

PERSONNEL TRANSACTION FORM



EMPL ID 2445	Request Date 2/18/2016	Effective Date 2/26/2016
SOCIAL SS# [REDACTED]	Emp Status Active	FLSA Status Nonexempt

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

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

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	PRO	PROMOTION	100446001000000125000	POLICE STAFF ONLY 1/11TH

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
7/3/2014	07101	Police Officer	20.655	42962.4	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
2/26/2016	17033	Police Sergeant - NOPBA	34.068	70861.44	Police Administration	210000

COMMENTS:
 Successfully promoted to Sergeant

Requested By: *[Signature]* Date: 2/20/2016

Director of Human Resources: _____ Date

Department Director: _____ Date

Budgetary Approval: _____ Date

 Chief Executive Officer: _____ Date

PERSONNEL TRANSACTION FORM



EMPL ID 2445	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]								

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

Action	Action Reason	Action Description	Cost Number	Cost Number Description
Data Change	Cost Number Change	CNS	101446001000000901000	CEDAR POLICE SAL AMP 901

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
7/3/2014	07101	Police Officer	20.6550	42,962.40	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/1/2014	07101	Police Officer	20.6550	42,962.40	Police Administration	210000

COMMENTS:
 Cost number change effective 01/01/2014 from 108446001000000908000 to 101446001000000901000 .

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 2445	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]								

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

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	ATB	Pay Rate Change	108446001000000908000	DOWNTOWN POLICE SAL AMP 908

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
12/15/2013	07101	Police Officer	20.25	42120	Police Administration	210000

To:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
1/4/2014	07101	Police Officer	20.655	42962.4	Police Administration	210000

COMMENTS:
Contractual Increase effective January 4, 2014

Requested By: _____ Date _____

Director of Human Resources: J. Law 1/22/14
Date

Department Director: _____ Date _____

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



PERSONNEL TRANSACTION FORM

EMPL ID	Request Date 12/5/2011	Effective Date 12/15/2011
SOCIAL SS# [REDACTED] (mask- last 4 digits)	Employee Status	FLSA Status

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

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

Action	Action Reason	Action Description	Cost Number	Cost Number Description
PAY	MERIT	MERIT INC.		

FROM:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
POLICE OFFICER			14.8457	30,879.13	Police Administration	210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
POLICE OFFICER			15.8757	33,021.58	Police Administration	210000

COMMENTS:
 CONTRACTUAL INCREASE

Requested By: [Signature] Date: 12/6/2011
 Department Director Date

Director of Human Resources Date

Budgetary Approval Date

Chief Executive Officer Date



**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**

PERSONNEL TRANSACTION FORM

EMPL ID	Request Date 12/1/2010	Effective Date 12/15/2010
SOCIAL SS# (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

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			13.8157	28,736.68	Police Administration	210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
POLICE OFFICER			14.8457	30,879.13	Police Administration	210000

COMMENTS:

CONTRACTUAL INCREASE

[Signature] 12/3/10
Requested By: _____ Date

[Signature] 12/3/10
Department Director _____ Date

Director of Human Resources Date

Budgetary Approval Date

Executive Director Date

EMPL ID	Request Date 11/30/2009	Effective Date 12/15/2009
SOCIAL SS# (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
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Mailing Address 1	Address 2	City	State	Zip Code
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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			12.8371	26,701.35	Police Administration	210000

TO:	Job Code	Job Code Description	Rate of Pay		Department	Dept ID #
			Hrly	Salary		
POLICE OFFICER			13.8157	28,736.68	Police Administration	210000

COMMENTS:
 CONTRACTUAL INCREASE

Audie Jozaly 11/30/09
 Requested By: _____ Date

 Director of Human Resources Date

Audie Jozaly 11/30/09
 Department Director _____ Date

 Budgetary Approval Date

 Executive Director Date





EMPLOYEE CHANGE OF NAME OR ADDRESS FORM

Name: [REDACTED]

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

Department: POLICE

New Name: _____
(Please attach appropriate documentation)

New Address: [REDACTED]

City/State/Zip Code

Telephone Number: _____

Effective Date: NOV 22 2014

[REDACTED]
Employee Signature

22 NOV 14
Date Completed

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

CMHA
Attention: Human Resources Department
8120 Kinsman Road
Cleveland, Ohio 44104
Fax: (216) 348-8236

Faxed

Drew, S.

CMHA

Inter Office Memorandum

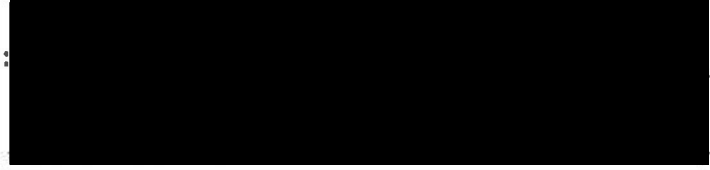
CHANGE OF ADDRESS FORM

EMPLOYEE NAME



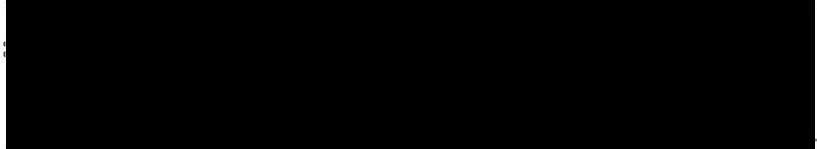
SOCIAL SECURITY

NEW ADDRESS:



CITY/STATE/ZIP CODE

TELEPHONE NUMBER:



EMPLOYEE SIGNATURE

17 JUL 10

DATE

Cuyahoga Metropolitan Housing Authority Police Department

POLICE OFFICER

APPLICANT STATUS SHEET

NAME _____

ITEM	DATE COMPLETED
APPLICATION PACKET	May 19, 2008
WRITTEN EXAMINATION/SCORE	81% Pass
PHYSICAL AGILITY EXAM	Pass
BACKGROUND INVESTIGATION	
VOICE STRESS ANALYSIS	
INTERVIEW	
PSYCHOLOGICAL EXAMINATION	
PHYSICAL EXAMINATION	
RECOMMENDATION	
FORWARDED FOR HIRE	
REJECTION LETTER SENT	

PROCESSOR SIGNATURE

RECEIVED
C.M.H.A. POLICE DEPT.

MAY 19 PM 2:02

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
BACKGROUND AND RECORDS RELEASE

For employment consideration by the Cuyahoga Metropolitan Housing Authority [CMHA], I hereby authorized 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 CMHA who presents this authorization. This authorization includes authority to release for examination and reproduction purposes pertinent records and reports, and includes the request that any law enforcement agencies, doctors, and 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 CMHA.

[Redacted Signature] _____
Signature Date 5-19-08

[Redacted Name] _____
Print Name

_____ N/A
Nickname Maiden Name

[Redacted Address] _____
Current Address [Street, City, State, Zip] How Long

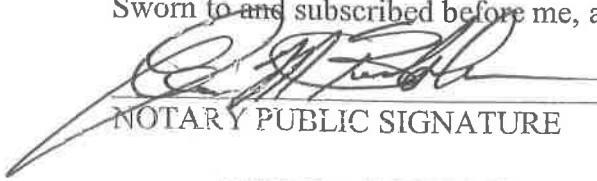
_____ _____
Former Address [Street, City, State, Zip] How Long

11-14-68 _____
Date of Birth Social Security # Race Sex

[Redacted Physical Info] _____
Height Weight Eyes Hair

NOTARY PUBLIC

Sworn to and subscribed before me, a Notary Public, this 19 day of MAY 20 08


NOTARY PUBLIC SIGNATURE

THOMAS M. BURDYSHAW
Notary Public, State of Ohio
Cuyahoga County
My Commission Expires June 11, 2011

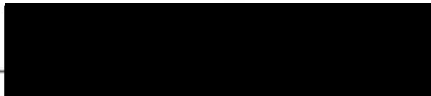


CUYAHOGA METROPOLITAN HOUSING AUTHORITY



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740
tel 216.426.7760 fax 216.361.3759

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

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

Sincerely,



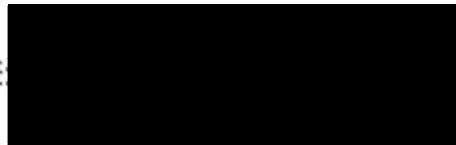
Jack Justus, Admin. Commander

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

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

DATE: 8/13/08

SIGNATURE _____





Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740
Phone 216.426.7760 • Fax 216.361.3728

Andrés González
Chief of Police

August 13, 2008

[REDACTED]

First

Last Name

Congratulations! You have passed Phase I, the Written Examination, of the eligibility process for the position of Police Officer with the Cuyahoga Metropolitan Housing Authority Police Department. Your score on the written examination is 81 % which meets or exceeds the minimum score requirement of 70%.

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

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

Thank you for your cooperation.

Sincerely,

CMHA Police Department
Personnel and Recruitment

Cuyahoga Metropolitan Housing Authority Police Department

RELEASE OF ALL CLAIMS

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

The undersigned warrants and represents that I have fully read and understand this release, and that it is executed without reliance upon any statement or representation by the persons releases or their attorney, and that I am of full age and legally competent to sign this release as my own free act this 13 day of Aug 2008.


Print Name


Signature

8-13-08
Date

Sworn to and subscribed before me, a Notary Public, this 13 day of August 2008.

CHARLES B. TOLES
Notary Public, State of Ohio
Cuyahoga County

Charles B. Toles
Notary Public

My Commission Expires March 3, 2011

My Commission Expires 3-3-11

(Seal must be affixed)

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

ADDENDUM to the Employment Application

[Redacted] _____
Name (Please Print)

[Redacted] _____
Social Security Number



Do you or any member of your family work for the Cuyahoga Metropolitan Housing Authority (CMHA)?
 Yes No
Name: [Redacted] _____ Where: police dept
Name: _____ Where: _____

SKILLS
Maintenance: Carpentry Painting Heating Tiling Plumbing
 Landscaping Electrical Plastering Inspections
Other: _____
Clerical: Typing WPM: _____
Computer Programs: Microsoft: Word Excel Access
 WordPerfect Powerpoint

LICENSES & CERTIFICATES
Motor vehicle: CDL Yes No
Other: _____

PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO
Are you currently receiving Retirement Benefits from PERS?
 Yes No Effective date: Sept 10, 2001

Pre-Employment Inquiry Release
Cuyahoga Metropolitan Housing Authority

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

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

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

Print Full Name:

[Redacted Name] _____
First Middle Last

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

Social Security Number

[Redacted SSN]

Date of Birth*

[Redacted Date of Birth]

Current Street Address

[Redacted Address]

City/State/Zip

[Redacted City/State/Zip]

Home Phone Number

[Redacted Home Phone Number]

Driver's License No.

[Redacted Driver's License No.]

State Ohio

Applicant's Signature

[Redacted Signature]

Date 5-19-08

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



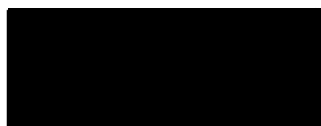
**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740
Phone 216.426.7760 • Fax 216.361.3728

Andrés González
Chief of Police

August 21, 2008



Congratulations!

You have been selected to proceed further in the selection process to the Oral Interview and Voice Stress which qualified candidates are required to successfully pass in order to be considered for employment opportunities with the CMHA Police Department. Please find below the scheduled date and location for the test:

You are scheduled for the **ORAL INTERVIEW/ VOICE STRESS** on:

Date: Tuesday, August 26, 2008
Time: 1:00 P.M.
Location: CMHA Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104
Entrance: Front Door located on Woodland Avenue

Please be prompt for the exam, otherwise you will not be tested. It may take approximately two (2) hours to complete.

Again, congratulations and good luck.

NO PHONE CALLS PLEASE!

Sincerely,
CMHA Police Department
Personnel and Recruitment

Cuyahoga Metropolitan Housing Authority
POLYGRAPH/VOICE STRESS ANALYSIS EXAMINATION RELEASE

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

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

[Redacted Signature]

Signature

8-13-08

Date

[Redacted Name]

Print name

NOTARY PUBLIC

Sworn to and subscribed before me, a Notary Public, this 13 day of August 2008

Charles B. Toles
Notary Public Signature

CHARLES B. TOLES
Notary Public, State of Ohio
Cuyahoga County
-My Commission Expires March 3, 2008 (13/08)

SEAL MUST BE AFFIXED

AFFIDAVIT

STATE OF OHIO

COUNTY OF CUYAHOGA }

SS:

[Redacted Name]

of

[Redacted Address]

has been sworn

[Name]

[Address]

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

CMHA Police

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

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

[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 13 day of August 2008

SEAL MUST BE AFFIXED

Charles B. Poles
Notary Public - Signature

CHARLES B. POLES
Notary Public, State of Ohio
Cuyahoga County

My Commission Expires March 3, 2008

Print Address [Notary]

[Out of State Notary Must Submit Certificate]



CMHA Police Department CVSA RELEASE FORM



I, [REDACTED], do hereby voluntarily, without duress, coercion, promise, reward or immunity, do release, absolve and forever hold harmless, the **CMHA Police Department, its officers and employees and the National Institute For Truth Verification**, from any liability as a result of my voluntary submission to the **Computer Voice Stress Analysis (CVSA) Test**.

I understand that I am submitting to this test given by a **Certified Examiner in Voice Stress Analysis** who will give his professional opinion as to the level of truth associated with data generated by said equipment.

Signature [REDACTED] _____

Date 8-26-08

Witness Patricia Warre _____

Cuyahoga Metropolitan Housing Authority Police Department

STOP

Do not fill out this application packet until you have completely read these instructions.

READ AND SIGN BELOW

This application packet is to be completed at this time.

This application and all parts thereof must be printed or typed, except the signatures.

All sections must be completed.

All documents that are to be notarized must be notarized.

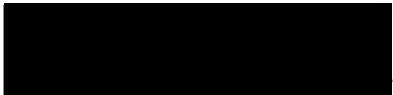
All addresses for all PAST EMPLOYERS and PERSONAL REFERENCES MUST include CITY AND ZIP CODE.

Prior to your application being processed, you must submit photocopies of:

- a. High School Diploma or Equivalent
- b. Valid Ohio Drivers License

Finally, I attest that all the facts set forth in this application for employment are true and complete.

Further, I understand that any missing items, false statement or deliberate misleading information may cause this application to be rejected or not processed at all. I also understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.


Signature of Applicant

8/31/08
Date

Cuyahoga Metropolitan Housing Authority Police Department
SURVEY

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

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

Newspaper _____

Friend/Relative _____

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

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

Salary _____

Benefits _____

Full-time _____

Other _____

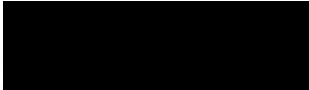
4. Do you know someone, other than yourself, looking for employment opportunities as a Police Officer?

