I recommend no charges against [REDACTED].

I recommend that the control arm be repaired and zone car 3K be assigned to PO John Smiddy as his assigned take home vehicle.

Respectfully,

William Likes, Commander

APPROVED - PLEASE
COPY OF THIS REPORT
IN PO Ali's FILE -

5 APRIL 10



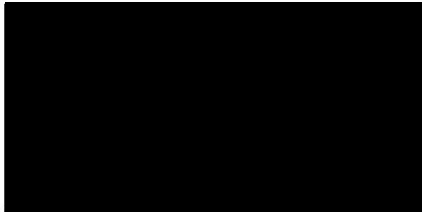
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740
Phone 216.426.7760 • Fax 216.361.3728

Andrés González
Chief of Police

01 April 2010



Effectively immediately, you are hereby placed on paid Administrative Leave until further notice.

You are ordered to surrender your badge, identification card, departmental issued weapon, police vehicle, and any equipment related to the K-9 Unit.

You will be directed to a CMHA approved physician to undergo a medical evaluation prior to returning to active duty.

You are ordered to contact Mr. Mark Hunt, Director of Human Resources, on Monday, 5 April 2010 for further instructions. Mr. Hunt may be reached at 216-348-5030.

By order of,

Andrés González (signature)
Andrés González, Chief

CMHA Police Department

Cc: Mark Hunt, Director, Human Resources
David Solomon, Deputy Chief
Member File



CMHA - Police Division

Case Report

Detail



CUYAHOGA METROPOLITAN HOUSING
AUTHORITY
ORI Number: OH0186800

Print Date/Time: 04/01/2010 13:04

Login ID: [REDACTED]
Case Number: [REDACTED]

Case Details

Case Number: [REDACTED] Incident Type: Damage to Property
Location: [REDACTED] Occurred From: 11/20/2009 22:59
Occurred Thru: 11/20/2009 23:04

Reporting Officer ID: [REDACTED] Status: Open Status Date: 11/20/2009
Assigned Bureau: K-9 Unit Exc Clear: Exc Clear Date:

Offenses

| No. | Group/ORI | Crime Code | Statute | Description | Counts |
|-----|-----------|------------|--------------------|--------------------|--------|
| 1 | OH0186800 | NCR | Damage to Property | Damage to Property | 1 |

Offense #1

Group/ORI: OH0186800 Crime Code: NCR Statute: Damage to Property Counts: 1 Attempt/Commit Code: Commit

Description: Damage to Property Scene Code: Police Headquarters Offense Date: 11/20/2009
NCIC Code: Status Date: 11/20/2009 Bias/Motivation: No Bias
Offense Status: Open # of Juveniles: Occupancy Code:
of Adults: Abandoned Structure: No IBR Seq. NO: 1
Property Damage Amt: Carjacking: No Lane: Household Status:
Domestic Circumstance: Gambling Motivated: No Hate Bias Indicator:
Accosting Situation:

Subjects

Arrests

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------------|---------|--------------------|------|-------|-------------------------------|---------|----------|
| 11/20/2009 | Damaged | Structures - Other | | | 1 air shock for bale out door | | |

Seq #1

Property Codes: Damaged Property Type: Structures - Other Property Class: Automobiles Date Received: 11/20/2009
UCR Value: Initial Value: Stolen Location:

Quantity: 1.000 Unit Of Measure: Each Measurement Source: Description: 1 air shock for bale out door

Suspect Vehicles

Narrative- Ali 31

On 20NOV09, at 2259 I had the occasion to generate Damage to Property report relating to K9 Repo. The following are the facts relating to the incident:

K9 Repo bit off the air shock bale out spring connected to the door. K9 Repo has the tendency to bit on the inside metal when he observes another animal.



CMHA - Police Division

Case Report

Detail



Print Date/Time: 04/01/2010 13:04

Login ID: [REDACTED]
Case Num: [REDACTED]

CUYAHOGA METROPOLITAN HOUSING
AUTHORITY
ORI Number: OH0186800

Reporting Officer _____

Date _____



ISSUED EQUIPMENT RECEIPT



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

RECEIVED 01 DAY OF APR 2010 FROM PO Ali #30

- | | INITIALS | | INITIALS |
|----------------------------------|----------|-----------------------------|----------|
| 1) BREAST BADGE | () | 2) HAT BADGE | () |
| 3) PHOTO IDENTIFICATION | (CS) | 4) ADT SWIPE CARD | () |
| 5) DOOR KEY(S) | (CS) | 6) RADIO CASE/BATTERY | (CS) |
| 7) NIGHT STICK | () | 8) NIGHT STICK HOLDER | () |
| 9) ASP | () | 10) ASP HOLDER | () |
| 11) OC SPRAY | () | 12) OC SPRAY CASE | () |
| 13) GLOCK 45 MODEL 21 | (CS) | 14) EXTRA MAGAZINES (GLOCK) | (CS) |
| 15) RULES & REGS. MANUAL | () | 16) POLICIES & PROC MANUAL | () |
| 17) RCC MANUAL | () | 18) POCKET ORC | () |
| 19) Issued Holster & Mag Pouches | () | 20) Bullet Resistant Vest | () |
| 21) SHORT SLEEVE SHIRTS | () | 22) LONG SLEEVE SHIRTS | () |
| 23) BLAUERJACKET | () | 24) HAT | () |
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| 27) PANTS | () | 28) SKIRTS | () |
| 29) TIES | () | 30) SWEATER | () |
- Key 3B110 / Leica Key CS

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

04 / 01 / 10

DATE

RECIPIENT PRINTED NAME

SIGNATURE OF RECIPIENT

04 / 01 / 10

DATE

SUPERVISOR PRINTED NAME

SIGNATURE OF SUPERVISOR



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: Thomas Burdyslaw #640, Lieutenant

FROM: Theodore E. Troyer #664, Sergeant, 3rd Platoon

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Consultation Police [REDACTED] | DATE 27JAN10 |
|-----------------------|--|------------------------|

On 27JAN10 I received an assignment from Commander William Likes #604 to conduct a consultation with Police [REDACTED] in regards to his personal appearance. Below are the facts.

I advised [REDACTED] of the grooming standards which are incorporated in the Rules and Regulations. I ordered him to trim his hair so that the words "AFRO-ASIAN" could no longer be seen etched into his hair. [REDACTED] stated he would have his hair cut by the next day.

I also inquired about the tattoo which is below his right eye. The tattoo is approximately one (1) inch to 1 1/2 inches in length. It appears to be written in Arabic. I asked [REDACTED] if it had any significant meaning. [REDACTED] was very hesitant to answer. Finally [REDACTED] told me that it was a religious symbol. He would not go any further in depth, other than it was religious. He also stated he would have a private conference with Commander Likes to further explain.

Respectfully,


Sgt Theodore E Troyer 664

REVIEWED... DC SOLOMON/CMOR
LIVES - KEEP ME ADVISED
REGARDING MEANING OF TATTOO -
AGREED
28 JAN 10
CC: MEMBER FILE



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Lt Ronald Morenz #626, Third Platoon Watch Commander

FROM: [REDACTED]

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Submitting Court Cards | DATE 09MAR08 |
|-----------------------|--|------------------------|

On 12FEB08, I was scheduled to appear at court in courtroom 15C Judge Stokes for Defendant Adam Tate. I did attend but I forgot to submit the following court card. I had observed the court card underneath my desk along with the subpoena.

Respectfully,

[REDACTED]

*Court Card
 Submitted
 After 4:00
 Per [unclear]
 626*



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Ronald Morenz #626, Third Platoon Watch Commander

FROM: [REDACTED]

| | | |
|--------------------------------------|--|---------------------------------------|
| <small>PAGE</small> 1 of 1 | <small>SUBJECT</small> Wearing issued duty equipment | <small>DATE</small> 05SEP08 |
|--------------------------------------|--|---------------------------------------|

On Thursday morning 04SEP08, and working for the day of 03SEP08, Lt. Morenz #626 conducted an equipment check. He asked me where is my ASP baton and pepper spray I replied, "I have not used my pepper spray in two years". He ordered me to generate a form-1 on why I have not complied with the rules and regulations on my issued duty equipment. My response is that my duty belt with all the necessities tears up the seat of my zone car. I do not have enough space as it is for my legs. However, Lt. Morenz #626 in the past was quite aware of this and now wants to take action, which the discipline is merited. I have now complied with the order and would advise Detective Beichler for a new issued pepper foam spray. My old pepper spray was turned in during the last ASP baton and pepper spray training.

Respectfully,

[REDACTED]



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Ronald Morenz #626, Third Platoon Watch Commander

FROM: [REDACTED]

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Citizen Complaint X 08-037 | DATE 20JUN08 |
|-----------------------|--|------------------------|

On 27APR08, while assigned to the Third Platoon Canine Unit with K9 Repo. I answered a call for service at 4606 West 174th Street for a female with a knife. Upon my arrival with Sgt. Svec #662, we knocked on the door of 4607 East 174th Street. The leaseholder, Randell Wesson answered the door. Sgt. Svec advised Wesson that we were here for females fighting inside his unit with one of the females possibly having a knife.

We could hear a lot of yelling in the background. Sgt. Svec asked Wesson if we could come inside to make sure that nobody was hurt Wesson replied, "What for". Sgt. Svec again repeated by stating to check and see if anyone inside was hurt. We could smell a strong odor of alcohol emanating from Wesson's breath. Finally, Wesson agreed for us to come inside to check his unit. Wesson's guest was inside yelling and screaming, telling Wesson that we had no reason to be inside his unit. Wesson being intoxicated became angry. Wesson told us that we can check his unit and then asked us to stop, and he replied go ahead you all are going to check my apartment anyway. Sgt. Svec ordered the two females that were yelling to leave. Sgt. Svec then went upstairs and asked the one male to come down stairs for Officers safety and to check to see if anyone was hurt inside. No one inside was hurt and no sign of injuries.

The male upstairs stated that he was asleep during the commotion. Sgt. Svec advised the male to go back upstairs. Wesson requested for our badge numbers and stated that he wanted to file a complaint.

Respectfully,

[REDACTED]



CUYAHOGA METROPOLITAN HOUSING AUTHORITY



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740

tel 216.426.7760 fax 216.361.3759

Anthony H. Jackson
Chief of Police

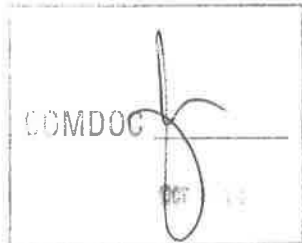
October 7, 2005

Ohio Department of Public Safety
Traffic Crash Records Sections
P.O. Box 182081
Columbus, Ohio 43218-2081

Gentlemen:

Pursuant to Ohio Revised Code Section 3937.41(D), this is to certify that the police officer named on the attached accident report was engaged in his official duties at the time of the accident. This accident report should not be included in a certified abstract of information under Division (A) of Section 4509.05 of the Ohio Revised Code.

- 1. Name of Police Officer [REDACTED]
- 2. Officers Driver's License No. [REDACTED]
- 3. Officer's Social Security No. [REDACTED]
- 4. Officer's Date of Birth [REDACTED]
- 5. Date of Accident February 16, 2005
- 6. Accident Report No. [REDACTED]
- 7. Cruiser License Plate No. 2K - #0C4168



Very truly yours,

Stanley C. Murrey
Deputy Chief of Administration



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE

TYPE: Interoffice memorandum

TO: S [REDACTED]

FROM: Sgt. Patrick Donaldson #642, Range OIC

DATE: 25 AUG 98

SUBJECT: Failure to Achieve Range Proficiency Requirements
[REDACTED]

On 24 AUG 98 you failed to demonstrate proficiency with your duty weapon during mandatory range qualification. I would therefore direct your attention to the Divisional Manual of Rules and Regulations, Chapter 10.1.10 "Use of Force", which states in part:

"Non-Sworn Officers, that work in an armed capacity, and who fail to meet proficiency requirements will be granted a fourteen (14) day grace period in which to become proficient. Within this fourteen (14) day period the officer must, on his own time, report to the range for remedial training and certification. Officers who fail to achieve certification during this grace period shall be demoted to an unarmed position until such time as proficiency is achieved."

You are therefore notified that no later than **07 SEP 98**, you must successfully demonstrate proficiency with your duty weapon as required by the CMHA Police Department. Failure to do so will result in a request for you to be immediately placed in an unarmed status, with the concurrent reduction in pay, being forwarded to the office of the Chief of Police. If you have any questions about this matter, please do not hesitate to contact either myself or Lt. Morenz.


Patrick Donaldson, Sgt.

CC: Files
Murrey

TO: Sharon Barto, Administrative Commander
FROM: Stanley C. Murrey, Deputy Chief of Administration
DATE: 28 JUN 02

| | | |
|-----------------------|--------------------------------------|-------------------|
| PAGE 1 of 1 | SUBJECT PROSECUTOR REVIEWS | NUMBER DCM-003 |
|-----------------------|--------------------------------------|-------------------|

The following procedures are effective immediately for all personnel assigned to the Administrative Division of the Department.

Investigations that develop any CMHA employee as a suspect in a criminal offense will be the subject of review by:

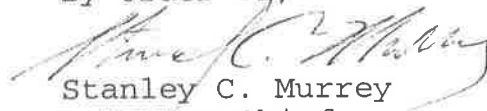
1. The Chief of Police, or his designee;
2. The Deputy Chief of Operations; or
3. The Deputy Chief of Administration.

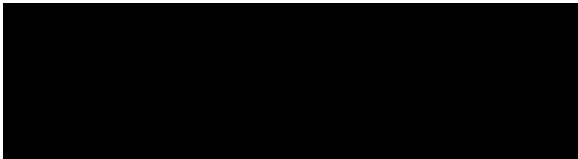
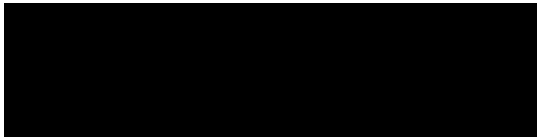
The investigations shall be forwarded through the investigating officer's Official Channels to the Administrative Commander who will then forward it to the appropriate Deputy Chief, or directly to the Chief in their absence. The investigation submitted shall include: evidentiary documentation, photographs, video and/or audio tapes.

The investigation will be reviewed to insure proper and complete content prior to authorizing a review by a prosecutor.

All personnel under your command are to sign and date receipt of this order.

By order of,


Stanley C. Murrey
Deputy Chief



7-2-02
DATE


WITNESSING SUPERVISOR

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

COMPOSITE

APPLICANTS NAME: _____



SATISFACTORY

UNSATISFACTORY

A. Criminal History and Driving Record

_____ ✓ _____

B. Medical History

_____ ✓ _____

C. Home Visit

_____ ✓ _____

D. Neighbor Interviews

_____ ✓ _____

E. Credential Verification

_____ ✓ _____

F. Prior Work History

_____ _____

_____ ✓ _____

G. Application Form Information Verification

_____ ✓ _____

H. Personal References

_____ ✓ _____

Background Investigation Complete

Yes _____ ✓ _____

No _____

I do recommend for employment based upon information verified during Background Investigation. (PLEASE CHECK):

Yes _____

No X _____

I do not recommend for employment based upon information verified during Background Investigation. (PLEASE CHECK):

Yes X _____

No _____

Det Bill [Signature] 8
Investigator's Signature Date

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: _____

DATE OF INVESTIGATION: 8-4-99

AREA BEING VERIFIED: PRIOR WORK HISTORY (CMHA P.D. / SPO)

INVESTIGATORS COMMENTS: Has been disciplined four times
in 1994 for, 1) Black cloth uniform hat, 2) not
signing time card, 3) failure to obey, 4) sleeping
on duty (Hearsay), while working for CMHA as
a SPO.

In 1999 he has called off three days
sick and has three tardys, while working for
CMHA.

In 1997 and 1998 he has been written up by CMHA
for a variety of charges. One that stands out is a
failure to secure weapon. All of his write ups are
in the file.

ATTACHMENTS (IF ANY):

HAVE DISCIPLINARY SUMMARY and attendance
cards in file.

RATING:

____ SATISFACTORY

X UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det [Signature] #85

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: _____



DATE OF INVESTIGATION: 8-4-99

AREA BEING VERIFIED: Home visit (C)

INVESTIGATORS COMMENTS: went to his home He resides
there by himself in a nice Apartment complex in
Richmond Hts. Nice kept Apartment

ATTACHMENTS (IF ANY): _____

RATING:

X

SATISFACTORY

UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det [Signature] #85

CONFIDENTIAL

CONFIDENTIAL

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: _____

DATE OF INVESTIGATION: 08/04/99

AREA BEING VERIFIED: Supervisor: Lt. Morenz #626 - Employment background.

INVESTIGATORS COMMENTS: _____

HAS USED 24 HOURS OF SICK TIME THIS YEAR.

LAST SICK DAY WAS 3-13-99. GOOD WORKER WHO

DOESN'T REQUIRE A LOT OF SUPERVISION. NO DISCIPLINARY PROBLEM.

ATTACHMENTS (IF ANY): _____

RATING: _____

SATISFACTORY

UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det. Louis N. Scibelli #108

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: [REDACTED]

DATE OF INVESTIGATION: 8-4-99

AREA BEING VERIFIED: neighbor Interviews

INVESTIGATORS COMMENTS: Talked to three of his neighbors
in the building who all said he was a nice
guy who keeps to himself. very pleasant and
curtious.

Also talked to the security company who
provides security for the complex and he stated that
they have never had any problems with him
or at his apartment

ATTACHMENTS (IF ANY): _____

RATING: SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE Det [Signature] #85



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

Glock Model 17 Firearm Responsibility Form

I [REDACTED] (Print Full Name) acknowledge issuance to me of a Glock Model 17 firearm which is the property of the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD). I acknowledge and understand that the firearm remains the property of CMHAPD and must be surrendered upon suspension, termination, or extended illness as provided by CMHAPD's rules and regulations.

I acknowledge and understand that I will be held accountable and responsible if my CMHAPD issued firearm becomes unserviceable due to loss, damage, or circumstances determined to have been caused by my intentional act, misuse, or neglect. Should my intentional act, misuse, or neglect render the firearm unserviceable, I will reimburse CMHA the cost of repair and/or replacement.

I acknowledge and understand that I will safely transport and store the CMHAPD issued firearm in accordance with all applicable laws and ordinances.

I acknowledge and understand that I am not authorized to carry my CMHAPD issued Glock Model 17 firearm while engaged in any secondary employment.

I acknowledge and understand that misuse or neglect of a CMHAPD issued weapon shall be the subject of an investigation and may be the basis for disciplinary action, up to and including termination from employment, consistent with CMHAPD regulations and the Personnel Policies and Procedures Manual of the Cuyahoga Metropolitan Housing Authority.

Issued Glock Model 17 Serial #: [REDACTED]

Member Signature [REDACTED] Date Issued: 6-1-16

Issued by:  Date Issued: 01 Jun 16

Terrissi Suber-Bey

From: Terrissi Suber-Bey
Sent: Thursday, September 24, 2015 11:26 AM
To: Steele, Ronaye
Subject: Hourly Pay Discrepancy
Attachments: SKMBT_C552D15092409400.pdf

Good Morning!

I received the attached pay discrepancy form from [REDACTED] Please assist me with researching and adjusting either [REDACTED] or PO Jones' hourly rate. Also, I checked EV-5 and it shows their service dates which is correct however the "Co. date" as the year of 2010. They both became police officers 9/18/99.

Thanking you in advance

Terrissi Suber-Bey

From: Steele, Ronaye
Sent: Sunday, October 18, 2015 4:48 PM
To: Terrissi Suber-Bey
Cc: Sandhu, Navjot
Subject: Re: Hourly Pay Discrepancy

Will have this investigated and have Navjot get baxk with yiu.

Sent from my Sprint phone

----- Original message-----

From: Terrissi Suber-Bey
Date: Thu, Oct 15, 2015 10:14 AM
To: Steele, Ronaye;
Subject: Hourly Pay Discrepancy

Good Morning Ronaye! Just following up on the discrepancy with [REDACTED] Larry Jones pay difference. Were you able to investigate the issue as of yet? See below:

I received the attached pay discrepancy form from [REDACTED] Please assist me with researching and adjusting either [REDACTED] or PO Jones' hourly rate. Also, I checked EV-5 and it shows their service dates which is correct however the "Co. date" as the year of 2010. They both became police officers 9/18/99.

Thanking you in advance

Terrissi Suber-Bey

From: Terrissi Suber-Bey
Sent: Thursday, October 15, 2015 10:15 AM
To: Steele, Ronaye
Subject: Hourly Pay Discrepancy
Attachments: SKMBT_C552D15092409400.pdf

Good Morning Ronaye! Just following up on the discrepancy w [REDACTED] /s/ Larry Jones pay difference. Were you able to investigate the issue as of yet? See below:

I received the attached pay discrepancy form from [REDACTED]. Please assist me with researching and adjusting either [REDACTED] or PO Jones' hourly rate. Also, I checked EV-5 and it shows their service dates which is correct however the "Co. date" as the year of 2010. They both became police officers 9/18/99.

Thanking you in advance

Terrissi Suber-Bey

From: Steele, Ronaye
Sent: Tuesday, November 10, 2015 1:49 PM
To: Terrissi Suber-Bey; Sandhu, Navjot
Subject: RE: Hourly Pay Discrepancy

Terrissi,

It appears that there is not a 2011 PTF in his file for the increase. Do you have a copy of a PTF for the increase in your file?

From: Terrissi Suber-Bey
Sent: Tuesday, November 10, 2015 12:32 PM
To: Sandhu, Navjot; Steele, Ronaye
Subject: RE: Hourly Pay Discrepancy

Please advise the status of this discrepancy. Thank you!!

From: Sandhu, Navjot
Sent: Friday, October 23, 2015 4:32 PM
To: Steele, Ronaye
Cc: Terrissi Suber-Bey
Subject: RE: Hourly Pay Discrepancy

Ronaye, he does not have a 2011 increase PTF in his file. That is why his salary is off.

Navjot Sandhu
t: 216-271-2248
f: 216-348-8236

From: Steele, Ronaye
Sent: Sunday, October 18, 2015 4:48 PM
To: Terrissi Suber-Bey
Cc: Sandhu, Navjot
Subject: Re: Hourly Pay Discrepancy

Will have this investigated and have Navjot get baxk with yiu.

Sent from my Sprint phone

----- Original message-----

From: Terrissi Suber-Bey
Date: Thu, Oct 15, 2015 10:14 AM
To: Steele, Ronaye;
Subject:Hourly Pay Discrepancy

Good Morning Ronaye! Just following up on the discrepancy with [REDACTED] / Larry Jones pay difference. Were you able to investigate the issue as of yet? See below:

I received the attached pay discrepancy form from [REDACTED] Please assist me with researching and adjusting either [REDACTED] or PO Jones' hourly rate. Also, I checked EV-5 and it shows their service dates which is correct however the "Co. date" as the year of 2010. They both became police officers 9/18/99.