Yes
 No

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

1. _____ (Name) _____ (Phone)

2. _____ (Name) _____ (Phone)

Your Name  _____



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

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

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

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

Form with fields for LAST NAME, HOME ADDRESS, CITY, and HOME PHONE, with redacted information.

DECLARATION

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

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

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

PUBLIC EMPLOYMENT - CONTINUED

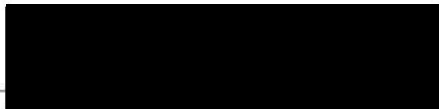
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

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

CERTIFICATION

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

X



Signature

8-13-08

Date



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

July 31, 2008

Dear Applicant:

Thank you for applying for the position of Police Officer with the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD). You are scheduled to participate in a **Written Examination at 10:00 a.m. on Wednesday, August 13, 2008** at the CMHA Police Department located at **5715 Woodland Avenue, Cleveland, Ohio 44104**. If you successfully complete the one (1) hour Written Examination, you may be asked to stay and participate in an off-site Physical Agility Test beginning at 12:00 p.m. *You are encouraged to wear comfortable clothing such as jogging/sweat pants and running shoes for this exam.*

Failure to attend and/or successfully participate and complete the above tests will result in your disqualification for further consideration of employment at this time. Please be prompt, otherwise you will not be tested. There will be **NO** rescheduling of the examinations.

You MUST bring the following items with you on the testing date or you will NOT be permitted to enter or participate further in the hiring process:

- 1) Valid Ohio Driver's License
- 2) **Original** High School Diploma or GED
- 3) **Original** OPOTC Certificate –Peace Officer Basic Training Academy

****Additional Credit will be applied for Proof of Residency (Cuyahoga County) and/or Certified copy of Military Service-DD214 upon passing of the Written Examination.**

We thank you in advance for your participation and cooperation. We look forward to seeing you on Wednesday, August 13, 2008 at 10:00 a.m.

Sincerely,

CMHA Police Department
Personnel and Recruitment Department



COMMISSIONERS
Jimmy Dimora
Timothy F. Hagan
Peter Lawson Jones

LETTER OF APPRECIATION

To: Officer [REDACTED]

Date: February 23, 2005

I recently received word acknowledging you for dedicated service in handling the fire at Juvenile Court on Friday, February 11th.

I would like to take this opportunity to share my appreciation for your diligence and hard work. Your commitment and leadership assure that employees and the public work in a safe and secure environment.

Thank you very much for your efforts exercised on behalf of the department and Cuyahoga County.

Again, thank you for a job well done!



Jay A. Ross
Central Services Director

Cc: Effrem Speigner, Protective Services Manager

Cuyahoga Metropolitan Housing Authority

Mission Statement

To provide safe, sanitary and decent housing
for eligible residents of Cuyahoga County.



**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**

APPLICATION FOR EMPLOYMENT

DATE May 19 2008

APPLICANT 

POSITION PREFERENCE Police officer

RESUME ATTACHED: Yes No

An Equal Opportunity Employer

The Cuyahoga Metropolitan Housing Authority is an equal opportunity employer and does not discriminate because of age, race, sex, religion, military status, national origin, marital status, or disability. Please notify the appropriate Human Resource Representative of any needed accommodation(s) to complete the application process. No question on this application is intended to obtain information to be used in a discriminatory manner.

In accordance with the Immigration Reform and Control Act of 1986, in the event you are employed, you are required to provide documents which evidence your identity and employment eligibility. Generally, this Agency does not sponsor individuals for the purpose of obtaining H-1 visas.

PERSONAL INFORMATION

Name [REDACTED] Social Security No [REDACTED]
First Middle Last

Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]

Home Phone [REDACTED] Business Phone () [REDACTED]

Prior address, if less than five years [REDACTED]

Please indicate any other formal name by which you've been known (e.g. maiden name) _____

How did you learn of us? Ad in paper Employee (Name) [REDACTED]
 College/School Walk-in or unsolicited resume
 Employment Agency Other _____

EMPLOYMENT PREFERENCES

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

Pay expected: \$ _____ per _____

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

GENERAL INFORMATION

Have you ever been involuntarily terminated by an employer? Yes No
 If yes, explain _____

Non-U.S. Citizens Only: Are you legally eligible to work in the United States? Yes No
 If yes, please indicate type of work permit and expiration date: _____

Are you a CMHA resident? Yes No If yes, please identify estate _____

Have you ever been employed with CMHA? Yes No
 If yes, under what name if different than present? _____

Please indicate dates and the name of your last supervisor/manager: _____

All applicants are required to answer the following four questions*:

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

If you answered yes to any of the above questions, please provide date of offense, name of jurisdiction and court. _____

4. Have you ever been a participant in a state pre-trial diversion or first offenders probation program? If so, please provide details including nature and date of offense and the state and court in which the action was pending.
NO

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

PERTAINING TO COMPANY CAR

Do you have a valid driving license? Yes No
 If yes, Ohio State [REDACTED] Driver's License Number

Any moving violations in the past 3 years? Yes No
 If yes, please explain _____

EDUCATION

Level	Name, City and State of School	Major/Minor	Recognition of Completion	Grade Point Average (only if known)	Degree Description
High School	Valley Forge PARMA HTS - Ohio	Basic Studies	Diploma? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N G.E.D.? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		N.A
Vocational or Technical School	Medina county Police Academy, Medina - Ohio	OPOTA	Certificate? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PASS	OPOTA
College			<input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Currently Pursuing		
Graduate School			<input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate Degree		

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

EMPLOYMENT HISTORY (please list most recent first)

Employer Cuyaboga County Protective Services Telephone (216) 443-2141
Street Address 1642 Lakeside Ave Cleveland Ohio 44119
City State Zip Code
Date Started (M/Y) 9-01 Date Ended (M/Y) — Title/Position Security Officer
Name of Last Supervisor Vic Kaser Salary (Per Hr., Wk. or Mo.) 15.45 hr
Reason for leaving Still Employed
May we contact for a reference at this time? Yes No If no, reason _____
If yes, state the name under which you were employed if different than now _____
Brief description of your responsibilities Safety and Security at All County Owned or leased properties

Employer City of Maple Hts Police Dept Telephone (216) 662-5884
Street Address 5373 Lee rd Maple Hts Ohio 44137
City State Zip Code
Date Started (M/Y) 6-03 Date Ended (M/Y) — Title/Position Aux Police Officer
Name of Last Supervisor Capt Gene Kulp Salary (Per Hr., Wk. or Mo.) 9.45 hr
Reason for leaving Still Employed
May we contact for a reference at this time? Yes No If no, reason _____
If yes, state the name under which you were employed if different than now _____
Brief description of your responsibilities Direct Traffic, Transport Prisoners Assist Full Time Officers

Employer Village of Wakeman Telephone (440) 839-2511
Street Address 57 Hyde St Wakeman Ohio 44889
City State Zip Code
Date Started (M/Y) 9-99 Date Ended (M/Y) 11-02 Title/Position Police Officer
Name of Last Supervisor Chief Tim Hunker Salary (Per Hr., Wk. or Mo.) 0.00 yr
Reason for leaving Other Career opportunity
May we contact for a reference at this time? Yes No If no, reason _____
If yes, state the name under which you were employed if different than now _____
Brief description of your responsibilities Investigate crimes, write Reports, Handle Radio calls,

Employer Sherwood Food dist Telephone (800) 493-6328
Street Address 16625 Granite rd Maple Hts Ohio 44137
City State Zip Code
Date Started (M/Y) 12-95 Date Ended (M/Y) 5-01 Title/Position Truck driver
Name of Last Supervisor Jack Mathews Salary (Per Hr., Wk. or Mo.) 12.50 hr
Reason for leaving Other Career opportunity
May we contact for a reference at this time? Yes No If no, reason _____
If yes, state the name under which you were employed if different than now _____
Brief description of your responsibilities Deliver Food to Stores

ADDITIONAL REFERENCES (business or school references only)

Name <u>Kerry Blakemore</u>	Position <u>Police officer</u>
Relationship to you <u>Friend</u>	Telephone <u>(216) 256-2541</u>
Name <u>Adam VICK</u>	Position <u>Deputy Sheriff</u>
Relationship to you <u>Friend</u>	Telephone <u>(440) 655-8568</u>

PRIOR SERVICE CREDIT

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

Agency	From (Month/Day/Year)	To (Month/Day/Year)
<u>Cuyahoga County</u>	<u>Sept 10, 2001</u>	<u>Present</u>
<u>City of Maple Hts</u>	<u>June 11 2003</u>	<u>Present</u>

Please provide verification of the above employment and accrued leave balance to the Human Resources Department.

APPLICANT SIGNATURE

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

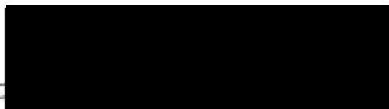
I have, by signing the attached document, authorized CMHA to investigate my background in order to evaluate my qualifications and to verify information contained in my application and resume. I agree that CMHA may request information from previous employers, educational institutions, credit bureaus, local, state and federal law enforcement agencies and any entities or individuals who may have information relating to my character, general reputation, personal characteristics, or qualifications. I understand that any such information pertaining to me may be used by CMHA for employment purposes and I hereby release CMHA, its employees, agents and independent contractors from any liability in connection with investigations relating to my application for employment, or continued employment, and I further release from liability all individuals or entities who provide information to CMHA in connection with its investigation and evaluation of my application.

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

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

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

Signature of Applicant



Date 5-19-08

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Human Resources Department

1441 West 25th Street, Cleveland, Ohio 44113

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

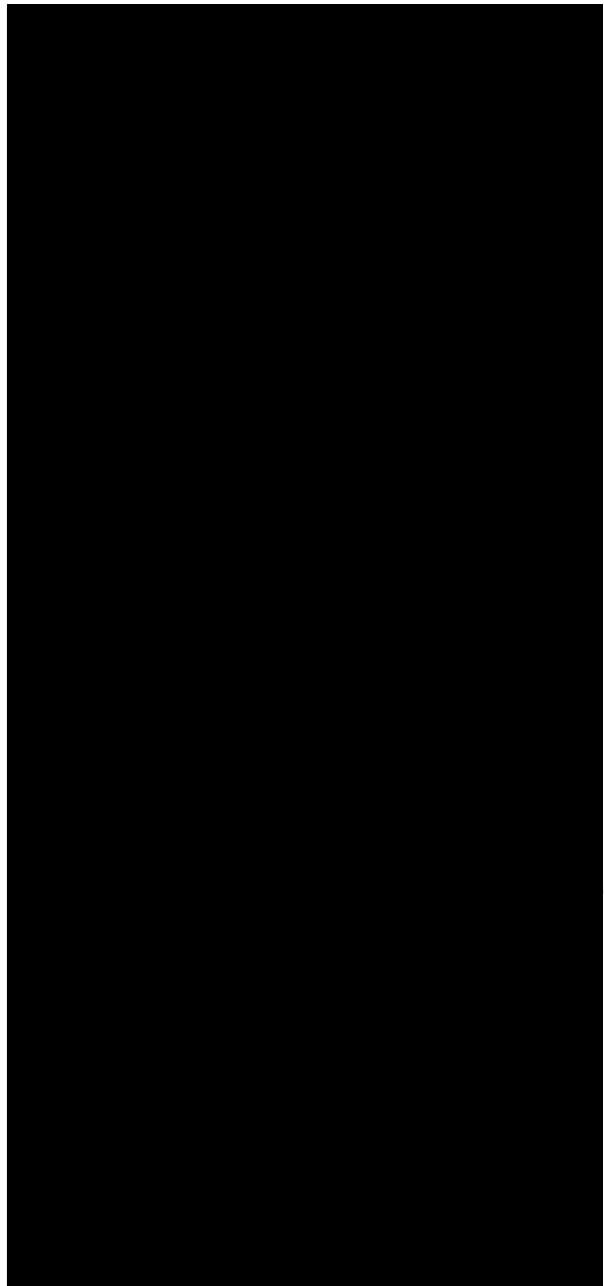
The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer-Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.



State Department of Education

Ohio High School Equivalence Diploma



has shown evidence of general development equivalent to a liberal high school education achieved on the GENERAL EDUCATIONAL DEVELOPMENT TESTS, and is therefore entitled to this Ohio High School Equivalence Diploma.

Given at Columbus, Ohio, this Seventh day of October 1998

John M. Galt

Superintendent of Public Instruction

Jennifer R. Shute

President of State Board of Education

Ernest Trent

Director, Division Assessment and Evaluation

David C. Fisher

State SED Administrator of Testing Program

057858

OHIO PATROLMEN'S Benevolent Association



Name



Title PITM

Department DEPT OF PROTECTIVE SERVICES

AHA Region NEOAH

Community Training Center NCEMS

Training Site Wakeman Police Department

Instructor Cathy L. Robustellini

Holder's Signature

C2000 Amc

79-20*3

American Heart Association
Fighting Heart Disease and Stroke

Heartsaver AED

This card certifies as successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Heartsaver AED (CPR/AED) Program.

Issue Date 8/2001 Recommended Renewal Date 8/2003



DEFENSIVE TACTICS INSTITUTE CERTIFICATE OF COMPETENCY

This is to certify that



has successfully completed and has passed a Basic 4 hour course

of instruction in:

Chemical Aerosol & C.C. Powder Spr.

Date

5/13/99

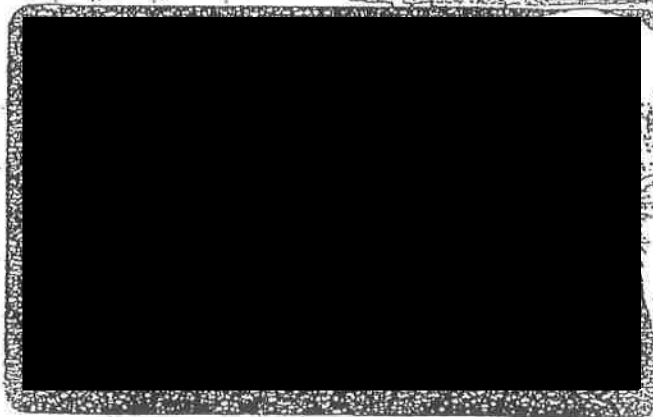
Certificate of Completion & Competency
DOPPLER RADAR OPERATION

Name

Department WAKEMAN POLICE DEPT.

has successfully completed a course of instruction in the theory, use and operation of Doppler Radar and is deemed competent to utilize Doppler Radar to determine the velocity of motor vehicles.

Date 10-8-99 Instructor Chief Don P. Newell



State Department of Education

Ohio High School Equivalence Diploma

This is to certify that

[REDACTED]

has shown evidence of general development equivalent to a liberal high school education achieved on the GENERAL EDUCATIONAL DEVELOPMENT TESTS, and is therefore entitled to this Ohio High School Equivalence Diploma.