Thanking you in advance

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From: Terrissi Suber-Bey
Sent: Tuesday, November 10, 2015 12:32 PM
To: Sandhu, Navjot; Steele, Ronaye
Subject: RE: Hourly Pay Discrepancy

Please advise the status of this discrepancy. Thank you!!

From: Sandhu, Navjot
Sent: Friday, October 23, 2015 4:32 PM
To: Steele, Ronaye
Cc: Terrissi Suber-Bey
Subject: RE: Hourly Pay Discrepancy

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Navjot Sandhu
t: 216-271-2248
f: 216-348-8236

From: Steele, Ronaye
Sent: Sunday, October 18, 2015 4:48 PM
To: Terrissi Suber-Bey
Cc: Sandhu, Navjot
Subject: Re: Hourly Pay Discrepancy

Will have this investigated and have Navjot get baxk with yiu.

Sent from my Sprint phone

----- Original message-----

From: Terrissi Suber-Bey
Date: Thu, Oct 15, 2015 10:14 AM
To: Steele, Ronaye;
Subject: Hourly Pay Discrepancy

Good Morning Ronaye! Just following up on the discrepancy with [REDACTED] / Larry Jones pay difference. Were you able to investigate the issue as of yet? See below:

I received the attached pay discrepancy form from [REDACTED]. Please assist me with researching and adjusting either [REDACTED] or PO Jones' hourly rate. Also, I checked EV-5 and it shows their service dates which is correct however the "Co. date" as the year of 2010. They both became police officers 9/18/99.

Thanking you in advance

Terrissi Suber-Bey

From: Terrissi Suber-Bey
Sent: Wednesday, December 02, 2015 4:34 PM
To: Sandhu, Navjot; Steele, Ronaye
Subject: RE: Hourly Pay Discrepancy (Saleem Ali)

Please advise the status of this discrepancy. Thank you!!

From: Sandhu, Navjot
Sent: Friday, October 23, 2015 4:32 PM
To: Steele, Ronaye
Cc: Terrissi Suber-Bey
Subject: RE: Hourly Pay Discrepancy

Ronaye, he does not have a 2011 increase PTF in his file. That is why his salary is off.

Navjot Sandhu
t: 216-271-2248
f: 216-348-8236

From: Steele, Ronaye
Sent: Sunday, October 18, 2015 4:48 PM
To: Terrissi Suber-Bey
Cc: Sandhu, Navjot
Subject: Re: Hourly Pay Discrepancy

Will have this investigated and have Navjot get baxk with yiu.

Sent from my Sprint phone

----- Original message-----

From: Terrissi Suber-Bey
Date: Thu, Oct 15, 2015 10:14 AM
To: Steele, Ronaye;
Subject: Hourly Pay Discrepancy

Good Morning Ronaye! Just following up on the discrepancy with P [REDACTED] Larry Jones pay difference. Were you able to investigate the issue as of yet? See below:

I received the attached pay discrepancy form from P [REDACTED] Please assist me with researching and adjusting either [REDACTED] PO Jones' hourly rate. Also, I checked EV-5 and it shows their service dates which is correct however the "Co. date" as the year of 2010. They both became police officers 9/18/99.

Thanking you in advance

Terrissi Suber-Bey

From: Terrissi Suber-Bey
Sent: Tuesday, November 10, 2015 1:56 PM
To: Steele, Ronave
Subject: [REDACTED] PTF copy
Attachments: SKMBT_C552D15102317000.pdf

Yes, here is the copy

From: Terrissi Suber-Bey
Sent: Friday, October 23, 2015 5:03 PM
To: Sandhu, Navjot
Subject: [REDACTED] 11 PTF copy



PERSONNEL TRANSACTION FORM

| | | |
|-----------------------------------|---------------------------|----------------------------|
| EMPL ID | Request Date 12/7/2010 | Effective Date 1/8/2011 |
| SOCIAL S (mask- last 4 digits) | Employee Status ACTIVE | FLSA Status Non-exempt |

| | | | | | | | | |
|-----------|------------|------|--------|------------|-----|----------------|---------------|---------------|
| Last Name | First Name | M.I. | Suffix | Birth Date | Sex | Marital Status | Race BLACK | CMHA Resident |
|-----------|------------|------|--------|------------|-----|----------------|---------------|---------------|

| | | | | |
|-------------------|-----------|------|-------|----------|
| Mailing Address 1 | Address 2 | City | State | Zip Code |
|-------------------|-----------|------|-------|----------|

| | | | | |
|---------------|----------------------|-----------------------------|-------------|-------------------------|
| Action PAY | Action Reason MER | Action Description MERIT | Cost Number | Cost Number Description |
|---------------|----------------------|-----------------------------|-------------|-------------------------|

| | | | | | | |
|----------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| FROM: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| POLICE OFFICER | | | 20.7595 | 43,179.76 | Police Administration | 210000 |

| | | | | | | |
|----------------|----------|----------------------|-------------|-----------|-----------------------|-----------|
| TO: | Job Code | Job Code Description | Rate of Pay | | Department | Dept ID # |
| | | | Hrly | Salary | | |
| POLICE OFFICER | | | 21.3823 | 44,475.18 | Police Administration | 210000 |

COMMENTS:
CONTRACTUAL INCREASE

Requested By: *Charles [Signature]* Date 12/10/10
Department Director

Director of Human Resources Date _____
Budgetary Approval Date _____

Executive Director _____ Date _____

| Addressee | Start Time | Time | Prints | Result | Note |
|-----------|-------------|----------|---------|--------|------|
| Payroll | 04-22 11:16 | 00:00:24 | 001/001 | OK | |

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX,
 MIX: Mixed Original TX, CALL: Manual TX, CSRC: CSRC, FWD: Forward, PC: PC-Fax,
 BND: Double-Sided Binding Direction, SP: Special original, FCODE: F-code, RTX: Re-TX,
 RLY: Relay, MBX: Confidential, BUL: Bulletin, SIP: SIP Fax, IPADR: IP Address Fax,
 I-FAX: Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full,
 LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error,
 DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Automatic Payroll Direct Deposit

(Please Print)

| | | |
|-----------------------|------------------------|--------------|
| Last Name: [REDACTED] | First Name: [REDACTED] | Middle Intl: |
| Soc Sec #: [REDACTED] | Department: POLICE | Ext: |

Please follow instructions below to ensure the accurate processing of your direct deposit

MAKE SELECTION (\$)

Checking Accounts: Attach a deposit slip or voided check from your established checking account.
 Acct. 1 Routing Number _____ Account Number _____
 Acct. 2 Routing Number _____ Account Number _____

Savings Accounts: Ask your bank facilities for a computer printout of your account number and
 Transit/ABA numbers.
 Acct. 1 Routing Number _____ Account Number _____
 Acct. 2 Routing Number _____ Account Number _____

INDICATE ONE

| | |
|---|---|
| <input type="checkbox"/> 100% of my check deposited <input type="checkbox"/> Flat dollar amount \$ | <input type="checkbox"/> 100% of my check deposited <input type="checkbox"/> Flat dollar amount \$ |
| <input type="checkbox"/> 100% of my check deposited <input type="checkbox"/> Flat dollar amount \$ | <input type="checkbox"/> 100% of my check deposited <input type="checkbox"/> Flat dollar amount \$ |

OTHER OPTIONS

Change my account number only at the same institution

ATTACH YOUR DEPOSIT SLIP OR VOIDED CHECK HERE

"I authorize the Cuyahoga Metropolitan Housing Authority (CMHA) to utilize automatic direct deposit by electronic transfer as a means of compensating me for any and all payments associated with my employment at the Authority. I understand that any and all payments made pursuant to the directions indicated above will continue unless I provide written notice which changes my established checking and/or savings account or effectively rescinds this authorization as a result of my no longer being an employee of CMHA. I further understand and acknowledge that the Agency has the express right to exercise reversals on any such accounts deemed necessary due to errors in payments."

| | |
|--------------------------------|-----------|
| Employee Signature: [REDACTED] | Date: / / |
|--------------------------------|-----------|

PAYROLL USE ONLY

| | |
|--|--------------------------|
| <input checked="" type="checkbox"/> Pre-note A C = | Date processed P/N - / / |
| <input checked="" type="checkbox"/> Direct Deposit A C = | Date processed D/D - / / |

QUESTIONS: CONTACT THE PAYROLL DEPARTMENT @ (216) 271-2812, EXT 2812



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: All Members

FROM: Andrés González, Chief of Police

DATE: April 12, 2013


| | | |
|-------------|--------------------|------------|
| Page 1 of 1 | Assignment Changes | DN #13-035 |
|-------------|--------------------|------------|

Pursuant to DN#13-024, Anticipated Assignment Community Policing Unit, the following transfers are effective Saturday, May 11, 2013:

- [REDACTED] from 2nd Platoon to CP Unit.
- [REDACTED] from 2nd Platoon to CP Unit.
- PO Lorenzo Brazzell #79 from 3rd Platoon to CP Unit.
- PO Kyle Flagg #1 from 2nd Platoon to CP Unit.

Members shall contact Sgt. James Harris for their assignments.

By order of


Andrés González, Chief of Police



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



September 27, 2013

Shuttlers Uniform Inc.
777 Alpha Drive
Highland Hts., Ohio 44143

This letter will introduce [REDACTED] who is a SWAT Officer with our department.
Please issue him/her the following uniform item(s):

- (2) 5:11 Tactical Series Long Sleeve BDU Shirt, Black (Style # 72157) (SWAT Patches)
- (2) 5:11 Tactical Series TDU Pants, Black (Style # 74004) Black

These item(s) should be billed under Purchase Order #1174-860

For our internal tracking purpose please furnish each officer with a receipt showing the item(s) that were issued to him/her and include estimated arrival dates for all back ordered items if applicable.

Sincerely,

Thomas M. Burdyslaw, Lieutenant

Jeffery K. Patterson, Chief Executive Officer/Safety Director



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: All Members

FROM: Andrés González, Chief of Police

DATE: September 23, 2013

| | | |
|-------------|-------------|------------|
| Page 1 of 1 | Assignments | DN #13-073 |
|-------------|-------------|------------|

Effective Monday, September 23, 2013, the following members will be assigned to the SWAT Team, pursuant to DN #13-065:



- PO Harun Abdul-Ali #60
- PO Louis Catalani #8
- PO Kenneth Wohlheter #59

Members shall contact Lt. Dale Homerick for their assignments.

By order of,


 Andrés González, Chief of Police



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Angel Morales #602, Deputy Chief

FROM: William R. Likes #604, Commander

| | | |
|-----------------------|-----------------------------|------------------------|
| PAGE 1 of 1 | SUBJECT Bike Unit | DATE 13MAY13 |
|-----------------------|-----------------------------|------------------------|

On 13MAY13 at 1000 hours, I addressed the Bike Unit comprised of ██████████ Lorenzo Brazzell, ██████████ Kyle Flagg, Aaron Luther, Derik Rodriguez, Ali Sabeiha, Sgt. Harris, and Sgt. Neal regarding the following topics:


1. **Hours-** As advised in the interview process for the Community Policing Unit, the hours will change depending assignment. All members advise they had no problem with hours changing.
2. **Injuries-** All members were advised that pre-existing injuries can possibility be agitated by riding bikes, getting on, dismounting, or falling off. If anyone has a pre-existing injury they should advise me so other assignments can be made. All members advised me they could ride without causing any further problems.
3. **Equipment-** All members were advised to check their equipment and complete a list so the department can purchase it.
4. **Concern-** All members were asked if they had any concerns.
 - Officer Brazzell asked if he could wear a bandana under his bike helmet to absorb the sweat. He was advised yes.
 - Officer asked who was in charge of them. They were advised Sgt. Neal & Sgt. Harris, who will be riding with them.

REVIEWED -
 COPY TO ESCY
 MEMBER'S FILE -

ASG
 5/15/2013
 CC: IRD, W, G FILES

Respectfully,

 William Likes, Commander

5/13/13




**Academy / Accreditation
Training Manual
Ref: Accreditation Chapter 33**



TRAINING DOCUMENTATION

| | | |
|-----------------------|--|------------------------|
| PAGE 1 of 1 | SUBJECT Police Bike Training | DATE 13MAY13 |
|-----------------------|--|------------------------|

| NAME | BADGE # | SIGNATURE | DATE |
|-----------------------------------|------------|--------------------------------|---------|
| [REDACTED] | [REDACTED] | [REDACTED] | 13MAY13 |
| Brazzell, Lorenzo | 79 | <i>[Signature]</i> #79 | 13MAY13 |
| Burgos, Jackelyn | 33 | <i>[Signature]</i> vac. DAY | |
| [REDACTED] | [REDACTED] | [REDACTED] | 13MAY13 |
| Flag, Kyle | 1 | <i>[Signature]</i> | 13MAY13 |
| Harris, James | 644 | <i>[Signature]</i> 644 | 13MAY13 |
| Luther, Aaron | 23 | <i>[Signature]</i> | 13MAY13 |
| Neal, James | 668 | <i>[Signature]</i> | 13MAY13 |
| Rodriguez, Derrick <i>Derrick</i> | 25 | <i>[Signature]</i> | 13MAY13 |
| Sabeiha, Ali | 16 | <i>[Signature]</i> | 13MAY13 |
| | | | |
| | | | |



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



**BODY ARMOR
EQUIPMENT RESPONSIBILITY FORM**

Date: 17AUG12

I, [REDACTED] (print name), have received

one Safariland Second Chance - BA-3A00S-SM01 ballistic vest.

I understand that it **shall be worn at all times while on-duty or when working approved secondary employment**. This body armor is intended to assist me in the performance of my duties and my failure to wear it as prescribed will result in disciplinary action.

Should this body armor become lost or stolen, I understand that I will be liable for the cost of its replacement.

Front Panel Serial Number: 12191213

Rear Panel Serial Number: 12191214

Date of Inspection: 17AUG12

Employee
Signature

[REDACTED SIGNATURE]

Date: 8-21-12

Inspected by:

[Handwritten Signature]

Date: 8/17/12



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: All Members of the Police Division
FROM: Andrés González, Chief of Police
DATE: June 8, 2012

| | | |
|-------------|----------------------|------------|
| Page 1 of 1 | TEMPORARY ASSIGNMENT | DN #12-043 |
|-------------|----------------------|------------|

The following temporary assignment is effective Saturday, June 9th:

[REDACTED] from 2nd Platoon to 1st Platoon.

Member shall report to Lt. Carol Rucker for his assignments.

By order of,
Andrés González (Signature)
Andrés González, Chief of Police

PURCHASE AGREEMENT

between

Saleem Ali

and the

Cuyahoga Metropolitan Housing Authority (CMHA)

This Purchase Agreement is made and entered into this 13 day of May, 2010, by and between [REDACTED] an employee of CMHA and a citizen of Cleveland, Ohio, and the Cuyahoga Metropolitan Housing Authority, an Ohio metropolitan housing authority, by and through its Chief Executive Director or his designate.

BACKGROUND

- A. [REDACTED] is currently employed as a police officer in the CMHA Police Department and was previously assigned to the Canine Unit.
- B. [REDACTED] was, in conjunction with his previous assignment to the Canine Unit, given the care, custody, and control of a police service dog named Repo, an imported German Shepard.
- C. Repo has been specially trained to assist [REDACTED] in law enforcement tasks and to respond to commands issued specifically by him.
- D. [REDACTED] recently transferred from the CMHA Canine Unit.
- E. CMHA's Canine Unit's ability to use Repo for the functions for which he had been trained following [REDACTED] transfer is most questionable since Repo's performance has been tied to [REDACTED]
- F. Repo's continued service within the CMHA Police Department could also subject CMHA to potential liability because of the possibility that Repo may fail to respond to and/or obey a new handler.
- G. [REDACTED] desires to purchase Repo from CMHA so that Repo can be retired.
- H. [REDACTED] and the CMHA Police Department hereby agree that Repo will discontinue his law enforcement service with CMHA and will not provide law enforcement service to any other agency/entity as of the date and year first above written.

CMHA and Officer Saleem Ali agree as follows:

AGREEMENT

1. CMHA shall sell Repo "as is" to Office [REDACTED] for the sum of one-dollar (\$1.00). CMHA makes no representation or warranty as to the physical condition of Repo.
2. [REDACTED] agrees and hereby assumes ownership and full responsibility for the care, maintenance, feeding, housing, training, medical, and any and all other services/expenses that result from or arise out of ownership of Repo.
3. CMHA relinquishes any and all rights in Repo and shall have no further responsibility or liability for Repo or Repo's care.
4. [REDACTED] agrees to defend, indemnify and hold harmless CMHA, its officials, employees, representatives and agents against all liability, claims, demands, losses, damages, or injury that arises out of, or is in any way related to Repo, and/or his ownership and possession of Repo.
5. **IN WITNESS WHEREOF**, the parties hereto, by their duly authorized officers, have caused this Purchase Agreement to be executed as of the date and year first above written.

EMPLOYEE/CITIZEN:

[REDACTED]
B [REDACTED]
(signature)

Name: [REDACTED]
Title: Patrolman

CMHA:

**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**

By: [Signature]
(signature)

Name: JACQUELINE TRAYNER
Title: SECRETARY



CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
2711 CHURCH AVENUE
CLEVELAND, OHIO 44115

28289

DATE

5-19-10

RECEIVED FROM



\$

| | |
|---|----|
| 1 | 00 |
|---|----|

DOLLARS

FOR

One Dollar
for purchase of CMHA Dog

Thank You

| | | |
|-------------------|--|--|
| AMOUNT OF ACCOUNT | | |
| THIS PAYMENT | | |
| BALANCE DUE | | |

- CASH
- CHECK
- M.O.

BY

Gail Pickett



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: Carol Rucker #632-Lieutenant, Special Operations

FROM: [REDACTED]

| | | |
|-----------------------|------------------------------------|------------------------|
| PAGE 1 of 1 | SUBJECT Retiring K9 Repo | DATE 30MAR10 |
|-----------------------|------------------------------------|------------------------|

On 30MAR10, I will be retiring K9 Repo effective immediately, and I have completed the required contract. I appreciate the opportunity and look forward to being assigned to a designated Platoon.

Respectfully,

[REDACTED SIGNATURE]

PLACE IN MEMBER'S FILE -

[Handwritten initials]



**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: [REDACTED] Police Officer-K-9 Unit

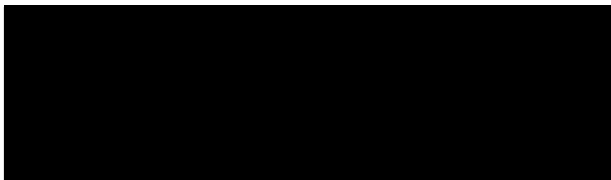
FROM: David Solomon, Deputy Chief

| | | |
|-----------------------|---------------------------------------|------------------------|
| PAGE 1 of 1 | SUBJECT K-9 Repo Evaluation | DATE 17MAR10 |
|-----------------------|---------------------------------------|------------------------|

On 16MAR10 K-9 Repo caused injuries to Paul Shaughnessy during the K-9 evaluation / certifications regarding obedience. Because of his actions, he was not able receive certification in obedience. Effective 17MAR10, you are not to deploy K-9 Repo on duty until further notice.

Respectfully,



David Solomon, Deputy Chief



3-17-10 2230
Date/Time


Issuing Supervisor

17 MAR 10 2230
Date/Time

REVIEWED -
COPY TO MEMBER FILE

19 MAR 10



Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue

HEALTH RISKS

Response to Exposure. The TASER device can cause temporary discomfort, pain, stress, and panic, which may be injurious to some people.

Muscle Contraction-Related Risks. The TASER device can cause strong muscle contractions that may result in physical exertion or athletic-type injuries. In certain instances this may be serious for some people, such as those with pre-existing conditions and/or special susceptibilities. This may also occur in instances where a person has an unusual and/or unanticipated response to the TASER device deployment and/or discharge.

Secondary Injury Risks. TASER-induced strong muscle contractions usually render a subject temporarily unable to control his or her psychomotor movements. This may result in secondary injuries such as those due to falls. This loss of control, or inability to catch oneself, can in special circumstances increase the risk(s) of serious injury or death. Persons who are physically infirm or pregnant are among those who may be at higher risk. Also, persons who could fall on a sharp object (such as persons holding a knife or other edged weapon) or suffer impact injuries to their head or other sensitive area in a fall could also be at a higher risk. Other persons at higher risk include: those located on elevated or unstable platforms (e.g., trees, roofs, ladders, ledges, cranes, loading docks), operating a vehicle or machinery, or those who are running. Persons located in water may drown if their ability to move is restricted.

Strain Injury Risks. It is possible that the injury types may include, but are not limited to, strain-type injuries such as hernias, ruptures, dislocations, tears, or other injuries to soft tissue, organs, muscles, tendons, ligaments, nerves, and joints. Fractures to bones, including vertebrae, may occur. These injuries may be more likely to occur in people with pre-existing injuries or conditions such as pregnancy, osteoporosis, osteopenia, spinal injuries, diverticulitis, or in persons having previous muscle, disc, ligament, joint, or tendon damage. It is believed that the risk of these injuries is comparable to or less than the risk(s) from vigorous physical exertion, such as weight training, wrestling, or other intense athletic endeavors.

Scarring. Use of a TASER device, especially in drive (or touch) stun mode, can cause marks, friction abrasions, and/or scarring that may be permanent depending on individual susceptibilities or circumstances surrounding TASER device use and exposure.

Laser Beam Eye Damage. The TASER device incorporates a laser aiming aid. Laser beams can cause eye damage. Avoid intentionally aiming at the eye(s) of a person or animal.

If you have a condition or pre-existing injury that would be aggravated by muscle contractions and physical exertion check the appropriate box below and notify the instructor prior to volunteering for the TASER device exposure.

I have no injuries or known physical or mental conditions that could be aggravated by muscle contractions, physical exertion or exposure to the electrical discharge of TASER devices.