Seventh

October

98

Given at Columbus, Ohio, this _____ day of _____ 19____

John M. Goff

Superintendent of Public Instruction

E. Roger Trent

Director, Division of Assessment and Evaluation

Jennifer Sheets

President of State Board of Education

057858

Dwight C. Fisher

State GED Administrator of Testing Program

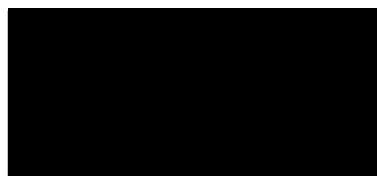


To whom it may concern:

Please accept this letter and enclosed resume as an expressed interest in joining your police department.

As my resume reflects I have completed the Medina County Law Enforcement Training Academy and I am looking to further my career in law enforcement.

I thank you in advance for receiving and reviewing this material and I am sure you could use someone like myself on your department. I look forward to speaking with someone from your dept personally





Division of Protective Services



To: Whom it may concern

From: Sergeant Kelly Purcell #31

Subject: Letter of reference for Officer [REDACTED]

I would highly recommend Officer [REDACTED] for employment. I have known this officer for more than three years and have served as his direct supervisor for two of those years. This officer is known for his work ethic and quick response during emergencies. He is cooperative and interacts well with our entire staff and other departments. He has demonstrated loyalty, professionalism, and he has proved to be trustworthy with confidential information. He is skilled in report writing and often helps review reports from other officers. He has been an excellent employee and would be an asset to your department.

Signature

A handwritten signature in cursive script, appearing to read 'Kelly Purcell', written over a horizontal line.

Date

7-5-07

(Phone number: 216-4432141)



Sergeant Enrique V. Linares
Cuyahoga County Central Services
Division of Protective Services

To: Whom It May Concern

RE: [REDACTED]

I have worked with [REDACTED] for six years and found him to be a competent officer and would be a great asset to your department. [REDACTED] is a type of officer that is constantly striving to improve himself and his training, he works well with the other officers in the department and gladly takes direction from supervision. While on mobile patrol he known for his quick response to an emergency and can take control of the situation if needed. [REDACTED] is a hard working employee with a great attitude constantly looking for a way to advance thru the ranks. I would greatly recommend [REDACTED] for employment your department.

14

Sgt. E. Linares



Career Objectives

To obtain and further my career in Law Enforcement that will provide an opportunity for professional advancement

Education

Valley Forge High School
9999 Independence dr
Parma Hts Ohio 44130
Aug 84-Mar 88

Hamrick truck driving school
1156 Medina Rd
Medina Ohio 44256
Oct 93-Dec93

Medina Police Academy
1101 W, Liberty St
Medina Ohio 44256
Jan 99-Jul 99

Work Experience

Cuyahoga County
1642 Lakeside
Cleveland Ohio 44114
POSITION
Protective Services

Sept 01-Present
Supervisor
Sgt Purcell
(216)443-2141

City of Maple Hts
5353 Lee Rd
Maple Hts Ohio 44135
POSITION
Comm. Aux Police Ofc

Jun 03-Present
Supervisor
Capt Weber
(216)662-5884

Village of Wakeman
59 Hyde St
Wakeman Ohio 44889
POSITION
Police Officer

Sept 99-Nov 02
Supervisor
Chief Newbill
(440)839-2512

Sherwood Food Dist
16625 Granite Rd
Maple Hts Ohio 44135
POSITION
Truck Driver

Dec-94-May 01
Supervisor
Jack Mathews
1-800-493-6328

Pg 2

Hillside Dairy
1418 Warrensville Cntr Rd
Cleveland Hts Ohio 4412

POSITION
Truck Driver

Islander Apts
7711 Normandy Dr
Middleburgh Hts Ohio 44130

POSITION
Grounds Maintenance

Mar 94-Dec 92

Supervisor

Sid Kosier

Out of business

Nov 90-Oct 93

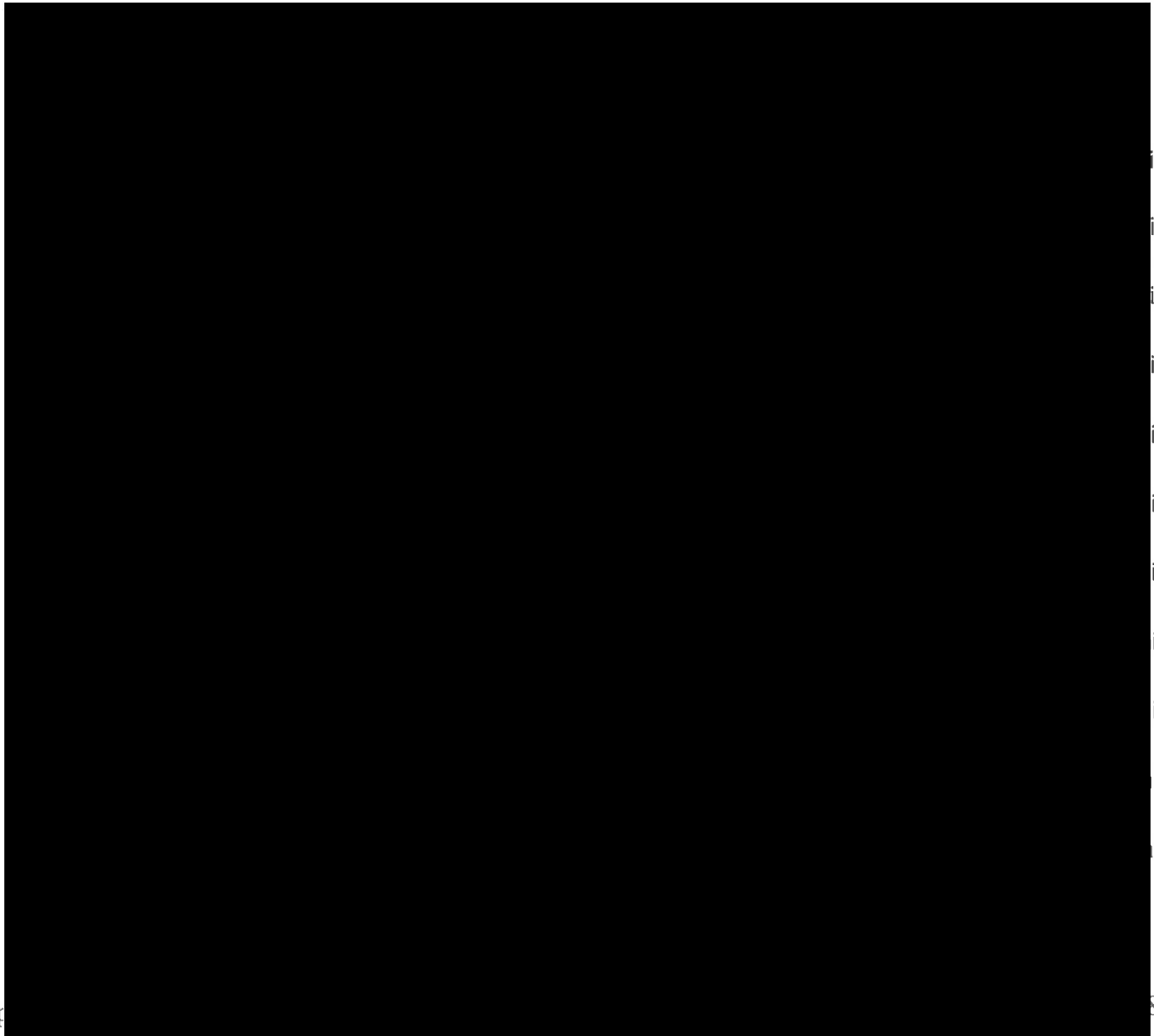
Supervisor

Ed Donnely

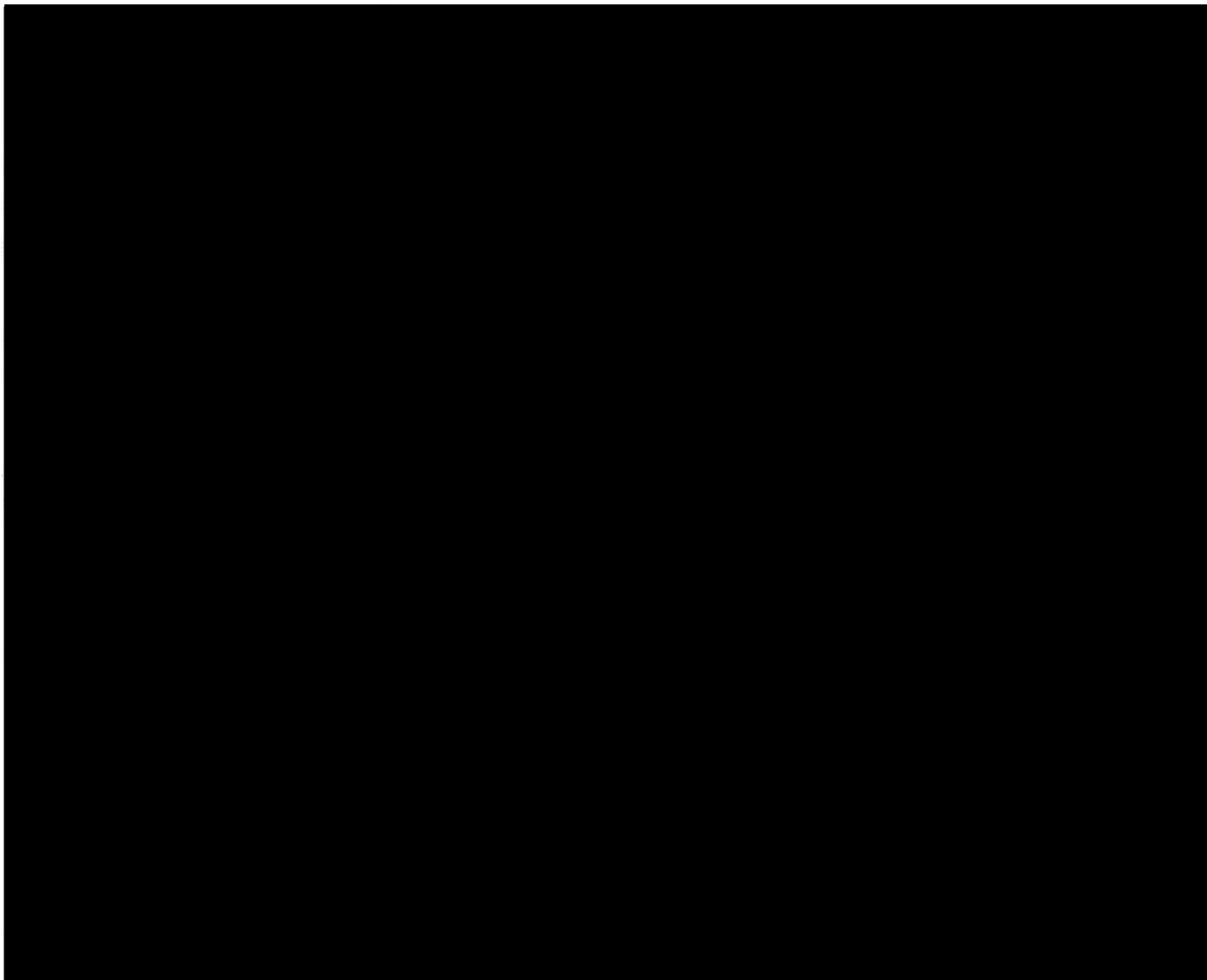
(440)243-6222

9

MAPQUEST



Total Time: 14 minutes Total Distance: 9.03 miles



All rights reserved. Use subject to License/Copyright Map Legend
Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

Transmission Report

Date/Time
Local ID 1
Local ID 2

09-12-2008 11:58:02
216 361 3759

Transmit Header Text
Local Name 1 Line 1
Local Name 2

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

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Village of Wakeman

DATE: September 12, 2008

FAX #: (440)839-2586

PAGES: 3, Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return to me as soon as possible for

[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

" The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you. "

CMHAPD04-029

Total Pages Scanned : 3

Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	021	14408392586	11:55:58 09-12-2008	00:01:11	3/3	1	EC	HS	CP14400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report
G3: Group 3
EC: Error Correct

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104

Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

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DATE: September 12, 2008

FAX #: (440)839-2586

PAGES: 3, Including this cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

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[REDACTED]

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Transmission Report

Date/Time
Local ID 1
Local ID 2

09-15-2008 08:53:48
216 361 3759

Transmit Header Text
Local Name 1 Line 1
Local Name 2

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

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Protective Services - Human Resources

DATE: September 15, 2008

FAX #: (216)698-6509

PAGES: 3, Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return it to me as soon as possible for



Thanks in advance,
Det. Michael Crawford #29

WARNING

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CMHAFD94-029

Total Pages Scanned : 3

Total Pages Confirmed : 3

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Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104

Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Protective Services - Human Resources

DATE: September 15, 2008

FAX #: (216)698-6509

PAGES: 3, Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return it to me as soon as possible for

[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

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PLEASE! COMPLETE THE FOLLOWING:

DATE EMPLOYED: 09/10/2001 DATE SEPARATED: N/A

JOB TITLE: Security Officer 2 REASON FOR LEAVING: Still employed

WOULD YOU REHIRE? YES _____ NO _____

IF NO, STATE REASON: _____

APPRAISAL

CATEGORY	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Quantity of Work				
Learning Ability				
Cooperation with Supervisors				
Cooperation with Fellow Employees				
Initiative				
Attendance				
Punctuality				
Ability to work Without close supervision				

ADDITIONAL

COMMENTS: Per County Policy only able to verify dates of employer t
and job title

DATE: 9/15/2008

SIGNATURE: _____

TITLE: Personnel Officer

20277

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Protective Services - Human Resources

DATE: September 15, 2008

FAX #: (216)698-1509

PAGES: 3 Including this cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return it to me as soon as possible for

[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

" The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you. "

RECEIVED
C.M.H.A. POLICE DEPT.

2008 MAY 19 PM 2:02

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
BACKGROUND AND RECORDS RELEASE

For employment consideration by the Cuyahoga Metropolitan Housing Authority [CMHA], I hereby authorized 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 CMHA who presents this authorization. This authorization includes authority to release for examination and reproduction purposes pertinent records and reports, and includes the request that any law enforcement agencies, doctors, and 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 CMHA.

[Redacted Signature]

5-19-08

Signature

Date

[Redacted Print Name]

Print Name

Nickname:

N/A
Maiden Name

[Redacted Current Address]

Current Address [Street, City, State, Zip]

How Long

Former Address [Street, City, State, Zip]

How Long

[Redacted Former Address]

Date of Birth

[Redacted Physical Description]

Height

Weight

Eyes

Hair

NOTARY PUBLIC

Sworn to and subscribed before me, a Notary Public, this 19 day of MAY 20 08

NOTARY PUBLIC SIGNATURE

[Handwritten Signature]

THOMAS M. BURDYSHAW

Notary Public, State of Ohio

Cuyahoga County

My Commission Expires June 11, 2011



COMMISSIONERS
 Jimmy Dimora
 Timothy F. Hagan
 Peter Lawson Jones

**DEPARTMENT OF CENTRAL SERVICES
 HUMAN RESOURCES**

FAX

To: Michael Crawford #29	From: D. Morris
Fax No. (216) 361-3728	Date: 09/15/2008

No. of pages (including this cover sheet): 4

Comments:

Please find information you requested attached.