I have the following pre-existing physical or mental injuries or physical conditions that could be aggravated by exposure to the TASER device:

I agree to be exposed to the electrical discharge of the TASER device under the following conditions:

LIABILITY RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS

In consideration of receiving a TASER Exposure, I acknowledge and agree as follows:

- 1) I understand that a TASER Exposure results in strong muscle contractions, physical exertion and stress and involves the risk of physical injury. I acknowledge that I have read the above Warnings and Risks and with full knowledge of such risks, I voluntarily agree to experience a TASER Exposure and I assume all risks, whether known or unknown, foreseen or unforeseen, inherent in the TASER Exposure.
- 2) Intending that this Form be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge the instructor, my law enforcement agency, TASER International, Inc. and all of its agents, directors and employees of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown physical and mental injuries and consequences thereof, whether foreseen or unforeseen, suffered by me from the TASER Exposure. I specifically waive any statutory rights I may have regarding the release of known or unknown claims.
- 3) I further agree that neither I nor my heirs, estate, personal representative, nor any other person or entity will ever institute any action, litigation or suit at law or in equity against the instructor, his/her law enforcement agency, TASER International, Inc. and all of its agents, directors and employees for any damages, costs, loss or injury arising out of the TASER Exposure.
- 4) I further agree to indemnify and save harmless the instructor, his/her law enforcement agency, TASER International, Inc. and all of its agents, directors and employees from all liability, loss, costs and obligation of any and every kind on account of or arising out of any injuries or losses incurred by me, however occurring, arising out of the TASER Exposure.
- 5) In signing this Form, I agree that I have read and understand this entire Form; I understand that it is a promise not to sue and a release and indemnity for all claims; I further understand that by signing this Form I am giving up certain legal rights including the right to recover damages in case of injury; and I agree to abide by the terms and conditions of this Form.
- 6) This release does not relate to [REDACTED]

Date 6/24/08 Sign [REDACTED]

Printed Name [REDACTED]

Mail or fax a copy of this form to:

TASER International
17800 N. 85th St.
Scottsdale, AZ 85255
Fax: (480) 991-0791



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



TASER X26 RESPONSIBILITY FORM

Date: July 11, 2008

I [redacted] (PRINT FULL NAME) have received (8) hours of Crisis Intervention Training and (16) hours of Taser Instruction. I have also received and understand the Department's Use of Force Policy and Taser Policy. I further understand that the acceptance of a Departmentally owned Taser X26, a less than lethal weapon, is not mandatory and that if I accept the Taser X26, I shall be required to follow all Policies and Procedures governing Use of Force and Taser. I understand that the standards for the Use of Force are the same on and off duty including the guidelines for reporting use of force incidents.

Additionally, I understand that if I am in compliance with secondary employment requirements and authorization, I will be allowed to carry the Taser X26 as an intermediate weapon. I further understand that I will be responsible for the replacement cost of cartridges that may be deployed while engaged in authorized secondary employment.

I understand that the Taser X26 is the property of the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD) and that I am fully responsible and accountable for its use, activity, location, and possession. I am aware that the issuance of the Taser X26 is intended to assist me in the performance of my duties and that any misuse of this equipment will result in disciplinary action. In no way may I transfer or give my Taser X26 and/or related supplies/equipment responsibilities to another agency employee or individual outside of CMHA.

Should this Taser X26 become lost or stolen, I understand that I will be liable for the cost of its replacement.

I have read the above statement and voluntarily accept a Taser X26.

Taser X26 Serial Number: X00-369274

Holster [checked]

(2) 21 foot cartridges [checked]

Employee Signature [redacted]

Date 11JUL08

Issued by: Det. Beichler #54

Date 11JUL08

I have read the above statement and voluntarily choose not to accept Taser X26 at this time.

Employee Signature: _____

Date _____

Witnessed by: _____

Date _____



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: All Personnel
FROM: Stanley C. Murrey, Acting Chief of Police
DATE: August 10, 2006

Page 1 of 1

Mandatory Training- Banned List Training

DN #06-104

The following officers are scheduled to attend the make-up session for the In-Service Training relating to the Banned List on 22AUG06 at 1300 hours. The training will be held at Headquarters in the Community Policing room. Dress is uniform of the day. Watch Commanders/ Unit OIC's are responsible for notifying their personnel that their attendance is mandatory. The list is as follows:

Sgt. Morgan #658

Sgt. Rucker #632

PO Ronald Hopkins #88

PO Jones #26

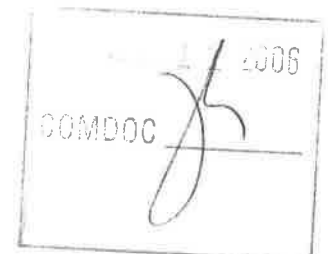
PO Lastuka #52

PO Ramsey #07

PO Swanson #16

By order of,

Stanley C. Murrey, Acting Chief of Police





CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: See Below

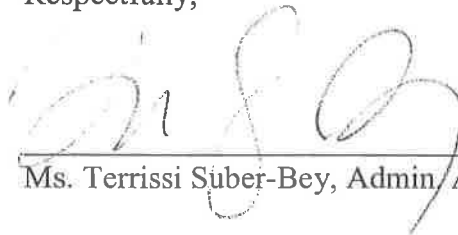
FROM: Ms. Terrissi Suber-Bey, Admin. Asst.

| | | |
|-----------------------|---|------------------------|
| PAGE 1 of 1 | SUBJECT Requested Information | DATE 05JUN06 |
|-----------------------|---|------------------------|

The Ohio Patrolmen's Benevolent Association (OPBA) would like to have their records updated. Please give them a call at (440) 237-6446 or (800) 457-4190 and provide them with your current address. This information is necessary for any future mailings.

Your prompt attention to this matter will be appreciated.

Respectfully,




Ms. Terrissi Suber-Bey, Admin. Asst.

cc:



- PP Antonio Branch #274
- PP Steven Buy #241
- PP Willie Hammond #200
- Det. James Harris #03
- PP Will Johnson #260
- Det. Maurice Kennedy #28
- PO Manuel Leon #58
- PP Erick Stafford #218
- PO Kevin Swanson #16
- PP Jermaine Taylor #247
- PO Robert Vales #44

JUL 27 2006
 COMDOC 



OHIO PATROLMEN'S Benevolent Association

NORTH ROYALTON OFFICE:

10147 Royalton Road, Suite J
P.O. Box 338003
North Royalton, Ohio 44133
440-237-7900 • 1-800-457-4190
FAX: 440-237-6446

COLUMBUS OFFICE:

555 Metro Place North
Suite 100
Dublin, Ohio 43017
614-791-3243 • or 614-791-3245
FAX: 614-791-3244 or 614-791-3246

www.opba.com

ELECTED OFFICERS

Executive Director

TERRY GALLAGHER
Parma Hts. P.D., *Retired*

Executive Secretary

JEFFREY PEDICINO
Solon P.D.

Recording Secretary

BRIAN JOHNSTON
Geauga County S.O.

Treasurer

GARY JESSER
Parma P.D., *Retired*

Financial Secretary

DAVID SPAGNOLO
Bedford Hts. P.D., *Retired*

Sgt.-At-Arms

MARTIN B. LUTZ
Cuyahoga County S.O.

Director of Organization

WALTER C. GOULD
Amherst P.D., *Retired*

TRUSTEES

PATRICK M. COLEMAN
Brecksville P.D.

JAMES THOMPSON
Warrensville Heights P.D.

JOSEPH D. STOCKSTILL
Cuyahoga County
Community College, *Retired*

General Counselors

KEVIN POWERS (In House)
S. RANDALL WELTMAN (In House)
MARK J. VOLCHECK (In House)
JOSEPH M. HEGEDUS (Columbus)
MATTHEW B. BAKER (Columbus)
MICHAEL JOHN HOSTLER (In House)

Special Counselors

DANIEL J. LEFFLER
GEORGE ARGIE, JR.
LOUIS D'AMICO
DOMINIC VITANTONIO
JOSEPH ALLOTTA (Toledo)
LARRY D. FARLEY (Toledo)
MARILYN L. WIDMAN (Toledo)
MICHELLE SULLIVAN (Toledo)
JUSTIN BURNARD (Toledo)

Business Agents

JEFFREY D. PERRY

May 31, 2006

Dear Director(s):

Enclosed please find a list of members we do not have current addresses for.

Please have the members we do not have current address for call the office so we can update our records. These people will not receive any of the mailings that we send out.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Tricia Newcomer, Office Manager
Ohio Patrolmen's Benevolent Association

Members we do not have current addresses for

C.M.H.A.



Antonio

Branch

Steven

Buy

~~Melvin~~

Guinn, Sr.

Willie

Hammond

James

Harris

Will

Johnson

Maurice

Kennedy

Manuel

Leon

Erick

Stafford

Kevin W.

Swanson

Jermaine

Taylor

Tuesday, May 30, 2006

Members we do not have current addresses for

Charles

Toles

Robert

Vales

Tuesday, May 30, 2006

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
INTEROFFICE MEMORANDUM

TO: Lena Hayes, Payroll Manager
FROM: Sharon E. Barto, Admin. Cmdr.
DATE: Friday, June 30, 2006
SUBJECT: Uniform Allowance for Police Officer (omission)

Please find attached request for a Uniform Allowance check in the amount of \$300.00. Due to [REDACTED] being on extended leave, he did not receive the March issue.

If there are any further questions, please feel free to contact this office.

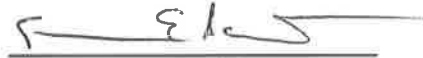
RECEIVED IN THE OFFICE OF

JUL 12 2006

STANLEY C. MURREY
DEPUTY CHIEF

*Approved
S. Murrey*

Respectfully Submitted,



Sharon E. Barto, Admin. Cmdr.



*Forw. to payroll
on 7/6 m
732*



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Lt. Jack Justus, Administrative Lieutenant of Operations

FROM [REDACTED]

| | | |
|-----------------------|-------------------------------------|------------------------|
| PAGE 1 of 1 | SUBJECT Uniform Allowance | DATE 30JUN06 |
|-----------------------|-------------------------------------|------------------------|

Sir,

Due to me being out on injury, I did not receive a uniform allowance for the month of March 2006.

Respectfully,

[REDACTED]

Confirmation Report - Memory Send

Date & Time: 2006-Jul-06 09:42
Tel line : 2163613759
Machine ID : CMHA POLICE

Job number : 439
Date & Time : Jul-06 09:41
To : 94323896
Number of pages : 002
Start time : Jul-06 09:41
End time : Jul-06 09:42
Pages sent : 002
Status : OK

Job number : 439

*** SEND SUCCESSFUL ***

Sharon E. Barto, Admin. Cmdr.

Respectfully Submitted,

Please find attached request for a Uniform Allowance check in the amount of \$300.00. Due to [redacted] being on extended leave, he did not receive the March issue.
If there are any further questions, please feel free to contact this office.

TO: Lena Hayes, Payroll Manager
FROM: Sharon E. Barto, Admin. Cmdr.
DATE: Friday, June 30, 2006
SUBJECT: Uniform Allowance for Police Officer (omission)

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
INTEROFFICE MEMORANDUM



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Lt. Jack Justus Administrative Lieutenant of Operations


FROM [REDACTED] **9 Unit**

| | | |
|-----------------------|---------------------------|------------------------|
| PAGE 1 of 1 | SUBJECT Payroll | DATE 07JUN06 |
|-----------------------|---------------------------|------------------------|

Sir,

I would like to request for my longevity pay and uniform allowance for 2005. I was out on injury September 14, 2005 during K-9 Training. I am currently without uniform supplies, that is, essential for the dog during training and on the road. If you can handle this matter I would greatly appreciate it.



JUN 14 2006
 COMDOC 

FORWARD

JUN 08 2006

*Advised # 638
 Per Lena Hayes, Pa
 on 9-2-05. Issued
 longevity & un.
 allowance
 Lena Hayes
 not*



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



FIREARMS RETURN RECEIPT

Date: 19OCT05

[REDACTED] (PRINT FULL NAME AND BADGE #)

Pursuant to CMHAPD GPO #03-002 "Surrender of Departmental Firearms", I do hereby return the departmentally issued firearm and ammunition listed below.

Model Number: Glock 21
Serial Number: [REDACTED]
Magazines: 3
Ammunition: 40

Employee Signature: [REDACTED] Date: 19 OCT 05

Received by: [Signature] Date: 19 OCT 05

COMDOC
[Signature]
OCT 20 05

RECEIVED IN THE OFFICE OF
[Signature]
OCT 1 2005
ALLISTON T. MORELAND
DEPUTY CHIEF

RECEIVED IN THE OFFICE OF
[Signature]
OCT 20 2005
MICHAEL SHANK
PATROL COMMANDER



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Michael G. Shank #604 Patrol Commander

FROM: Paul J. Shaughnessy #654 Sergeant OIC K-9 Unit

| | | |
|----------------|-------------------------------|-----------------|
| PAGE 1 of 1 | SUBJECT [REDACTED] K9 Repo | DATE 17MAR05 |
|----------------|-------------------------------|-----------------|

Sir,

On 20APRIL0 [REDACTED] and K9 Repo, passed the Narcotics Detection, Obedience, Tracking and Articles part of the State Testing. They are able to work the road under these fields. During next week [REDACTED] and K9 Repo are to take their Aggression Control.

Respectfully,

Paul J. Shaughnessy
 Paul J. Shaughnessy, Sergeant

D.C.
For your info.
604

RECEIVED IN THE OFFICE OF
 APR 21 2005
#604
 MICHAEL SHANK
 PATROL COMMANDER

COMDOC

 MAY 31 '05

567 [redacted] #654

SUPERVISOR

12-30-04 ext fail 2004-3024 600
1-5-04 ext fail training class in service
+ 75 of 25

(THIS PUNCHED TIME MUST BE CROSS REFERENCED WITH MANUAL INPUT FROM LAST PAY PERIOD AND CHECKED FOR ALL ADJUSTMENTS TO BE MADE THIS CURRENT PERIOD)

| | IN | OUT | IN | OUT | IN | OUT |
|----|------|--------|---------|------|----|-----|
| 25 | OFF | | | 3:02 | | |
| 26 | OFF | | | | | |
| 27 | Sick | Annual | | | | |
| 28 | 1000 | 1800 | | | | |
| 29 | 1000 | 1800 | | | | |
| 30 | 9:55 | | | | | |
| 31 | | 0:04 | Holiday | | | |



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
 1441 W. 25TH STREET
 CLEVELAND, OH 44113

DIRECT DEPOSIT

| DATE | CHECK NUMBER | AMOUNT |
|----------|--------------|--------|
| 01/21/05 | [REDACTED] | VOID |

PAY EXACTLY

***** NO DOLLARS AND NO CENTS *****

PAY TO
 THE ORDER
 OF:

THE NATIONAL CITY BANK
 CLEVELAND, OHIO

6-12
 410



NON-NEGOTIABLE

COPY

COPY

COPY

COPY

COPY

NAME: [REDACTED] EMPLOYEE NO. [REDACTED] DEPT. NO. 250 CHECK NO. [REDACTED] RATE 16.7979 PAY PERIOD ENDING 01/14/05

| CURRENT EARNINGS | | | YEAR TO DATE | CURRENT DEDUCTIONS | | YEAR TO DATE |
|------------------|------------------------|----------|--------------|---------------------------------|----------|--------------|
| DESCRIPTION | HOURS | AMOUNT | EARNING | DESCRIPTION | AMOUNT | DEDUCTIONS |
| REGULAR PAY | 72.00 | 1209.45 | 3,027.82 | HOSPITAL PRETAX | 25.00 | 50.00 |
| SICK LVE USED | 8.00 | 134.38 | | PERS | 114.23 | 257.37 |
| | | | | FED TAX W/H | 133.18 | 331.12 |
| | | | | FICA/MEDICARE | 19.12 | 43.18 |
| | | | | STATE TAX | 38.52 | 92.12 |
| | | | | CITY TX CLEV | 26.38 | 59.56 |
| | | | | UNION DUES | | 25.00 |
| | | | | AUTO DEPOSIT | 987.40 | 2169.47 |
| NET PAY | TOTAL GROSS PAY | 1,343.83 | 3,027.82 | TOTAL CURRENT DEDUCTIONS | 1,343.83 | 3,027.82 |

| DESCRIPTION OF LEAVE | BEG. BAL. | EARNED | USED | END. BAL. | USED - YTD |
|----------------------|-----------|--------|--------|-----------|------------|
| COMP TIME BAL | | 6.7500 | | 6.7500 | |
| SICK BALANCE | 820.6202 | 4.6154 | 8.0000 | 817.2356 | |
| VACATION BAL | 240.0000 | 6.1500 | | 246.1500 | |
| PERSONAL BAL | 16.0000 | | | 16.0000 | 16.0000 |

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
 1441 W. 25TH ST.
 CLEVELAND, OH 44113

FORMS WILL BE MAILED BY THE END OF THE MONTH

Confirmation Report - Memory Send

Date & Time: 2005-Feb-14 13:41
Tel line : 2163613759
Machine ID : CMHA POLICE

Job number : 979
Date & Time : Feb-14 13:39
To : 93483791
Number of pages : 003
Start time : Feb-14 13:39
End time : Feb-14 13:40
Pages sent : 003
Status : OK
Job number : 979

*** SEND SUCCESSFUL ***



Board of Commissioners
Bracy Lewis, Chairman * Dwayne Browder, Vice-Chairman
Louise Harris * Mae Stewart * Robert C. Townsend II
Terri Hamilton Brown, Executive Director

CC: FILES
CC: PAYROLL

A COPY OF THE TIME CARD AND PAY STUB MUST BE ATTACHED.

(SUPERVISOR'S SIGNATURE)

Sgt. Paul J. Shaughnessy #654

THE ABOVE EMPLOYEE, DURING THE PAY PERIOD ENDING: 01-14-05
DID NOT RECEIVE THE FOLLOWING: Please change 8hrs. sick leave used to 8hrs.
annual leave used.

EMPLOYEE'S SOC. SEC. #

SOC. SEC. #

RE: (PRINT: EMPLOYEE'S NAME)

SUBJECT: PAYROLL DISCREPANCIES

(PRINT: SHIFT SUPERVISOR NAME)
Sgt. Paul J. Shaughnessy #654

TO: LENA HAYES
PAYROLL MANAGER
FROM: POLICE DIVISION

DATE: 07FEB05

Interoffice Memorandum

CMHA

Confirmation Report - Memory Send

Date & Time: 2005-Feb-14 13:41
 Tel line : 2163613759
 Machine ID : CMHA POLICE

Job number : 980
 Date & Time : Feb-14 13:39
 To : 93483791
 Number of pages : 001
 Start time : Feb-14 13:40
 End time : Feb-14 13:41
 Pages sent : 001
 Status : OK

Job number : 980

*** SEND SUCCESSFUL ***

| DESCRIPTION | AMOUNT | REGULAR PAY | NET PAY | TOTAL GROSS PAY | DESCRIPTION OF LEAVE | BEG BAL | EARNED | USED | END BAL | USED - YTD |
|-----------------|----------|-------------|---------|-----------------|----------------------|----------|--------|------|----------|------------|
| REGULAR PAY | 1209.45 | 72.00 | | 1343.83 | | 1.027.82 | | | 1.343.83 | 5.027.82 |
| SICK LEAVE USED | 8.00 | | | | | | | | | |
| AMOUNT | 134.38 | | | | | | | | | |
| DESCRIPTION | | | | | | | | | | |
| HOSPITAL PRETAX | 25.00 | | | | | | | | | |
| PERS | 114.28 | | | | | | | | | |
| FED TAX W/H | 133.18 | | | | | | | | | |
| FICA/MEDICARE | 19.12 | | | | | | | | | |
| STATE TAX | 38.52 | | | | | | | | | |
| CITY TX CLEV | 26.38 | | | | | | | | | |
| UNION DUES | 26.38 | | | | | | | | | |
| AUTO DEPOSIT | 987.40 | | | | | | | | | |
| DEDUCTIONS | 2169.40 | | | | | | | | | |
| YEAR TO DATE | | | | | | | | | | |
| DEPT NO. | 250 | | | | | | | | | |
| EMPLOYEE NO. | | | | | | | | | | |
| DATE | 01/21/05 | | | | | | | | | |
| AMOUNT | 167979 | | | | | | | | | |
| YEAR TO DATE | 01/14/05 | | | | | | | | | |

CVAROGA METROPOLITAN HOUSING AUTHORITY
 1441 W. 25TH ST.
 CLEVELAND, OH 44113
 FORMS WILL BE MAILED

NON-NEGOTIABLE



VOID

DATE: 01/21/05

AMOUNT: 167979

***** THE NATIONAL CITY BANK *****

THE NATIONAL CITY BANK
 THE CLEVELAND, OHIO

CVAROGA METROPOLITAN HOUSING AUTHORITY
 1441 W. 25TH STREET
 CLEVELAND, OH 44113

NO DOLLARS AND NO CENTS

PAY TO THE ORDER OF

OR



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT

RECEIVED IN THE OFFICE OF

FEB 0 8 2005

STANLEY C. MURREY
 DEPUTY CHIEF



TO: Michael G. Shank #604 Patrol Commander

FROM: Paul J. Shaughnessy #654 Sergeant OIC K-9 Unit

| | | |
|-----------------------|---|------------------------|
| PAGE 1 of 1 | SUBJECT K-9 Unit Pay Adjustment | DATE 03FEB05 |
|-----------------------|---|------------------------|

Sir,

On January 11, 2005 [redacted] received his new K-9 Partner according to the agreement with CMHA the Officers in the K-9 Unit receive a \$1.50 added to there hourly pay as compensation for caring for the dog. I am requesting that [redacted] receive this raise in pay.

Respectfully,

y 604

Paul J. Shaughnessy #654
 Paul J. Shaughnessy, Sergeant

Mr.:
I have no objection & recommend approval.
Respectfully,
Stanley C. Murrey

*APF HR on 2/4
 forward to [redacted]
 FEB - 4 2005
 Super Day*

CUYAHOGA METROPOLITAN HOUSING AUTHORITY 2005
 OFFICE OF SAFETY MANAGEMENT
 VEHICLE OPERATIONS PERMIT APPLICATION *ALI*

INSTRUCTIONS: THIS FORM IS DESIGNED FOR FAX USE. THE APPLICANT MUST COMPLETE ALL UN-SHADED AREAS, READ THE EMPLOYEE'S CERTIFICATION AND SIGN THE FORM. THE EMPLOYEE'S SUPERVISOR MUST BRIEF THE EMPLOYEE ON THE C.M.H.A VOP, THEN SIGN, DATE AND RETURN THE APPLICATION WITH ORIGINAL SIGNATURES TO THE OFFICE OF SAFETY MANAGEMENT.

NAME: LAST FIRST MIDDLE INITIAL Date of Application:
 [REDACTED] [REDACTED] [REDACTED] 07JAN05

Home Address: City State
 [REDACTED] Cleveland Ohio

Driver's License Number: Expiration Date: Commercial Driver's
 [REDACTED] 07-24-2008 YES NO

SOCIAL SECURITY NUMBER: BUREAU OF MOTOR VEHICLE INFORMATION
 [REDACTED] VIOLATION PTS. ACCIDENTS AT Fault

ESTATE / DIVISION / DEPARTMENT: Police Department
 0 0 0 0

CONTACT PHONE NUMBER:
 [REDACTED]

DATE PERMIT ISSUED: DATE BMV CONFIRMATION:
 1-11-05 1-13-05

- CLASS OF PERMIT (CHECK ALL THAT ARE APPLICABLE)
- 1. Sedan, Scooter, light truck
 - 2. Special Equipment / off Road
 - 3. Heavy Truck - CDL Required
 - 4. Police / Emergency Response Vehicle

APPLICANT'S CERTIFICATION:

By signing and submitting this application I attest that I presently have a valid Ohio's Driver's License, that I do not have more than 6 violation points on my driving record and that I have not had more than two motor vehicle accidents where it has been determined that I was "At Fault" within the past 24 months. I have been briefed by my Supervisor on the C.M.H.A. Vehicle Operations Procedure, and agree to abide by all of its provisions. **I understand that I may be personally responsible to reimburse CMHA fifty percent (50%) of the cost of repair, or 50% of the current insurance deductible, which is currently one thousand dollars (\$1,000) for damages incurred in a motor vehicle accident determined to be "Preventable".** I realize that any misstatements on this application, intentional or not, may result in the revocation of my C.M.H.A. Operator's Permit and disciplinary actions up to and including dismissal. I am responsible to advise my supervisor and Safety Management of any changes in my driving status during the course of the year. I authorize the Office of Safety Management to obtain a copy of my driving record from the Bureau of Motor Vehicles.