PLEASE COMPLETE THE FOLLOWING:

DATE EMPLOYED: 6/11/03 DATE SEPARATED: Present

JOB TITLE: Auxiliary Police REASON FOR LEAVING: _____

WOULD YOU REHIRE? YES _____ NO _____

IF NO, STATE REASON: _____

APPRAISAL

CATEGORY	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Quantity of Work				
Learning Ability				
Cooperation with Supervisors				
Cooperation with Fellow Employees				
Initiative				
Attendance				
Punctuality				
Ability to work Without close supervision				

ADDITIONAL COMMENTS: Probability of Employment: In Good Standing.

DATE: 9/12/2008

SIGNATURE: Jamie J. Walker

TITLE: Director of Human Resources

**CITY OF MAPLE HEIGHTS
HUMAN RESOURCES**

5353 Lee Road
Maple Heights, OH 44137
(216) 587-9007 / (216) 587-9008
FAX: (216) 662-7556

Fax

To:	From:			
DET. M. CRAWFORD #29	Laurie Waller 216-587-9007			
Fax: 216-662-7556	Pages: (2) including fax cover			
Phone:	Date: 9.12.08			
Re:	CC:			
<input type="checkbox"/> Urgent	<input checked="" type="checkbox"/> For Review	<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply	<input type="checkbox"/> Please Recycle

Thank you!

The information contained in this facsimile message is intended for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of this facsimile is not the named recipient, any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the address above via U.S. Postal Service.

Transmission Report

Date/Time
Local ID 1
Local ID 2

09-12-2008
2164325956

10:44:22 a.m.

Transmit Header Text

Local Name 1

CMHA POLICE DEPT

Local Name 2

This document : Confirmed
(reduced sample and details below)

Document size : 8.5"x11"

CUYAHOGA METROPOLITAN HOUSING AUTHORITY



POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: MAPLE HEIGHTS PD - HUMAN RESOURCES

DATE: September 12, 2008

FAX #: 1216362-7556

PAGES: 3 Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return to me as soon as possible for
[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

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CMHA004-029

Total Pages Scanned : 3

Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	532	96627556	10:42:37 a.m. 09-12-2008	00:01:06	3/3	1	EC	HS	CP14400

Abbreviations:

HS: Host send

PL: Polled local

MP: Mailbox print

TU: Terminated by user

HR: Host receive

PR: Polled remote

CP: Completed

TS: Terminated by system

G3: Group 3

WS: Waiting send

MS: Mailbox save

FA: Fail

RP: Report

EC: Error Correct

Cuyahoga Metropolitan Housing Authority Police Department
PRE-EMPLOYMENT QUESTIONNAIRE

Name: _____

SS#: _____

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

2. Have you ever attended a Basic Peace Officer Training Academy approved by the Ohio Peace Officer Training Commission? yes _____

If YES, where and when:

Medina County Medina Ohio
(Academy Name, City, State)

Jan 99 - July 99
(Date(s) of Attendance: Month and Year)

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

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

5. Have you ever used illegal drugs? yes _____

6. When is the last time you used illegal drugs? Age 13-14 _____

7. Do you drink alcohol? NO _____

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

9. Name and telephone number of most recent employer:

Cuyahoga County Protective Services (216) 443-2141
Security Officer
(Position / Title)

Number of days absent: 10-12 _____

How many Mondays and/or Fridays were you absent and/or tardy other than approved vacation leave? 2-3 _____

Signature

8-13-08
Date

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

ARE YOU ABLE TO PERFORM THE FOLLOWING FUNCTIONS OF A POLICE OFFICER?

Police Officer Job Description

1. Patrols a designated area, either in a motorized vehicle or on foot, in order to prevent crime or disturbance of the peace and apprehend violators. Conducts surveillance. Makes police presence visible in order to deter crime. Familiarizes self with patrol area and notes hazards, suspicious persons, and circumstances therein to report to superior officer. Maintains ongoing radio contact as directed.
2. Responds to reported violations of regulator laws and ordinances including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, and misdemeanors.
3. Enforces vehicle and limited traffic laws; writes notices; and serves court writs.
4. 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. May administer first aid, locate, question, and detain witnesses; pursues, apprehends, arrest, interrogates, and transports suspects and offenders as necessitated by circumstances; testifies and presents evidence in court.
5. Observes, inspects, and reports the condition of CMHA property, noting any hazardous conditions; inspects and maintains department equipment.
6. Writes crime reports and other required reports; completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
7. May perform functions of specialized police operations including, but not limited to specific street activities, narcotics enforcement, scientific duties, and clerical tasks in support of street personnel.



YES, I AM ABLE TO PERFORM THE JOB FUNCTIONS LISTED ABOVE

NO, I AM NOT ABLE TO PERFORM THE JOB FUNCTIONS LISTED ABOVE

[Redacted Signature]

SIGNATURE

8-13-08

DATE

Cuyahoga Metropolitan Housing Authority Police Department
SHIFTS/PLATOONS
POLICE OFFICERS

1st PLATOON/SHIFT

0730-1530 HOURS – [7:30 A.M. – 3:30 P.M.]

0830-1630 HOURS – [8:30 A.M. – 4:30 P.M.]

2ND PLATOON/SHIFT

1530- 2330 HOURS – [3:30 P.M. – 11:30 P.M.]

1630- 2430 HOURS – [4:30 P.M. – 12:30 P.M.]

3RD PLATOON/SHIFT

2330 – 0730 HOURS – [11:30 P.M. – 7:30 A.M.]

2430 – 0830 HOURS – [12:30 P.M. – 8:30 A.M.]

5TH PLATOON/SHIFT

1000 – 1800 HOURS – [10:00 A.M. – 6:00 P.M.]



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Village of Wakeman

DATE: September 12, 2008

FAX #: (440)839-2586

PAGES: 3, Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return to me as soon as possible for
[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

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RECEIVED
C.M.H.A. POLICE DEPT.

2008 MAY 19 PM 2 02

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
BACKGROUND AND RECORDS RELEASE

For employment consideration by the Cuyahoga Metropolitan Housing Authority [CMHA], I hereby authorized and request any and all agencies having information and/or records pertaining to the undersigned to furnish full and complete information to my duly authorized representative of CMHA who presents this authorization. This authorization includes authority to release for examination and reproduction purposes pertinent records and reports, and includes the request that any law enforcement agencies, doctors, and 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

[Redacted Signature]

5-19-08

Date

[Redacted Name]

N/A

Nickname

[Redacted Address]

How Long

Former Address [Street, City, State, Zip]

How Long

[Redacted Address]

[Redacted Address]

NOTARY PUBLIC

Sworn to and subscribed before me, a Notary Public, this 19 day of MAY 20 08


NOTARY PUBLIC SIGNATURE

THOMAS M. DUROVSHAW

Notary Public, State of Ohio

Cuyahoga County

My Commission Expires June 11, 2011

PLEASE COMPLETE THE FOLLOWING:

DATE EMPLOYED: 9-20-99 DATE SEPARATED: 11-30-02

JOB TITLE: Patrolman REASON FOR LEAVING: Other employment

WOULD YOU REHIRE? YES NO

IF NO, STATE REASON: _____

APPRAISAL

CATEGORY	EXCELLENT	GOOD	FAIR	POOR
Quality of Work			✓	
Quantity of Work			✓	
Learning Ability			✓	
Cooperation with Supervisors		✓		
Cooperation with Fellow Employees		✓		
Initiative			✓	
Attendance		✓		
Punctuality		✓		
Ability to work Without close supervision			✓	

ADDITIONAL COMMENTS: - OK. [REDACTED] WORKED WELL WITH THE SCHEDULE HE WAS GIVEN. HE WAS VERY DEDICATED TO HIS POSITION.

DATE: 9/22/07

SIGNATURE: [Signature] 501

TITLE: Chief of Police

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Police Officer [REDACTED]

DATE OF INVESTIGATION: 12Sep08

AREA BEING VERIFIED: CRIMINAL HISTORY

INVESTIGATORS COMMENTS:

Criminal History- Based upon the local and NCIC checks there is no criminal history for the above applicant.

ATTACHMENTS (IF ANY):

See attached sheets.

RATING: XX SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det. Michael Crawford #29/ 

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

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

DATE: _____ FROM: _____ TO: _____

HONORABLE DISCHARGE: _____

STILL ACTIVE: _____

OTHER: _____

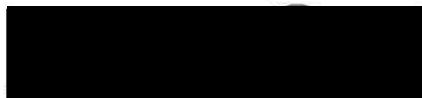
HAVE YOU EVER BEEN ARRESTED? YES: _____ NO:

CIRCUMSTANCES:

HAVE YOU EVER BEEN CONVICTED? YES: _____ NO:

CIRCUMSTANCES:

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



SIGNATURE

8-13-08

DATE

CLEVELAND DIVISION OF POLICE
GENERAL RECORDS DIVISION

RECORD OF [REDACTED] ALIAS/MAIDEN NAME N/A
ADDRESS [REDACTED] FORMER ADDRESSES _____
DATE OF BIRTH [REDACTED] AGE [REDACTED] RACE [REDACTED] SEX [REDACTED] SOC. SEC. NO. [REDACTED]
AGENCY REQUESTING RECORD CMHA PD SIGNATURE OF AGENT [REDACTED]

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

POLICE RECORD

NO LOCAL RECORD
(BASED ON INFORMATION PROVIDED)
CLEVELAND POLICE DEPARTMENT
RECORD FILE SECTION
ARREST RECORD ONLY - NO DISPOSITIONS
SEARCH MADE BY [Signature]
NO CHECK MADE NATIONWIDE

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Police Officer Scott Drew

DATE OF INVESTIGATION: 12Sep08

AREA BEING VERIFIED: PERSONAL REFERENCES

INVESTIGATORS COMMENTS:

Personal Reference - Spoke with Kerry Blakemore he speaks highly of applicant. Also, spoke with Adam Vick Deputy Sherriff speaks highly of applicant and has known him for three years from Wakeman P.D.

ATTACHMENTS (IF ANY):

See attached sheets.

RATING: XX SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det. Michael Crawford #29/



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE

BACKGROUND INVESTIGATION
COMPOSITE

APPLICANTS NAME: Police Officer [REDACTED]

	SATISFACTORY	UNSATISFACTORY
A. Criminal History and Driving Record	<u>SATISFACTORY</u>	_____
B. Home Visit	<u>SATISFACTORY</u>	_____
C. Neighbor Interviews	<u>SATISFACTORY</u>	_____
D. Credential Verification	<u>SATISFACTORY</u>	_____
E. Prior Work History	<u>SATISFACTORY</u>	_____
F. Application Form Information Verification	<u>SATISFACTORY</u>	_____
G. Personal References	<u>SATISFACTORY</u>	_____

Background Investigation Complete Yes XX No _____

I do recommend for employment based upon information verified during Background Investigation.

Det. Michael Crawford #29/ Det. M. Crawford 12Sep08
Investigators Signature Date

I do not recommend for employment based upon information verified during Background Investigation.

Investigators Signature Date

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Police Officer [REDACTED]

DATE OF INVESTIGATION: 12Sep08

AREA BEING VERIFIED: BACKGROUND INVESTIGATION

INVESTIGATORS COMMENTS:

Criminal History- Based upon the local and NCIC checks there is no criminal history for the above applicant.

Driving History- Above applicant does have a valid (ODL)

Personal Reference - Spoke with Kerry Blakemore he speaks highly of applicant. Also, spoke with Adam Vick Deputy Sherriff speaks highly of applicant and has known him for three years from Wakeman P.D.

Home Visit - I met the applicant at his home and his two brothers. Everything checks ok.

Neighborhood Visit - I Spoke with the neighbors and they speak highly of the applicant .

Credential Verification - Above applicant does have his High School Equivalent Certificate and does have the O.P.O.T.C. Police Training.

Prior Work History - Checks ok, no negative remarks.

ATTACHMENTS (IF ANY):

See attached sheets.

RATING: XX SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det. Michael Crawford #29/




CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

OATH OF OFFICE

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

[REDACTED]

Signature



Chief of Police

Sworn to and subscribed before me this 26 day of FEB, 2016
in the county of Cuyahoga and the state of Ohio.



Notary Public
PAULA A. STYLES
NOTARY PUBLIC, STATE OF OHIO
County of Cuyahoga
Recorded in Cuyahoga County
My commission expires May 19, 2017

My Commission expires _____

(SEAL)

Medina County Law Enforcement Training Academy

Whereby certifies that



attended and successfully completed a specialized course on Basic Police Training

on this day
July 15, 1999

Linda M. Frick

SCHOOL COMMANDER

Sheriff Hassinger

ADVISORY BOARD

Chief Osieck

ADVISORY BOARD

Chief Sivard

ADVISORY BOARD

Wakeman Police Department Police Officer Commission and Oath of Office

On this date you are hereby commissioned as a Peace Officer to serve as a Law Enforcement Officer for the Wakeman Police Department, pursuant to Section 737.161 of the Ohio Revised Code. As such, you shall affirm the following:

I, Scott A. Brew do solemnly swear that I will support the Constitution and laws of The United States of America, the Constitution and laws of the State of Ohio and the Laws and Ordinances of the Village of Wakeman Ohio and will faithfully, honestly and impartially discharge the duties of Peace Officer to which I have been appointed. I will support and follow the orders of my superior officers to the best of my ability.

By the affixing of my signature, I do hereby swear that the commission issued to Scott A. Brew is given pursuant to the authority vested in me by Section 737.161 of the Ohio Revised Code, and that the individual has personally appeared before me and affixed his/her signature to this oath in my presence.

[Redacted Signature]

Appointee

October 19, 2002

Date

Reserve Officer

Appointed Position

October 19, 2002

Date

Stanley K. Wolfe

Mr. Stanley Wolfe

Mayor, Village of Wakeman

Appointing Authority

October 19, 2002

Date

Sworn before me on this 19th day of October 20 02

Don P. Newbill

Notary

DON P. NEWBILL

NOTARY PUBLIC, STATE OF OHIO

My Commission Expires Apr. 27, 2003

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

MEDINA CO. LAW ENFORCEMENT TRAINING ACADEMY

Awarded on

September 20, 1999

Betty D. Montgomery
Betty D. Montgomery
Attorney General

Jeffrey M. Merickel
Jeffrey M. Merickel, Chairman
Ohio Peace Officer Training Commission



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

Linda M. Frick
Linda M. Frick
School Commander

BAS 99-025 991716



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: P.O. [REDACTED]

FROM: David T. Solomon, Deputy Chief of Patrol

PAGE 1 of 1	SUBJECT O.P.O.T.C. Update Training Evaluation	DATE 06MAR09
-----------------------	---	------------------------

Pursuant to the attached notification from the Ohio Peace Officer Training Commission, you are required to successfully complete the mandated requirements for "Missing Persons" prior to June 18, 2009.

If you fail to complete the required training, you must cease performing peace officer functions and cease carrying a weapon.

A copy of the Break in Service update training evaluation letter is attached for scheduling purposes.

Failure to complete this training prior to June 18, 2009 will result in the termination of your employment as a Police Officer with CMHA.

Attachments

By order of,

[Signature]
 David T. Solomon
 Deputy Chief

I acknowledge receipt of this notification on the O.P.O.T. C. Refresher Course mandate.

Signature: [REDACTED] _____
(Print name and title)

Date/Time: 12 MAR 09

Issuing/Witnessing Supervisor's signature: *[Signature]* _____



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

June 12, 2009



Chief Andres Gonzalez
Cuyahoga Metropolitan Housing Authority Police Department
5715 Woodland Avenue
Cleveland, OH 44104

Re: Update Training Complete for Officer [REDACTED]

Dear Chief Gonzalez:

This is to acknowledge that records have been received to substantiate that the training requirements for Missing Persons have been met.

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
Maple Heights PD

ST/jw

*TO: MEMBER'S FILE
AGS/STJF.*



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: P.O. [REDACTED]

FROM: David T. Solomon, Deputy Chief of Patrol

PAGE 1 of 1	SUBJECT O.P.O.T.C. Update Training Evaluation	DATE 06MAR09
-----------------------	---	------------------------

Pursuant to the attached notification from the Ohio Peace Officer Training Commission, you are required to successfully complete the mandated requirements for "Missing Persons" prior to June 18, 2009.

If you fail to complete the required training, you must cease performing peace officer functions and cease carrying a weapon.

A copy of the Break in Service update training evaluation letter is attached for scheduling purposes.

Failure to complete this training prior to June 18, 2009 will result in the termination of your employment as a Police Officer with CMHA.

Attachments

By order of,


 David T. Solomon
 Deputy Chief

I acknowledge receipt of this notification on the O.P.O.T. C. Refresher Course mandate.

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

Date/Time: _____

Issuing/Witnessing Supervisor's signature: _____



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

March 2, 2009

Chief Andres Gonzalez
Cuyahoga Metropolitan Housing Authority Police Department
5715 Woodland Avenue
Cleveland, OH 44104

Re: Break in service update training evaluation for Officer [REDACTED]

Dear Chief Gonzalez:

The purpose of this letter is two-fold: First, this letter shall serve to acknowledge receipt of a "Notice of Peace Officer Appointment/Termination" (OPOTC SF400adm) form, whereby you reported an appointment, status change, or record correction for the above-referenced officer pursuant to R.C. § 109.761. Second, this letter shall serve as notice that pursuant to O.A.C. 109:2-1-12 (or O.A.C. 109:2-1-07, in the event this is a first appointment), this officer is required to complete the following break in service update training:

<u>Reference</u>	<u>Description</u>	<u>OPOTC Topic Number</u>	<u>Hours</u>	<u>Required Completion Date(s)</u>
■ R.C. § 109.741	Missing Persons (eff. 06/01/07)	3-11	2	6/18/09

First appointments: Per O.A.C. 109:2-1-07(B)(1), break in service update training requirements mandated by the state legislature must be completed before the above-referenced officer will be issued a peace officer certificate and before s/he may be permitted to perform the functions of a peace officer.

Subsequent appointments: Per O.A.C. 109:2-1-12(D)(1) and (2), as appropriate, break in service update training must be completed within one (1) year of the appointment date giving rise to the break in service. Per O.A.C. 109:2-1-12(F), officers who fail to complete the required 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 required. Per O.A.C. 109:2-1-12(G), the Executive Director may extend the time for completion of the training requirements upon receipt of a written request from the appointing authority. Such requests must contain an explanation of the circumstances creating the need for the extension, and extensions of this sort may not exceed one hundred eighty (180) days.



Ohio Peace Officer Training Academy

P.O. Box 309
London, OH 43140
Telephone: (740) 845-2700
(800) 346-7682
Facsimile: (740) 845-2675



An Internationally Accredited
Law Enforcement Training Academy

4055 Highlander Pkwy., Ste. B
Richfield, OH 44286
Telephone: (888) 436-7282
(330) 659-2311
Facsimile: (330) 659-2401

Printed in House

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.

The Commission provides break in service update training determinations as a service to Ohio's peace officers and the agencies they serve. This determination is based solely upon the appointment/termination information reported to the Commission, and does not relieve the officer or the appointing authority of any obligation to comply with the reporting requirements of R.C. § 109.761 or the break in service update training requirements of O.A.C. 109:2-1-12. If you believe this determination has been made in error, we will be happy to work with you to identify the documents necessary to correct our records. Please note that this determination should not be construed to relieve the above-referenced officer of the annual in-service firearms re-qualification requirements of R.C. § 109.801. Should you have questions or concerns regarding this determination, please feel free to contact me at the numbers provided below.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin A. Cain", written over a light blue circular stamp or watermark.

Justin A. Cain
Certification Officer
Certification and Standards Division

cc: OPOTC Officer File
Officer [REDACTED]
Maple Heights Police Dept.

JAC/lks

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

OATH OF OFFICE

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

[REDACTED]

Julio Gonzalez
Chief of Police

Sworn to and subscribed before me this 16 day of December, 2008
in the county of Cuyahoga and the state of Ohio.

Thomas M. Burdyslaw

Notary Public
State of Ohio, County of Cuyahoga

My Commission expires _____

(SEAL)

THOMAS M. BURDYSHAW
Notary Public, State of Ohio
Cuyahoga County
My Commission Expires June 11, 2011



NOTICE OF PEACE OFFICER APPOINTMENT/TERMINATION (mark appropriate box)

Appointment Appointment Status Change (e.g., reserve to full/parttime) Termination Correction to Record - highlight correction(s)

Personal Information Disclosure Statement - Pursuant to the Federal Privacy Act (Public Law 93-579), notice is hereby given for the request of personal information. The Ohio Peace Officer Training Commission and Academy require personal information for the purpose of accurately recording training, agency/school affiliation, and testing information. Your Social Security Number will not be disclosed to individuals or agencies except in accordance with state and federal law and policy of the Ohio Peace Officer Training Commission and the Office of the Attorney General of the State of Ohio. Failure to provide any of the requested information may result in an incomplete training record and certain services may be delayed.

INSTRUCTIONS

- Completion of this Notice form is required within 10 days of appointment or termination for all peace officers as defined in ORC 109.71(A).
- Use this Notice to report new appointments, appointment status changes, corrections (including name changes), and terminations.
- Sections A, B, and E must be completed, then complete Section C and pages 2 and 3 or Section D as appropriate.
- Please type or legibly print (in ink) all required information.
- Mail or fax this Notice to OPOTC at the below address within 10 days of such actions, as required by Ohio Revised Code 109.761.

A. OFFICER INFORMATION			
1. SOCIAL SECURITY NUMBER	2. NAME (Last) (First) (Middle)	3. BIRTHDATE (mm/dd/yyyy)	
4. GENDER	5. ALIAS (Last) (First) (Middle)	6. HOME PHONE NUMBER	
7. DRIVERS LICENSE #	8. HOME STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code)		

B. AGENCY INFORMATION			
9. AGENCY NAME	10. APPOINTING AUTHORITY'S NAME & TITLE	11. AGENCY PHONE NUMBER	
C.M.H.A. POLICE DEPARTMENT	ANDRES GONZALEZ, CHIEF OF POLICE	(216) 426-7760	
12. AGENCY STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code)	5715 WOODLAND AVE. CLEVELAND CUYAHOGA OHIO 44104		

C. APPOINTMENT INFORMATION			
13. APPOINTMENT DATE (mm/dd/yyyy)	14. CURRENT RANK	15. TITLE/ POSITION	16. ORC SECTION
12-15-08		Police officer	
17. APPOINTMENT STATUS (mark appropriate box)		18. APPOINTEE'S FIRST PEACE OFFICER APPOINTMENT?	
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special		<input type="checkbox"/> yes (Complete all of page 2) <input checked="" type="checkbox"/> no (Complete pages 2 and 3 - an update evaluation will occur)	

D. TERMINATION INFORMATION	
19. TERMINATION DATE (mm/dd/yyyy)	20. REASON FOR TERMINATION (mark appropriate box)
	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Felony Conviction <input type="checkbox"/> Other

E. ATTESTATION OF REPORTING OFFICIAL		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate the information on this form.		
SIGNATURE OF REPORTING OFFICIAL	NAME & TITLE OF REPORTING OFFICIAL (Typed or Printed Legibly)	DATE
	ANDRES GONZALEZ, CHIEF OF POLICE	12/17/08

*Forw
12/19*

PEACE OFFICER APPOINTMENT AND OATH OF OFFICE*

If first appointment: SCHOOL NAME Medina County Police Academy

SCHOOL# BAS 99 -025

1. TO BE COMPLETED BY APPOINTEE AND APPOINTING AUTHORITY:

On this date, you are hereby appointed as a peace officer to serve as a Police officer
for the C.M.H.A. POLICE DEPARTMENT pursuant to 3735.31
department name position/title ORC Section

As such, you shall swear or affirm the following:

[Redacted], do solemnly swear or affirm that I will support the
appointee's printed name

Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio,
and the Laws and Ordinances of C.M.H.A. POLICE DEPARTMENT and to the
political subdivision

best of my ability will discharge the duties of the office of Police officer
position/title

[Redacted] 12/15/2008
Signature of Appointee Date of Appointment (mm/dd/yyyy)

11. TO BE COMPLETED BY APPOINTING AUTHORITY:

By signing below, I hereby swear or affirm that the above named individual is appointed to the
above position pursuant to the authority vested in me by 3735.31, and
ORC Section

that the individual has personally appeared before me and signed this oath in my presence.

[Signature] ANDRES GONZALEZ, CHIEF OF POLICE
Signature of Appointing Authority Typed/Printed Name of Appointing Authority and Title

NOTARY:

Sworn to and subscribed before me this 15 day of DECEMBER, 20 08
in the county of Cuyahoga and the state of Ohio.

[Signature] My commission expires _____
Signature of Notary/Attorney/Clerk of Courts THOMAS M. BURDYSHAW
Notary Public, State of Ohio Cuyahoga County
My Commission Expires June 11, 2011

* If you submit a department oath of office, the document must include the officer's name, date of appointment, ORC section under which you are appointed and the signature and title of the appointing authority (mayor, safety director, chief of police, etc.) as listed in the ORC section under which you are appointed.

OHIO PEACE OFFICER APPOINTMENT HISTORY

OFFICER'S NAME

SSN

BASIC TRAINING SCHOOL NAME

Medina County Police Academy

From: Jan 99

To: July 99

Beginning Date

Ending Date

1. Appointed by: C.M.H.A. Police Dept Agency Name Cuyahoga County Name

From: 12-15-08 To: Present Position title: Police Officer (Deputy, Reserve Officer, Etc.)

Appointment status: [X] Full-Time [] Part-Time [] Auxiliary [] Reserve [] Special

2. Appointed by: Maple Hts Police Dept Agency Name Cuyahoga County Name

From: June 03 To: Present Position title: Auxiliary Police Officer (Deputy, Reserve Officer, Etc.)

Appointment status: [] Full-Time [] Part-Time [X] Auxiliary [] Reserve [] Special

3. Appointed by: South Amherst Police Dept Agency Name Lorain County Name

From: June 08 To: Aug 08 Position title: Reserve police officer (Deputy, Reserve Officer, Etc.)

Appointment status: [] Full-Time [] Part-Time [] Auxiliary [X] Reserve [] Special

4. Appointed by: WAKEMAN police dept Agency Name Huron County Name

From: 9-99 To: 12-02 Position title: Reserve police officer (Deputy, Reserve Officer, Etc.)

Appointment status: [] Full-Time [] Part-Time [] Auxiliary [X] Reserve [] Special

5. THIS SECTION TO BE COMPLETED BY THE OFFICER AND AN AGENCY OFFICIAL IN THE PRESENCE OF A NOTARY PUBLIC/ATTORNEY/CLERK OF COURTS.

This is to certify that we understand that the above information will be used to determine whether the officer requires any mandated/update training and that the information set forth in this form is true and accurate to the best of our knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is understood that, should any of the provided information be discovered inaccurate, it will void the determination made from this request. Further, it is also understood that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

Signature of individual officer

C.M.H.A. POLICE DEPARTMENT Name of requesting agency

Signature of requesting official

5715 WOODLAND AVE. Mailing address of requesting agency

ANDRES GONZALEZ, CHIEF OF POLICE

CLEVELAND, OHIO 44104 Mailing address (continued)

Typed name of requesting official

Sworn to and subscribed before me this 15 day of DECEMBER, 20 08

in the county of Cuyahoga and the state of Ohio.

Signature of Notary/Attorney/Clerk of Courts

My commission expires

THOMAS M. BURDYSHAW Notary Public, State of Ohio Cuyahoga County My Commission Expires June 11, 2011

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

OATH OF OFFICE

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

[REDACTED]
Signature
Julio Gonzalez
Chief of Police

Sworn to and subscribed before me this 11th day of December, 2008
in the county of Cuyahoga and the state of Ohio.

Thomas M. Burdyshaw
Notary Public
State of Ohio, County of Cuyahoga

My Commission expires _____

(SEAL)

THOMAS M. BURDYSHAW
Notary Public, State of Ohio
Cuyahoga County
My Commission Expires June 11, 2011



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: William Likes #604- Patrol Commander

FROM: Ronald J. Morenz #626, Lieutenant-Third Platoon

PAGE 1 of 1	SUBJECT Interview and Computer Voice Stress Analysis for Patrol Officer Candidate [REDACTED]	DATE 26AUG08
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On 26AUG08, I conducted an interview and Voice Stress Examination on Patrol Officer Candidate [REDACTED]. During my pre-test interview I discovered that he used marijuana for one summer in 1984. He did not have any further drug usage.

The result of his VSA test was Deception Indicated.

Based upon my interview with Mr. Drew, I would not recommend him for a position within our Department.