Print Name and Title
 [REDACTED]

Signature
 [REDACTED]

Supervisor's Certification:

I certify that I have briefed the above employee on the C.M.H.A. Vehicle Operations Procedure, and that they are thoroughly familiar with the type of motor vehicles and/or equipment that they will be operating.

Printed Name and Title:
 Paul J. Shaughnessy #654 Sergeant OIC K-9 Unit

Signature:
Paul J. Shaughnessy #654

694
 [Stamp: JAN 20 05]



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DIVISION



TO: All Personnel

FROM: Anthony H. Jackson,
Chief of Police

DATE: December 3, 2004

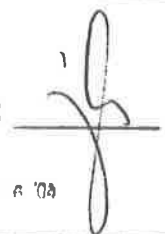
| | | |
|-------------|--------------------|------------|
| Page 1 of 1 | Assignment Changes | DN #04-095 |
|-------------|--------------------|------------|

Effective on Monday, November 29, 2004, P.O. Alvin Dancy #34 has been assigned as the Department's representative on the Caribbean Gang Task Force.

On Monday, December 6, 2004, Det. [REDACTED] will report from the Caribbean Gang Task Force to the K-9 Unit.

By order of,

Anthony H. Jackson, for
 Anthony H. Jackson, Chief of Police

COMDOC 
 DEC 6 '04



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DIVISION



TO: All Personnel

FROM: Anthony H. Jackson,
Chief of Police

DATE: January 8, 2003

| | | |
|-------------|-------------------|------------|
| Page 1 of 1 | Assignment Change | DN #03-006 |
|-------------|-------------------|------------|

Effective on Monday, January 6, 2003, [REDACTED] has been assigned as the departments' representative on the Caribbean Gang Task Force. Detective Thomas Williams #65 has returned from the task force to his assignment in the Narcotics Unit.

By order of,

Anthony H. Jackson, Chief of Police





CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



Ohio Ethics Law and Related Statutes

I [REDACTED] confirm that I received a copy of the 20 pages of the Ohio Ethics Law and Related Statutes as required under Revised Code 102.09(E).

[REDACTED]

Name

06/27/02
Date

[REDACTED]

Social Security Number

07/24/67
Date of Birth

**Statement of Understanding
Computer Access and Usage Procedures**

I, the undersigned, have received and reviewed the Management Bulletin regarding Computer Access and Usage Procedures. I am fully aware that the CMHA computer and its related uses are intended to assist me in the performance of CMHA business and that any misuse as outlined in the Management Bulletin may be grounds for disciplinary action up to and including criminal prosecution.

[Redacted Name]

Print Name

4/2/02
Date

[Redacted Signature]

Signature

RECEIPT

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE

SS 

RECEIVED THIS 3 DAY OF July 2000 FROM ISSUE:

1) Monadnock expandable baton & basketweave scabbard.

2) .

3) .

4) .

5) .

6) .

7) .

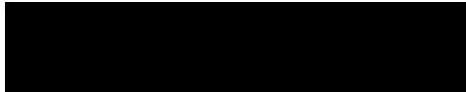
8) .

9) .

10) .

11) .

12) .



PRINTED NAME / BADGE



SIGNATURE OF RECIPIENT

ISSUED BY:

Sgt. Styles 656
ADMINISTRATIVE SIGNATURE

7 13 00
DATE

0900 HOURS
TIME



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DIVISION

TYPE: Interoffice Correspondence

TO: Officer in Charge Sgt. Burton OR Sgt. Arnwin

FROM: [REDACTED]

DATE: 6-7-98

SUBJECT: Officer live in Estate Program

Sir:

It would be greatly appreciated if I S.P.O. [REDACTED] can apply for an available estate such as 1) Ambleside 2) Severance 3) Bohn Tower. I understand that I am required to do twenty hours of on-site patrol per month etc. This opportunity again would be greatly appreciate appreciated

Respectfully,

[REDACTED]

(Type full name and badge #)

RECEIPT

FILE

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE

SS: 

RECEIVED THIS 04 DAY OF October 19 99 FROM ISSUE:

- 1) Glock model 21 .45ACP caliber pistol, serial #DCS031US
- 2) Three (3) 13-round magazines for above listed pistol
- 3) Safariland Model 6280-383 basketweave holster
- 4) Safariland Model 77 basketweave mag pouches
- 5) "American" brand cable gunlock & 2 keys

6)

7)

8)

9)

10)

11)

12)



PRINTED NAME / BADGE



SIGNATURE OF RECIPIENT

ISSUED BY:


ADMINISTRATIVE SIGNATURE

10 1 04 1 99
DATE

1205 HOURS
TIME

RECEIPT

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE

SS: 

RECEIVED THIS 9 DAY OF October 20 00 FROM ISSUE:

1) Bodyguard OC spray & basketweave case.

2) _.

3) _.

4) _.

5) _.

6) _.

7) _.

8) _.

9) _.

10) _.

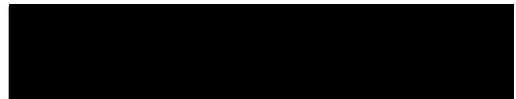
11) _.

12) _.

FILE



PRINTED NAME / BADGE



SIGNATURE OF RECIPIENT

ISSUED BY:


ADMINISTRATIVE SIGNATURE

09/05/00
DATE

1200 HOURS
TIME



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



EQUIPMENT RESPONSIBILITY FORM

Date: 10-11-2000

I [redacted] (PRINT FULL NAME) accept this Motorola handheld radio, with the understanding that the radio is the property of the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD) and that I am fully responsible and accountable for its use, activity, location, and possession. I am aware that the issuance of this radio is intended to assist me in the performance of my duties and that any misuse of this equipment will result in disciplinary action. Should this radio become lost or stolen, I understand that I will be liable for the cost of its replacement.

Model Number: 401RDC9AA3BN

Serial Number: [redacted]

Microphone: [redacted]

Case: _____

Charger: _____

Employee Signature [redacted]

Date: 10-11-2000

Issued by: [Signature]

Date: 10-11-00

[Signature]

David L. Bly
Notary Public, State of Ohio
Recorded in Cuyahoga City.
My Comm. Expires 04-25-2004

Interoffice Memorandum

DATE: 9/18/99
(CURRENT DATE)

TO: RUTH PENNER
ASSISTANT PAYROLL MANAGER

FROM: POLICE DIVISION

W.T. Ronald Morenz # 626
(PRINT: SHIFT SUPERVISOR NAME)

*05 OCT 99
Ms. Suber-Bey
Please forward.
[Signature]*

SUBJECT: LEAVE TIME DONATION

RE: [Redacted] [Redacted]
(PRINT: DONOR FULL NAME) (SOCIAL SEC. #)

THE ABOVE OFFICER WOULD LIKE TO DONATE THE FOLLOWING TIME TO ANOTHER OFFICER ON LEAVE:

TYPE OF TIME DONATED: Sick Time

NO. OF HOURS DONATED: 8

TIME IS TO BE DONATED TO: Del Johnson
(RECIPIENT) (PRINT FULL NAME)

OFFICER'S SOC. SEC.#: [Redacted]

[Redacted Signature]
(OFFICER DONATING TIME SIGNATURE)

[Signature] 626
(SUPERVISOR SIGNATURE)

RECEIVED
10-4-99

cc: payroll
cc: files

Board of Commissioners
Karen H. Coats, Chairwoman • Dwayne Browder, Vice-Chairman
Louise Harris • Dr. Consuelo Sousa • Robert C. Townsend II
Claire E. Freeman, Chief Executive Officer

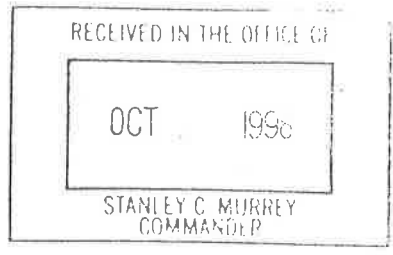


CMHA

Interoffice Memorandum

DATE: 10/22/98
(CURRENT DATE)

TO: RUTH PENNER
ASSISTANT PAYROLL MANAGER



FROM: POLICE DIVISION

SGT. Tom Burton #634
(PRINT: SHIFT SUPERVISOR NAME)

SUBJECT: LEAVE TIME DONATION

RE: [REDACTED] 269-72-1115
(PRINT: DONOR FULL NAME) (SOCIAL SEC. #)

THE ABOVE OFFICER WOULD LIKE TO DONATE THE FOLLOWING TIME TO ANOTHER OFFICER ON LEAVE:

TYPE OF TIME DONATED: Sick-time

NO. OF HOURS DONATED: 8

TIME IS TO BE DONATED TO: Greer, Charlene #6
(RECIPIENT) (PRINT FULL NAME)

OFFICER'S SOC. SEC.#: [REDACTED]

[REDACTED]
(OFFICER DONATING TIME SIGNATURE)

[Signature] #677
(SUPERVISOR SIGNATURE)

cc: payroll
cc: files

Board of Commissioners
Karen H. Coats, Chairwoman • Dwayne Browder, Vice-Chairman
Louise Harris • Dr. Consuelo Sousa • Robert C. Townsend II
Claire E. Freeman, Chief Executive Officer



**CUYAHOGACOUNTY
AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I, [REDACTED], have made application for employment with Cuyahoga County. It is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. It is further my understanding that any history adversely reflecting on my qualification for being a Cuyahoga County Deputy Sheriff disclosed by such investigation may be cause for my disqualification for employment with or dismissal from Cuyahoga County upon due consideration of the facts by the Cuyahoga County Executive, or by any duly appointed authorized representative of the County Executive.

I hereby give to Cuyahoga County or any duly authorized representative of Cuyahoga County the authority to conduct any comprehensive investigation of my background that Cuyahoga County deems necessary, including but not necessarily limited to oral discussions with any persons concerning my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any authorized representative of Cuyahoga County, whether said records are public or private including those which may be deemed to be of a privileged or confidential nature. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to my background, including but not necessarily limited to the records of educational institutions, financial or credit institutions, commercial or retail mercantile establishments and public utility companies; records of medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration, and generally all military service medical records and other records of all military facilities; employment and pre-employment records, including background investigations reports, the results of polygraph examination, efficiency ratings, disciplinary records, complaints or grievances filed by or against me; records and recollections of attorneys at law who have represented by myself in any case in which I presently have had an interest.

Pursuant to Section 2953.32.1 of the Ohio Revised Code, application for a law enforcement position with Cuyahoga County enables and authorizes Cuyahoga County through the Cuyahoga County Sheriff to have access to any expunged criminal record pertaining to me.


To the custodian of the records discussed herein, I hereby direct you to release such information to the bearer of this Authorization for Release of Information or a copy thereof. A copy of this release form will be valid as an original hereof even though that copy does not contain an original writing of any signature.

I hereby release the custodian or custodians of such records and Cuyahoga County and the State of Ohio, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature which at any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of the compliance by said custodian or custodians with the Authorization for Release of Information and my request contained herein for this release or because of any of these records by Cuyahoga County or the State of Ohio. This release is binding, now and in the future, on my heirs, assigns, associates, personal representative or representatives of any nature.


This Authorization for Release of Information shall be valid until one year after the date of my signature as indicated below.

| | | |
|---|--|------|
| APPLICANT'S SIGNATURE | | DATE |
|  | | |

SUBSCRIBED AND SWORN TO me on this 25th day of June, 20 14


| | | |
|---|------------------------|-----------------|
|  | My commission expires: | <u>05-28-18</u> |
| NOTARY PUBLIC | | |
| | | |
| | | |




Cuyahoga County
Sheriff's Office

**JOSEPH
GOUDY, II**
12


DEPUTY SHERIFF





Cuyahoga County
Sheriff's Office

**BENJAMIN
KELLAR**
17


DEPUTY SHERIFF




Cuyahoga County
Sheriff's Office

**CHRISTOPHER
KOZUB**
18

DEPUTY SHERIFF



Attendance record for 2012 **LOAD USER'S MATRIX**

(click a cell in Key: Code Used Payday Current Sick Event Past Sick Event Tardy AWOL LWOP Unexcused No punch in No punch out)

below to load this user's editable matrix)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----|---|---|---|--------|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Jan | | | X | X | | | | | C | | X | X | | V | | | | V | X | X | X | | | | | | X | X | X | V | |
| Feb | S | | | | X | X | V | | | | | P | X | X | | | | | | X | X | V | | | | | | | X | | |
| Mar | X | V | | | S | | | X | X | X | V | V | V | | | X | X | X | N | | S | S | | | X | X | | | | | |
| Apr | | X | X | T 0.15 | | | | | | X | X | | | V | | | | X | X | | | | | | | X | X | X | | | |
| May | | | | X | X | X | V | | | | | | | X | X | | | | C | C | X | X | | | | | | | X | X | |
| Jun | | | | | X | X | | | | | | X | X | | | | | | | X | X | | | | | | | X | X | X | |
| Jul | | | | | X | X | X | C | S | | | | | | X | X | | | | | | V | X | X | V | | | | | X | |
| Aug | X | V | | | | | X | X | C | | | | | | | X | X | | S | | | | | X | X | X | C | | | | |
| Sep | | X | X | | | | | | | X | X | V | | | | | N | X | X | N | | | | | | X | X | | | | |
| Oct | | | | X | X | X | | | | N | X | X | X | V | V | | S | | | X | X | N | N | N | N | N | V | | X | X | |
| Nov | | | | | X | X | P | | | | | | N | X | X | | | | | S | | X | X | X | C | | | V | | X | |
| Dec | X | X | C | | | | | N | X | X | | | | | | | X | X | | | | | | | X | X | | | | | |

Attendance Point Information

| | Tardy (T) | AWOL (O) | LWOP (W) | Unexcused Sick (U) | No Punch In (Q) | Monthly Total |
|-----|-----------|----------|----------|--------------------|-----------------|---------------|
| Apr | 0.5 | 0 | 0 | 0 | 0 | 0.5 |

Total Attendance Points during 2012: 0.5

Current Attendance Points: 0
Current Attendance Point Status: Safe

Sick Abuse Event Information

Current Sick Abuse Events: 0
Current Event Status: Safe
Abuse Points Calculated Range: N/A

Comments

Total Comments: 34

| Date | Comment |
|------------|----------------------------------|
| 1/18/2012 | entered by 652 |
| 1/30/2012 | approved by 624 |
| 2/7/2012 | approved by 624 |
| 2/12/2012 | approved by 652 |
| 2/23/2012 | Approved per 660 |
| 3/2/2012 | entered by 652 |
| 3/11/2012 | Approved per 660 |
| 3/19/2012 | Range |
| 4/4/2012 | Active Shooter Training |
| 4/14/2012 | entered by 652 |
| 5/7/2012 | entered by 652 |
| 5/19/2012 | approved by 624 |
| 5/20/2012 | entered by 652 |
| 7/9/2012 | 664 |
| 7/10/2012 | personal illness, no drs slip |
| 7/22/2012 | entered by 632 |
| 7/25/2012 | 664 |
| 8/2/2012 | 664 |
| 8/10/2012 | 664 |
| 8/27/2012 | entered by 632 |
| 9/17/2012 | 1100-1500 |
| 9/20/2012 | Baton/OC |
| 10/11/2012 | driving 0900-1700 |
| 10/15/2012 | 664 |
| 10/17/2012 | no drs slip turned in |
| 10/20/2012 | changed days off due to training |
| 10/22/2012 | Crisis training |
| 10/23/2012 | Crisis Training |
| 10/27/2012 | 664 |
| 11/8/2012 | 664 |
| 11/13/2012 | taser 0900-1700 |
| 11/25/2012 | 664 |
| 12/3/2012 | 664 |
| 12/8/2012 | driving |

attendance record for 2013 **LOAD USER'S MATRIX**

(click a cell in Key: Code Used Payday Current Sick Event Past Sick Event Tardy AWOL LWOP Unexcused No punch in No punch out the grid

below to load this user's editable matrix)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Jan | | X | X | | | | S | S | | X | X | X | | | | | | X | X | X | | | V | | | | X | X | | | |
| Feb | | | | X | X | V | | | | V | X | X | | | | | | X | X | | | | | | | X | X | | | | |
| Mar | | | | S | | | X | X | X | | | | N | N | X | X | X | | V | | | | | X | X | | N | | | | |
| Apr | X | X | | | | | | | X | X | | | | P | | | X | X | | | | S | | | X | X | X | | | | |
| May | | | X | X | X | P | | | S | | | X | X | | | | | C | X | X | | | S | | | X | X | | | | |
| Jun | | X | X | | | | | | X | X | | | | | | X | X | | | | | | X | X | | | | | | | X |
| Jul | X | | | | | | X | X | | | | V | V | V | V | | | V | V | V | V | V | V | V | V | V | V | V | V | V | |
| Aug | | | | X | X | | | | | V | X | X | | | | | | X | X | | | | | | X | X | V | S | | | |
| Sep | X | X | | | | | | X | X | | | | | | X | X | | | | | | X | X | | | | | | | X | X |
| Oct | | N | | | | X | X | | | | | C | X | X | | N | | | X | X | N | N | N | N | N | N | V | X | X | V | V |
| Nov | V | V | X | X | V | V | V | V | V | X | X | V | V | V | V | V | X | X | | S | S | | | X | X | | | | | | |
| Dec | X | X | N | | | | | X | X | | | | | | X | X | | | | | | | X | X | | | | | | X | X |

| | |
|--------------------------------------|-------------|
| Attendance Point Information | |
| Total Attendance Points during 2013: | 0 |
| Current Attendance Points: | 0 |
| Current Attendance Point Status: | Safe |

| | |
|--------------------------------|-------------|
| Sick Abuse Event Information | |
| Current Sick Abuse Events: | 0 |
| Current Event Status: | Safe |
| Abuse Points Calculated Range: | N/A |

| Comments | | Total Comments: 24 |
|------------|---------------------------------|--------------------|
| Date | Comment | |
| 1/7/2013 | personal illness, no drs slip | |
| 1/23/2013 | 632 | |
| 2/6/2013 | 664 | |
| 2/10/2013 | entered by 652 | |
| 3/4/2013 | Personal Sick Unexcused No SLip | |
| 3/19/2013 | Approved by 652 | |
| 3/27/2013 | entered by 660 | |
| 4/14/2013 | 668 | |
| 5/6/2013 | entered by 652 | |
| 5/9/2013 | Personnel Illness No Slip | |
| 5/18/2013 | Approved by 638 | |
| 7/12/2013 | Entered by 652 | |
| 8/10/2013 | Approved by 644 | |
| 8/27/2013 | Approved by 644 | |
| 10/2/2013 | SWAT Training 1200-2000 | |
| 10/12/2013 | Approved by 644 | |
| 10/16/2013 | SWAT Training | |
| 10/25/2013 | Approved by 644 | |
| 10/26/2013 | Approved by 644 | |
| 10/29/2013 | approved by 644 | |
| 11/1/2013 | Approved by 644 | |
| 11/5/2013 | Approved by 644 | |
| 11/12/2013 | Approved by 644 | |
| 12/3/2013 | Ethics Training | |

attendance record for 2014 **LOAD USER'S MATRIX**

Key: Code Used Payday Current Sick Event Past Sick Event Tardy AWOL LWOP Unexcused No punch in No punch out

below to load this user's editable matrix)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----|---|-------|-------|-------|-------|-------|---|---|---|----|----|----|-------|----|----|----|----|-------|----|----|----|----|----|-------|----|-------|----|-------|----|-------|----|
| Jan | | V 8.0 | | | X | X | | S | S | | | X | X | | | | | V 8.0 | X | X | | | | | X | X | | V 8.0 | | | |
| Feb | | X | X | | S | | | X | X | | N | | | | | X | X | | | | | X | X | | | | | | | | |
| Mar | | X | X | | | | | X | X | | | | | | | X | X | | | | | X | X | | N | N | | | X | X | |
| Apr | | | | | | X | X | | | | | X | X | | | | | | | X | X | | | | | X | X | | | | |
| May | | | | X | X | | | | | P | X | X | | | | | | X | X | | | | | C 4.0 | X | X | | | | C 1.0 | |
| Jun | X | X | J 8.0 | J 8.0 | J 8.0 | J 8.0 | X | X | | | | | V 8.0 | X | X | | | | | | | X | X | N | | C 8.0 | | X | X | | |
| Jul | | | | | X | X | N | | | | | X | X | | | | | | X | X | | | | | | X | X | | | | |
| Aug | | | X | X | | | | | X | X | | | | | | X | X | | | | | | | X | X | | | | | X | |
| Sep | X | | | | | | X | X | | | | | X | X | | | | | | | X | X | | | | | X | X | | | |
| Oct | | | | X | X | | | | | | X | X | | | | | | | X | X | | | | | X | X | V | V | V | V | |
| Nov | V | X | X | V | V | V | V | V | X | V | V | V | V | V | V | X | X | | | | | | X | X | | | | | X | | |
| Dec | X | | | | | | X | X | | | | | X | X | | | | | | | X | X | | | | | X | X | | | |

| | |
|----------------------------------|-------------|
| Attendance Point Information | |
| Current Attendance Points: | 0 |
| Current Attendance Point Status: | Safe |

| | |
|--------------------------------|-------------|
| Sick Abuse Event Information | |
| Current Sick Abuse Events: | 0 |
| Current Event Status: | Safe |
| Abuse Points Calculated Range: | N/A |

| Comments | | Total Comments: 14 |
|------------|---------------------------------|--------------------|
| Date | Comment | |
| 1/2/2014 | Approved by 644 | |
| 1/18/2014 | Approved by 644 | |
| 1/29/2014 | Approved by 644 | |
| 2/12/2014 | SWAT Training | |
| 3/26/2014 | Range OC Baton | |
| 5/24/2014 | Approved by 654 | |
| 5/31/2014 | 632 | |
| 6/24/2014 | Swat Training 1200-2000 | |
| 7/9/2014 | SWAT Training | |
| 10/1/2014 | Approved by 644- Annual request | |
| 10/28/2014 | Approved by 644- Annual request | |
| 11/1/2014 | Approved by 644 | |
| 11/4/2014 | Approved by 644 | |
| 11/11/2014 | Approved by 644 | |