Respectfully Submitted,

Ronald J. Morenz, Lieutenant



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



MEMBER NAME: Sergeant [REDACTED]	EVALUATOR: Lieutenant Dale Homerick	DATE: 03-10-2022
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APPRAISAL PERIOD

FROM: 01-01-2021	TO: 12-31-2021
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<p>HONESTY / INTEGRITY</p> <p align="center">Core Values:</p> <p>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: Sgt [REDACTED] shares information accurately and appropriately. Sgt [REDACTED] always assures that he relays all pertinent information to me.</p>

<p>COMMUNICATIONS</p> <p align="center">Core Values:</p> <p>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: Sgt [REDACTED] is able to express his ideas verbally, he understands and follows instructions, and comprehends what others are saying. However, Sgt [REDACTED] needs to continue on improving being an effective report writer .</p>

<p>INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p>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: Sgt [REDACTED] is always courteous, respects others opinions and views. He has built positive relationships with his peers and managers.</p>

<p style="text-align: center;">SERVICE</p> <p style="text-align: center;">Core Values: Excellence / Respect / Service</p>	<p>Acts professionally and calmly at all times when interacting with others; demonstrates concern and courtesy towards others; treats all people fairly and respectfully at all times; responds to customer needs within agreed upon time frames; addresses conflicts and problem situations with patience and tact; listens to customers / residents and addresses needs and concerns; keeps customers informed by providing status reports and progress updates; meets established or agreed upon deadlines; uses initiative to improve outcomes.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments: Sgt [REDACTED] treats everyone fair and equally. Sgt [REDACTED] does not show favoritism or give special treatments. Sgt [REDACTED] addresses conflicts, problems and concerns. Sgt [REDACTED] needs to continue to work on meeting established deadlines.</p>

<p style="text-align: center;">JOB KNOWLEDGE</p> <p style="text-align: center;">Core Values: Excellence & Training</p>	<p>Ensures job knowledge and skills are current and valuable; demonstrates ability to apply practical and technical knowledge to specific tasks / assignments; demonstrates job knowledge through the ability to successfully execute duties outlined in the job description.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments: Sgt [REDACTED] is familiar with the Rules and Regulations and Policy and Procedures of the agency. Sgt [REDACTED] needs to apply for courses that will assist him in enhancing his leadership skills.</p>

<p style="text-align: center;">PRODUCTIVITY</p> <p style="text-align: center;">Core Values: Commitment / Tenacity / Service</p>	<p>Strives to produce high quality results; focuses and perseveres in the face of obstacles; uses time efficiently when confronted with challenges; prioritizes tasks based on importance / urgency; work outputs match quality standards / set expectations; completes tasks / assignments with a high level of proficiency; corrects errors and learns from them to reduce future errors; consistently delivers high level of service to all clients / residents / colleagues and supervisors; takes personal responsibility for the quality and timeliness of work and achieves results with little oversight; follows through on commitments; acknowledges and learns from mistakes without blaming others; adapts to changing business needs; conditions and situations in a positive manner; displays openness to training and application of new skills and self-improvement.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments: Sgt [REDACTED] does complete his daily assignments and completes the day to day operations task without any problems. Sgt [REDACTED] needs to work on time management when given assignments that have expected completion dates to assure the assignment is complete.</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: Sgt [REDACTED] is always willing to help his peers and fellow officers. Sgt [REDACTED] has shown where he has stepped up and assisted others when there work load was over burdened.</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: Sgt [REDACTED] arrives at work at least a half hour early for his shift, Sgt [REDACTED] understands and follows the Sick Abuse Policy.</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 checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments: Sgt [REDACTED] monitors the members in the field, and is able to provide instructions and guidance.</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 checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments: Sgt [REDACTED] assist and monitors the units out in the field on a daley bases. Sgt [REDACTED] assists by answering calls and even generating reports.</p>

<p align="center">INCLUSIVENESS</p> <p align="center">Core Values:</p> <p align="center">Commitment / Understanding / Respect</p>	<p>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.</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: Sgt [REDACTED] continually promotes fairness, he treats all the members with respect and understanding. Sgt [REDACTED] has away to instruct and coordinate his members so that they all work together so they all can benefit from each others strengenth.</p>

<p align="center">MANAGING RESOURCES</p> <p align="center">Core Values:</p> <p align="center">Excellence & Safety</p>	<p>Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA.</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: Sgt [REDACTED] does meet expectations but he needs to learn to focus and manage assignment that are time sensitive,</p>

<p align="center">JUDGMENT & DECISION MAKING</p> <p align="center">Core Values:</p> <p align="center">Commitment / Understanding / Safety</p>	<p>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.</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: Sgt [REDACTED] when he make decisions has the agency interest in mind. Sgt [REDACTED] will make a decision but is also not afraid to ask if he does not know.</p>

<p>OVERALL APPRAISAL</p>	<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>
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Member's signature and date: 3-21-22

IMMEDIATE SUPERVISOR: _____ Date of Review: _____

Comments:

LIEUTENANT: 


Date of Review: 3/24/22

Comments:

COMMANDER: 

Date of Review: 3/24/22

Comments:

DEPUTY CHIEF: 

Date of Review: 3/20/22

Comments:

CHIEF: 

Date of Review: 3/25/2022

Comments:



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



MEMBER NAME: ██████████	EVALUATOR: Lieutenant Dale Homerick	DATE: 11APR21
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APPRAISAL PERIOD

FROM: 01-01-2020	TO: 12-31-2020
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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: Sgt ██████ has always displayed honesty, and shares information accurately and appropriately. Sgt ██████ always assures that he relays all pertinent information to me.</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: Sgt ██████ is able to express his ideas verbally, he understands and follows instructions, and comprehends what others are saying. However, Sgt ██████ needs to improve on being a more effective report writer .</p>

<p align="center">INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p align="center">Respect & Understanding</p>	<p>Interacts positively with others; treats others with courtesy, sensitivity, and respect; considers the feelings of people in different situations; demonstrates politeness and empathy; builds constructive relationships; ability to cooperate and effectively communicate with residents, colleagues, supervisors, and outside stakeholders; works to achieve common goals.</p>
<p><input type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments: Sgt ██████ is always courteous, respects others opinions and views. He has built positive relationships with his peers and managers.</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 type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments: Sgt [REDACTED] treats everyone fair and equally. Sgt [REDACTED] does not show favoritism or give special treatments. Sgt [REDACTED] immediately addresses conflicts, problems and concerns. Sgt [REDACTED] needs to continue to work on meeting established deadlines.</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: Sgt [REDACTED] is familiar with Policy and Procedures of the agency. Sgt [REDACTED] does take it upon himself to stay current with new and changed laws and ordinances. Sgt [REDACTED] needs to apply for courses that will assist him in enhancing his leadership skills.</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: Sgt [REDACTED] does complete his daily assignments and completes his day to day operations task without any problems. Sgt [REDACTED] needs to work on time management when given assignments that have expected completion dates and assure the assignment is complete.</p>

TEAMWORK Core Values: Commitment & Tenacity	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] is always willing to help his peers and fellow officers. Sgt [REDACTED] has shown where he has stepped up and assisted others when their work load was over [REDACTED]ened.

ATTENDANCE Core Values: Accountability & Understanding	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] arrives early each day for his shift, Sgt [REDACTED] understands and follows the Sick Abuse Policy.

FOR SUPERVISORS:

COACHING & MENTORING Core Values: Accountability & Training	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] monitors and assists the members in the field. He assures that they have the equipment and the tools need while on patrol. He teaches the members by actively showing and instructing if a deficiency is noted.

LEADERSHIP Core Values: Accountability & Tenacity	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] assist the units out in the field on a daily bases by answering, assisting on calls and even generating reports.

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:

Sgt [REDACTED] continually promotes fairness, he treats all the members with respect and understanding. Sgt [REDACTED] instructs and coordinates his members so they all work together.

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:

Sgt [REDACTED] does meet expectations but he needs to learn to focus and manage assignment that are time sensitive.

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:

Sgt [REDACTED] when he make decisions has the agency interest in mind. Sgt [REDACTED] will make a decision, and is not afraid to ask if he does not know.


OVERALL APPRAISAL

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

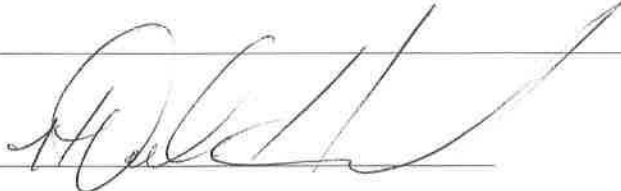
Member's signature and date:



4-19-21

IMMEDIATE SUPERVISOR:  Date of Review: 4-11-21

Comments:

LIEUTENANT:  Date of Review: 4-19-21

Comments:

COMMANDER:  Date of Review: 4/27/21

Comments:

DEPUTY CHIEF:  Date of Review: 4/27/21

Comments:

CHIEF:  Date of Review: 5/3/2021

Comments:



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



MEMBER NAME: Sergeant [REDACTED]	EVALUATOR: Lieutenant Dale Homerick	DATE: 30SEP20
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APPRAISAL PERIOD

FROM: 01-01-2019	TO: 12-31-2019
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<p>HONESTY / INTEGRITY</p> <p align="center">Core Values:</p> <p>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: Sgt [REDACTED] hold himself to a high level of ethical standards on and off duty. Sgt [REDACTED] has always displayed honesty, and shares information accurately and appropriately. Sgt [REDACTED] always assures that he relays all pertinent information to me.</p>

<p>COMMUNICATIONS</p> <p align="center">Core Values:</p> <p>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: Sgt [REDACTED] is able to express his ideas verbally, he understands and follows instructions and comprehends what others are saying. However Sgt [REDACTED] needs to improve on being a more effective report writer .</p>

<p>INTERPERSONAL SKILLS</p> <p align="center">Core Values:</p> <p>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: Sgt [REDACTED] positively interacts with others. Sgt [REDACTED] is always courteous, respects others opinions and views. He has built positive relationships with his peers and managers.</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 type="checkbox"/> Exceeds Expectations</p> <p><input checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p> <p>Sgt [REDACTED] treats everyone fair and equally. Sgt [REDACTED] does not show favoritism or give special treatments. Sgt [REDACTED] is a calm patient supervisors that listens before he reacts.</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>Sgt [REDACTED] is familiar with the Rules and Regulations and Policy and Procedures of the agency. Sgt [REDACTED] does take it upon himself to stay current with new and changed laws and ordinances. Sgt [REDACTED] needs to apply for courses that will assist him in enhancing his leadership skills.</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>Sgt [REDACTED] does complete his daily assignments and completes the day to day operations task without any problems. Sgt [REDACTED] needs to work on time management when given assignments that have expected completion dates and assure the assignment is complete.</p>

TEAMWORK Core Values: Commitment & Tenacity	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] is always willing to help his peers and fellow officers. Sgt [REDACTED] has shown where he has stepped up and assisted others when there work load was over burdened.

ATTENDANCE Core Values: Accountability & Understanding	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] arrives at least a half hour early each day for his shift, Sgt [REDACTED] understands and follows the Sick Abuse Policy.

FOR SUPERVISORS:

COACHING & MENTORING Core Values: Accountability & Training	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] monitors and assists the members in the field. He assures that they have the equipment and the tools need while on patrol. He teaches the members by actively showing and instructing if a deficiency is noted.

LEADERSHIP Core Values: Accountability & Tenacity	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.
<input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement	Comments: Sgt [REDACTED] leads by example. He assist the units out in the field on a daley bases by answering, assisting on calls and even generating reports.

<p style="text-align: center;">INCLUSIVENESS</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Commitment / Understanding / Respect</p>	<p>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.</p>
<p> <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement </p>	<p>Comments: Sgt ██████ continually promotes fairness, he treats all the members with respect and understanding. Sgt ██████ has away to instruct and coordinate his members so that they all work together so they all can benefit from each others strengenth.</p>

<p style="text-align: center;">MANAGING RESOURCES</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Excellence & Safety</p>	<p>Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA.</p>
<p> <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement </p>	<p>Comments: Sgt ██████ does meet expectations but he needs to learn to focus and manage assignment that are time sensitive,</p>

<p style="text-align: center;">JUDGMENT & DECISION MAKING</p> <p style="text-align: center;">Core Values:</p> <p style="text-align: center;">Commitment / Understanding / Safety</p>	<p>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.</p>
<p> <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement </p>	<p>Comments: Sgt ██████ when he make decisions has the agency interest in mind. Sgt ██████ will make a decision but is also not afraid to ask if he does not know.</p>

OVERALL APPRAISAL	<p> <input type="checkbox"/> Exceeds Expectations <input checked="" type="checkbox"/> Meets Expectations <input type="checkbox"/> Needs Improvement </p>
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Member's signature and date:  3066P20


IMMEDIATE SUPERVISOR: _____ Date of Review: _____

Comments:

LIEUTENANT:  _____


Date of Review: 9/30/20

Comments:

COMMANDER:  _____

Date of Review: 9/30/2020

Comments:

DEPUTY CHIEF:  _____

Date of Review: 9/30/20

Comments:

CHIEF:  _____

Date of Review: 10/2/2020

Comments:

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT
ANNUAL PERFORMANCE APPRAISAL

MEMBER NAME: [REDACTED]	EVALUATOR: Lieutenant Dale Homerick	DATE: 15JUN19
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APPRAISAL PERIOD

FROM: 01-01-2018	TO: 12-31-2018
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<p>HONESTY / INTEGRITY</p> <p>Core Values:</p> <p>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>[REDACTED] hold himself to a high level of ethical standards. [REDACTED] has always displayed honest, and shares information accurately and appropriately.</p>

<p>COMMUNICATIONS</p> <p>Core Values:</p> <p>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>[REDACTED] is able to express his ideas verbally, he understands and follows instructions and comprehends what others are saying. However [REDACTED] needs to improve on being a more effective writer and using correct grammar and structures when it comes to reports.</p>

<p>INTERPERSONAL SKILLS</p> <p>Core Values:</p> <p>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>[REDACTED] positively interacts with others. [REDACTED] is always courteous and respects others opinions and views. He has built positive relationships with his peers and managers.</p>

<p align="center">SERVICE</p> <p align="center">Core Values:</p> <p 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>[REDACTED] treats everyone fair and equally. [REDACTED] does not show favoritism or give special treatments. [REDACTED] is a calm patient supervisors that listens before he reacts.</p>

<p align="center">JOB KNOWLEDGE</p> <p align="center">Core Values:</p> <p 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>[REDACTED] is familiar with the Rules and Regulations and Policy and Procedures of the agency. [REDACTED] does take it upon himself to stay current with new and changed laws and ordinances.</p>

<p align="center">PRODUCTIVITY</p> <p align="center">Core Values:</p> <p 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>[REDACTED] does complete his daily assignments in a timely manner and complete the day to day operations and task without any problems. [REDACTED] needs to work on time management when given assignments that have expected completion dates and assure the assignment is complete and turned in.</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>[REDACTED] is always willing to help his peers and fellow officers. [REDACTED] on several occasion has shown where he has stepped up and assisted others when there work load was over burden.</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 checked="" type="checkbox"/> Exceeds Expectations</p> <p><input type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p> <p>[REDACTED] has used less than 40 hrs of Sick Time. [REDACTED] has always been on time and is always prepared to start work.</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 checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p> <p>[REDACTED] is very proactive when it comes to monitoring and mentoring our members. [REDACTED] is always there to make sure that our members have the tools to do their job and to give them guidance when needed.</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 checked="" type="checkbox"/> Meets Expectations</p> <p><input type="checkbox"/> Needs Improvement</p>	<p>Comments:</p> <p>[REDACTED] follows the vision of the agency and motivates our members to do the same. [REDACTED] acts in a professional manner and guides our members to do the same.</p>

<p align="center">INCLUSIVENESS</p> <p align="center">Core Values:</p> <p align="center">Commitment / Understanding / Respect</p>	<p>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.</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>[REDACTED] leads by example and treats everyone fair and equally. [REDACTED] does not play favoritisms and is always there to listen to others have to say.</p>

<p align="center">MANAGING RESOURCES</p> <p align="center">Core Values:</p> <p align="center">Excellence & Safety</p>	<p>Allocates time and resources efficiently and effectively; prioritizes work and delegates as appropriate; implements processes and works to significantly reduce risk to CMHA.</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>Although [REDACTED] meets expectations he needs to focus on the assignment and assure that they get completed in a timely manner.</p>

<p align="center">JUDGMENT & DECISION MAKING</p> <p align="center">Core Values:</p> <p align="center">Commitment / Understanding / Safety</p>	<p>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.</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>[REDACTED] when it comes to making decisions keeps the agency best intrest in mind. [REDACTED] listens to facts before making any decision.</p>

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

[REDACTED SIGNATURE]

7-16-19

IMMEDIATE SUPERVISOR:

[Handwritten Signature]

Date of Review:

7/11/19

Comments:

LIEUTENANT:

[Handwritten Signature]

Date of Review:

7/11/19

Comments:

COMMANDER:

[Handwritten Signature]

Date of Review:

7/12/19

Comments:

DEPUTY CHIEF:

[Handwritten Signature]

Date of Review:

7/12/19

Comments:

CHIEF:

[Handwritten Signature]

Date of Review:

7/12/2019

Comments:

Introductory Period Performance Assessment

Employee Name: [REDACTED]
 Hire/Transfer Date: 2/26/2016
 Position Title: Sergeant
 Evaluation Type: 180-day

Department: CMHA PD
 Evaluation Date: 26AUG16

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

M = Meets Expectations U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments: [REDACTED]

Employee Signature: [REDACTED] Date: 26 AUG 16

Supervisor Signature: [Signature] Date: 26 AUG 16

Department Head Signature: [Signature] Date: 8/25/2016

8/24/16

[Signature]

Addressee	Start Time	Time	Prints	Result	Note
Human Resources	09-01 08:28	00:00:58	003/003	OK	

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX,
MIX: Mixed Original TX, CAPL: 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.

Introductory Period Performance Assessment

Employee Name: [Redacted] Department: CMHA PD
Hire/Transfer Date: 2/26/2016 Evaluation Date: 26AUG16
Position Title: Sergeant
Evaluation Type: 180-day

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

M = Meets Expectations U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments: [Redacted]

Employee Signature: [Redacted] Date: 8/24/16

Supervisor Signature: [Signature] Date: 8/25/16

Department Head Signature: [Signature] Date: 8/25/2016

8/24/16
[Signature]

Introductory Period Performance Assessment

Employee Name: [REDACTED]

Department: CMHA PD

Hire/Transfer Date: 2/26/2016

Evaluation Date: 27 Jul 16

Last 4 SSN: [REDACTED]

Position Title: [REDACTED]

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

Sgt. Scott Drew #646 has demonstrated the ability to coordinate, schedule, and insure that proper coverage for the CMHA controlled and owned properties are properly staffed during Third Platoon.

Employee Signature: [REDACTED]

Date: 7-27-16

Supervisor Signature: [Signature]

Date: 27 Jul 16

Department Head Signature: [Signature]

Date: 7/29/2016

Faxed 8/2

Introductory Period Performance Assessment

Employee Name: [REDACTED]

Department: CMHA PD

Hire/Transfer Date: 2/26/2016

Evaluation Date: 27 JUL 16

Last 4 SSN: [REDACTED]

Position Title: Sergeant

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

Sgt. Scott Drew #646 has demonstrated the ability to coordinate, schedule, and insure that proper coverage for the CMHA controlled and owned properties are properly staffed during Third Platoon.

Employee Signature: [REDACTED]

Date: 9-27-16

Supervisor Signature: [Signature]

Date: 27 Jul 16

Department Head Signature: [Signature]

Date: 9/16/2016

Fixed 9/16




CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

Glock Model 17 Firearm Responsibility Form

I  (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 #: 

Member Signature  Date Issued: 6-13-16

Issued by:  Date Issued: 13 Jun 16

Introductory Period Performance Assessment

Employee Name: [REDACTED]

Department: CMHA PD

Hire/Transfer Date: 2/26/2016

Evaluation Date: 06/26/2016

Last 4 SSN: [REDACTED]

Position Title: Sergeant

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

Sgt. Scott Drew #646, has developed a very good working relationship with the members of Third Platoon; and has demonstrated good problem solving techniques when faced with challenging issues.

Employee Signature: [REDACTED]

Date: 7-5-16

Supervisor Signature: [Signature]

Date: 5 Jul 16

Department Head Signature: [Signature]

Date: 7/6/2016

Addressee	Start Time	Time	Prints	Result	Note
Human Resources	07-07 08:22	00:00:54	003/003	OK	

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX, MIX: Mixed Original TX, CALL: Manual TX, CSRC: CSRC, FWD: Forward, PC: PC-Fax, BND: Double-Sided Binding Direction, SP: Special original, FCODE: F-code, RTX: Re-TX, RLV: Relay, 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.

Introductory Period Performance Assessment

Employee Name: [Redacted] Department: CMHA PD
 Hire/Transfer Date: 7/26/2016 Evaluation Date: 06/26/2016
 Last 4 SSN: [Redacted]
 Position Title: [Redacted]
 Evaluation Type: 30-day 60-day 90-day 120-day 150-day

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

Sgt. Scott Drew #646, has developed a very good working relationship with the members of Third Platoon; and has demonstrated good problem solving techniques when faced with challenging issues.

Employee Signature: [Redacted] Date: 7-5-16
 Supervisor Signature: [Signature] Date: 5 Jul 16
 Department Head Signature: [Signature] Date: 7/6/2016

Introductory Period Performance Assessment

Employee Name: [REDACTED]

Department: CMHA PD

Hire/Transfer Date: 2/26/2016

Evaluation Date: 5/26/2016

Last 4 SSN: [REDACTED]

Position Title: Sergeant

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

Sgt. Drew #646, has demonstrated the abilities to handle his assigned duties, he has demonstrated the ability to help find a solution for a potential life threatening problem, and can be counted on to show good judgment calls.

Employee Signature: [REDACTED]

Date: 5-24-16

Supervisor Signature: [Signature]

Date: 24 MAY 16

Department Head Signature: [Signature]

Date: 5/27/2016

Introductory Period Performance Assessment

Employee Name: [REDACTED]

Department: CMHA PD

Hire/Transfer Date: 2/26/2016

Evaluation Date: 25APR16

Last 4 SSN: [REDACTED]

Position Title: Sergeant

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

Sgt. Scott Drew #646 reports to work on on time on a regular bases, and understands the procedures regarding absences. Sgt. Drew also takes the time to make sure that members which are assigned to Third Platoon are aware of their designated assignments and are properly prepared for work.

Employee Signature: [REDACTED]

Date: 4-22-16

Supervisor Signature: [Signature]

Date: 22 APR 16

Department Head Signature: [Signature]

Date: 4/26/2016

Filed
A/167

Introductory Period Performance Assessment

Employee Name: [REDACTED]

Department: CMHA PD

Hire/Transfer Date: 2/26/2016

Evaluation Date: 27MAR16

Last 4 SSN: [REDACTED]

Position Title: Sergeant

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

Employee Signature: [REDACTED]

Date: 3-29-16

Supervisor Signature: [Signature]

Date: 29 MAR 16

Department Head Signature: [Signature]

Date: 3/29/2016

Faxed
3/31

Addressee	Start Time	Time	Prints	Result	Note
Human Resources	05-27 13:14	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.

Introductory Period Performance Assessment

Employee Name: [Redacted] Department: CMHA PD
 Hire/Transfer Date: 2/26/2016 Evaluation Date: 5/26/2016
 Last 4 SSN: [Redacted]
 Position Title: Sergeant
 Evaluation Type: 30-day 60-day 90-day 120-day 150-day

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

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

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

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

General Comments

Sgt. Drew #646, has demonstrated the abilities to handle his assigned duties, he has demonstrated the ability to help find a solution for a potential life threatening problem, and can be counted on to show good judgment calls.

Employee Signature: [Redacted] Date: 5-24-16
 Supervisor Signature: [Signature] Date: 24 MAY 16
 Department Head Signature: [Signature] Date: 5/27/2016



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# [Redacted]

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] takes ownership of his assignments; particularly citizen and manager complaints about criminal activity. [Redacted] is also the commissioner for the PAL Football program and takes a leadership role for the coaches and kids but as a representative of the Department.

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] only asks for verification for his decisions. Very rarely have I seen him not know what to do in a given situation.

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] is one of my "go to" members on the team when there is a need to address specific criminal or quality of life activities on the properties. He is steadfast in addressing all of the issues he faces.

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] takes ownership for his role in the department. He runs the Football program, which is comprised of over a dozen coaches and one hundred and fifty kids (players and cheerleaders). He takes responsibility for accounting for all equipment and makes the effort to try to get to know everyone involved, including the parents. He also embraces his roles as GREAT instructor, Police Officer and Community Policing Officer and shows incredible initiative to improve all of those avenues and own any faults.

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] communications are effective. He makes it known when there are issues and he is ALWAYS expressing ways to fix them. He is approachable and reliable to relay messages. I never have to repeat myself to Officer [REDACTED] when explaining a directive. He is otherwise just as strong at passing the message(s) along. He has embraced public speaking roles (as most CP Officers must) and excels and listening and communicating with groups of our stakeholders.

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:

As one of the veteran officers on the team and as an eight (8) year veteran of the department, it should go without saying that Officer [REDACTED] excels with job knowledge and skills. It should however be noted that he does know the job exceptionally well and makes an effort to teach others what he has learned over the years.

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] is definitely one of my "go-to" members. I trust him completely and rely on him frequently to get things done, especially in my absence. I do not have to look over his shoulder to ensure quality work, it is almost always guaranteed.

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 often try to convince Officer [REDACTED] to take time off of work. He genuinely loves being at work and prefers to save his vacation for when he needs it. Unfortunately this year, he was forced out due to a sustained illness and had to take twelve (12) sick days because of it. He otherwise does not take unnecessary time off and is always punctual, ready to work and reliably there when you need him.

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:

I have observed that Officer [REDACTED] is both firm and fair and he shows respect for everyone he comes in contact with.

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] is very hard working and tries diligently to get results from citizen/management complaints that he gathers. His reporting is spot on and his productivity leads the CP unit.

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 there to pick up any slack. He almost 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:

I would never describe Officer [REDACTED] as a person with a "sunny disposition" but that being said, he is not outright negative either. I know that he enjoys his work but I'd like to see him spread a little more cheer in 2016 and be a much needed and visibly apparent, approachable resource for the near dozen or so of new officers that we are in the process of hiring. He has a lot of wisdom and experience to share, I'd love to see him part with as much of it as possible.



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal Overall Performance Assessment

Key Strengths:

Leadership
Reliability
Work Ethic
Experience
Communications
Hard Working

Specific areas where improvement is needed:

██████████ is an established and seasoned officer with the department. He does not need to improve, he needs to continue doing what he has been doing but maybe, just maybe by wearing a smile

Goals for the upcoming year (at least 3):

-Continue to pursue leadership role
-Pursue instructor level course(s) i.e. Taser, OPOTA Basic Instructor, etc.
-Assume role of Bike Maintenance Officer and help lead the Bike Unit to a more effective role on Patrol
-Adopt a specific instruction topic with the Youth Explorers (traffic stops, crashes, domestic, etc.) and teach it

Additional supervisor comments:

I can hardly picture the Community Policing Team without ██████████ on it.

Overall Rating for the Employee: Exceeds Expectations
 Meets Expectations
 Needs Improvement

Employee Signature: ██████████ Date: 06-Jan-2016
Supervisor Signature: [Signature] Date: 06 JAN 16
Department Director: [Signature] Date: 1/30/2016



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:

Willing to help others
Show up to work everyday
Knowledge of the job and ways to handle situations that may arise

Specific areas where improvement is needed:

Completion of Paperwork on a timely mannner
Listen to co-workers more

Goals for the upcoming year (at least 3):

Improve Community Policing
Promote better relationships with residents
Work more closely with the kids of cmha

Additional employee comments:**Overall Self Rating:**

- Exceeds Expectations
 Meets Expectations
 Needs Improvement

Employee Name:



Date:

05JAN16

Department:

POLICE

Job Title:

POLICE OFFICER

Supervisor Name:

SLT Smiddy # 654



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal - Union

Employee Name: [REDACTED]	Last Four Digits of Social: _____
Employee Title: <u>Police Officer</u>	Department: <u>Police Department</u>
Supervisor Name: <u>John Smiddy</u>	Review Date: <u>December 30, 2014</u>
Evaluation Period: From <u>01JAN14</u> To <u>31DEC14</u> Type: <input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory <input 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 - Union

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 not necessarily a positive person but he comes to work every day and is willing to do whatever needs to be done. He is driven and very proactive. I trust [REDACTED] and can rely on him accomplishing any task that is asked of him without question.

Judgement/Decision Making

Gathers as much relevant information as possible prior to making job related decisions. Makes good decisions, based on experience and judgement, and checks with supervisor.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] is an experienced officer able to make his own decisions. He is independent and able to make his own, solid decisions in the field.

Problem Solving

Identifies potential problems and/or inconsistencies and makes suggestions to ensure full compliance. Brings any work related issues to the attention of the supervisor and follows protocol.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] is the officer on this team that lives and breathes the SARA Model. He is always gathering information and developing strategies to address them. Additionally, he solves them personally and directly. I am hopeful that his problem solving attitude becomes contagious on the team.

Accountability

Demonstrates a sense of ownership in his/her job and takes responsibility for any mistake or error. Provides suggestions on correcting mistakes or errors and takes the initiative to correct them.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

Officer [REDACTED] takes ownership of our PAL Football program and responsibility of the people and equipment involved.

Interpersonal Relationships and Communications

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.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:
Officer ██████ has improved his communications with the public and in general. He is approachable and helpful to those willing to ask. I would like to see him spend extra effort to build on his relationships with the team.

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.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:
He demonstrates daily his knowledge and skills in the field.

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:
██████ is very reliable and flexible with days off and hours when needed. I can always count on him especially when I am not on duty.

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.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:
██████ is proactive and productive. His timeliness with assignments and accompanying paperwork can be improved upon but I cannot argue the results of the work he is asked to complete.

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.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:
██████ demonstrates a great work ethic. He may not come to work every day with a smile on his face but he does what he's asked, what needs to be done and does it well. His attendance and punctuality are excellent.

Customer Service

Treats all customers/coworkers/supervisors with respect. Responds to needs within agreed timeframes. Address conflicts and problem situations with patience and tact.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

██████████ has demonstrated respect and patience with his involvement with our youth programs. He treats our residents with respect. He plainly wears is expressions of discontent with certain peers and supervisors but does not show disrespect to any of them, to which I give him credit.

Responsiveness to co-workers

Participates in discussions in collaborative situations. Demonstrates consideration for co-workers by arriving on-time for appointments and work-time. Making alternative arrangements to cover work duties and planned absences. Performing extra duties when asked.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Comments:

██████████ certainly carries his own weight and the weight of others when accomplishing tasks. He is always willing to take on other assignments.

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.

- Exceeds Expectations
- Meets Expectations
- Needs Improvement



Comments:

This is one particular area that I can see room for improvement for Officer ██████████ He is very independent and likes to work alone. There are times that he is asked to partner up and he does without question BUT I would like to see him take on a leadership role and really take our younger, less experienced officers under his wing.



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal - Overall Performance Assessment

Key Strengths:

Proactive
Reliable
Knowledgeable

Specific areas where improvement is needed:

Teamwork
Timeliness in completing paperwork

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 Develop and implement positive changes to the Bike Unit
- 2 Participate as an instructor for a Resident Police Academy/Youth Police Academy topic
- 3 Bike Unit Instructor Level course
- 4 Pursue additional OPOTA Training
- 5
- 6

Additional supervisor comments:

Officer [REDACTED] continues to be a valued asset to the team.

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

[REDACTED]

Date

31 DEC 14

Supervisor Signature

[Signature]

Date

31 DEC 14

Department Director

[Signature]

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:

Come to work every day
Good working relationship with Employees and Residents
Good Knowledge of how CP operates and functions

Specific areas where improvement is needed:

Get paperwork done in timely manor
Help other officers more with events.

Goals for the upcoming year (at least 3):

Supervisor
K9
Help improve the Community Policing/Bike Unit

Additional employee comments:

Overall Self Rating:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Employee Name: _____

(Please print)

Department: _____

Police Dept

Date: 22DEC14

Job Title: Police Officer

Supervisor Name: _____

John Smiddy



Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal

Employee Name:	[REDACTED]	Last Four Digits of Social:	[REDACTED]
Employee Title:	Police Officer	Department:	CMHAPD
Supervisor Name:	Sergeant James E. Harris #644	Review Date:	28FEB14
Evaluation Period:	From 01JAN13 To 31DEC13	Type:	<input type="checkbox"/> Supervisory <input checked="" 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:
I come to work everyday and hardly ever take time off
Good working relationship with managers and residents
I do what i am told to do

Specific areas where improvement is needed:
Time management

Goals for the upcoming year (at least 3):
Make K9 Unit if there is going to be one
Take more training classes
Make football a better program

Additional employee comments:

Overall Self Rating:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Employee Name: _____

(Please print)

Date: 12FEB14

Department: _____

Police

Job Title: Police Officer

Supervisor Name: _____

Cuyahoga Metropolitan Housing Authority Employee Performance Appraisal – Union

Name and
Badge# [REDACTED]

Date 28FEB14

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 [REDACTED] behaves and conducts himself in an ethical manner, and takes pride when dealing with the PAL Football program.

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:

PO [REDACTED] keeps supervisors informed of any critical issues when it comes to CMHA. PO Drew also demonstrates good judgment while operating his CMHAPD agency vehicles.

[REDACTED] needs to better relay any problems he has, that may affect his ability to perform his job descriptions as outlined by CMHA, to a supervisor of his choice, if he cannot properly relay them to his immediate supervisor.

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:

PO [REDACTED] identifies and reports potential problems and hazards related to CMHA. PO Drew also offers creative solutions when confronted by a tough problem related to CMHA.

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:

PO [REDACTED] attends court whenever subpoenaed, and complies with the established control system, rules and regulations of CMHAPD. [REDACTED] also performs his assigned duties in a timely manner.

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] participates in one-on-one and group settings. PO [REDACTED] also speaks clearly and courteous when talking to RCC.

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:

PO [REDACTED] has developed the practical and technical skills he needs to properly deal with the residents, public, and demonstrated the ability to execute his duties as outlined in the job descriptions of CMHAPD.

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:

PO [REDACTED] follows the attendance standards, safety and conduct rules & regulations of CMHA.

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:

PO [REDACTED] is punctual, and completes his work assignments on time. PO [REDACTED] comes to work in a well groomed and dressed manner.

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:

PO [REDACTED] respects his supervisor. PO [REDACTED] also responds to officers request for assistance in a timely manner.

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:

PO [REDACTED] submits reports in an organized, and legible manner. PO [REDACTED] completes all his assignment in the allotted time given.

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:

PO [REDACTED] participates in collaborative discussions, in regards to specific assignments, and demonstrates consideration by arriving on time for his appointment.

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:

PO [REDACTED] gives his co-workers the support they need when assisting on calls.



Cuyahoga Metropolitan Housing Authority

Employee Performance Appraisal

Overall Performance Assessment

Key Strengths:

██████████ is a reliable worker, he can be counted on to arrive to work on time and handle assignments which are given to him. ██████████ also has a good working arrangement with his AMP managers.

Specific areas where improvement is needed:

██████████ needs to improve on his communication skills with his co-workers, and learn to accept criticism not only from his co-workers, but from supervisors as well. ██████████ also needs to be more open when it comes to problems which may arise during his tour of duty.

Goals for the upcoming year (at least 3):

Apply for any available schooling that will continue his education in the field of law enforcement.
Embrace the PAL Football program, to ensure that the Mentoring component of (PAL) is being utilized.
Find away to capture the attention of the kids in your GREAT Program.

Additional supervisor comments:

Overall Rating for the Employee:

- Exceeds Expectations
- Meets Expectations
- Needs Improvement

Employee Signature: ██████████

Date: 01MARCH

Supervisor Signature: *[Handwritten Signature]* 644

Date: 1MARCH

Department Director: *[Handwritten Signature]* Chief

Date: 3/4/2014

Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

<div style="background-color: black; width: 100%; height: 20px;"></div>	<div style="background-color: black; width: 100%; height: 20px;"></div>	<div style="background-color: black; width: 100%; height: 20px;"></div>	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>

Police Officer	2 nd Platoon	2/2/2013
<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
	01/01/12	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 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 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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	
<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
UTTs (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"/>	PINs (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"/>
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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Prosecutor Relationships	<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"/>
Escalates Critical Issues Appropriately	<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"/>	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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>

AREAS OF IMPROVEMENT NEEDED

PO [redacted] needs to continue to improve his understanding of municipal codes and ORC and how it applies to real world situations so that reasonable decisions can be made on the scene of critical incidents.

GOALS FOR NEXT RATING PERIOD

PO [redacted] is encouraged to develop his FTO skills and evaluation ability so that he can continue to develop as a trainer of new officers during this up and coming period.

TRAINING NEEDS TO ACOMPLISH GOALS

PO [redacted] is encouraged to submit for outside training from qualified sources such as HIDTA and OPOTA. He is encouraged to use these training methods to further his career development path.

COMMENTS

PO [redacted] is one of the more active officers on shift with a very good reputation among residents and managers as an active officer.

MEMBER*	[redacted]	DATE:	08 FEB 13
SUPERVISOR		DATE:	8 FEB 13
COMMANDER		DATE:	2-26-13
DEPUTY CHIEF		DATE:	2-27-13
CHIEF		DATE:	3/3/2013

* Signature is only an acknowledgment of receipt.

Attendance Record for 2012

View 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	X	X							X	X							X	X	V	V				X	X	X				
Feb			X	X	X							X	X							X	X						X	X			
Mar			C				X	X					T	N	X	X	X	X	N	N	N	N	N	X	X						
Apr	X	X							X	X							X	X					T		X	X					
May			X	X	X						X	X	X							X	X							X	X		
Jun					X	X							X	X				SN	SN	SN	X	X	X		SN	SN	SN	SN	X	X	
Jul	X	SN	SN	SN	SN	SN	SN	X	SN							X	X							P	X	X					
Aug	X	X						X	X	X						X	X	X							X	X					
Sep			X	X							X	X							X	X						X	X	X			
Oct				X	X	X					N			X	X							X	X						X	X	
Nov					N	X	X		T					P	X	X	X			N			X	X	X				T		
Dec	X	X					N			X	X			T				X	X						X	X	T	.25			

Drew, Scott Comments

Date	Comment
1/1/2012	Entered by 652
1/20/2012	approved by 624
1/21/2012	approved by 624
3/3/2012	approved by #624
3/13/2012	entered by 652
3/14/2012	Range
3/18/2012	Adjusted by 660 for training purposes
3/19/2012	Crisis Intervention Training
4/23/2012	entered by 652
6/18/2012	Personal Illness- Doctor slip provided- Excused
6/19/2012	entered by 632
6/24/2012	personal illness, Drs slip turned in, return to work completed
7/23/2012	entered by 652
10/11/2012	Defensive Driving Training
11/6/2012	Taser Training
11/9/2012	entered by 652
11/14/2012	entered by 652
11/20/2012	OC / Baton Training
11/29/2012	entered by 632
12/8/2012	Defensive Driving Training Part 2

Point Totals for 2012

does not have any sick abuse events

	Tardy (T)	AWOL (O)	LWOP (W)	Unexcused Sick (U)	No Punch In (Q)	Month Total
Mar	0.5	0	0	0	0	0.5
Apr	0.5	0	0	0	0	0.5
Nov	1	0	0	0	0	1
Dec	1	0	0	0	0	1

Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

[REDACTED]	[REDACTED]	[REDACTED]	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.

<i>REVIEW PERIOD</i>	<i>START</i>	<i>END</i>
	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 type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Courteous With Citizens	<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"/>
Call off / Sick time usage	<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"/>	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 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 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	
<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Prosecutor Relationships	<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"/>
Escalates Critical Issues Appropriately	<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"/>	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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>

AREAS OF IMPROVEMENT NEEDED

PO [REDACTED] is a very good officer on 2nd platoon that was assigned to the west side for the calendar year 2011. He had an excellent understanding and relationship with his managers and residents and knew many criminals by sight and name, often knowing who was on the banned list for a particular estate. PO [REDACTED] needs to continue working on his empathy and his approach when speaking with residents during daily encounters, on views, or traffic stops.

GOALS FOR NEXT RATING PERIOD


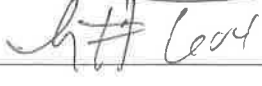

PO [REDACTED] should submit for continuing education in interested fields as well as take the verbal judo course to develop his ability to use verbal skills to disarm and control potentially volatile situations.

TRAINING NEEDS TO ACOMPLISH GOALS

PO [REDACTED] needs a copy of the 2012 OPOTA course catalog and may also submit for additional training in areas he feels are his strengths.

COMMENTS

PO [REDACTED] is a fine addition to second platoon often helping other officers that are assigned to the west side with letting them know who is on the banned list, or what activity other suspects were involved in so that our residents would be safer.

MEMBER	[REDACTED]	DATE:	08 Feb 12
SUPERVISOR		DATE:	8 Feb 12
COMMANDER		DATE:	2-22-12
DEPUTY CHIEF		DATE:	
CHIEF		DATE:	2/26/2012

Cuyahoga Metropolitan Housing Authority Police Department PERFORMANCE EVALUATION

[Redacted]	[Redacted]	[Redacted]	Harris	J	644
Member's Last Name	First Initial	Badge #	Rated by Last Name	First Initial	Badge #

Polic Officer	Second Platoon	2/22/2011
Position	Assignment	Date

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	12/1/2010

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts Additional Duties	<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"/>	<input type="checkbox"/>
Attitude Toward Public	<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"/>	Exhibits Proper Grooming	<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"/>
Reports To Work On Time	<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"/>	Clean Appearance	<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"/>	<input type="checkbox"/>
Reports Off As Required	<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"/>	Courteous With Citizens	<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"/>
Call off / Sick time usage	<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"/>	Courteous With Other Members	<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"/>
Follows Orders	<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 Employees	<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"/>
Obeys Rules and Regulations	<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"/>	Interaction With Other Ethnic Groups	<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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicates effectively	<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"/>	<input type="checkbox"/>
Completeness	<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"/>	Uses Proper Diction	<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"/>	<input type="checkbox"/>
Legible	<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"/>	Controls Radio Traffic	<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"/>	<input type="checkbox"/>
Proper Grammar	<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"/>	Monitors Security Systems	<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"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MVA Record	<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"/>
Responds to / Dispatches assignments in timely manner	<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"/>	Driving 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"/>	<input type="checkbox"/>
Investigative/Interviewing Ability	<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"/>	Attends Court When Subpoenaed	<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"/>
Promptness of Required Reports	<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"/>	Creativity in Handling Assignments	<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"/>	<input type="checkbox"/>
Ability to Multi-Task	<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"/>	Meets Deadlines	<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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Computer	<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"/>	<input type="checkbox"/>
Identifies and Reports Hazards	<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"/>	Maintains Positive 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity in Assignment Handling	<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"/>	Prosecutor Relationships	<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"/>
Escalates Critical Issues Appropriately	<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"/>	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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>

AREAS OF IMPROVEMENT NEEDED

GOALS FOR NEXT RATING PERIOD

TRAINING NEEDS TO ACOMPLISH GOALS

COMMENTS

PO [redacted] is a dedicated hard worker that takes the time out to get to know the residents and employees of the CMHA PD., and hasn't called off in the year of 2010.

MEMBER	[redacted]	DATE:	20 FEB 11
SUPERVISOR	<i>J. Meli J. S. #627</i>	DATE:	20 FEB 11
COMMANDER	<i>h #601</i>	DATE:	2-23-11
DEPUTY CHIEF	<i>DC Solomon #602</i>	DATE:	2-23-11
CHIEF	<i>Julia [unclear] Chief</i>	DATE:	2/24/2011



CMHA PD PERFORMANCE EVALUATION

█	█	█	Schilling	R	652
Member's Last Name	First Initial	Badge #	Rated by Last Name	First Initial	Badge #

Patrolman	Second Platoon	08FEB10
Position	Assignment	Date

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.

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				X					Accepts Additional Duties				X				
Attitude Toward Public				X					Exhibits Proper Grooming				X				
Reports To Work On Time						X			Clean Appearance				X				
Reports Off As Required			X						Courteous With Citizens			X					
Call off/ Sick time usage						X			Courteous With Other Members					X			
Follows Orders				X					Courteous With Other Employees					X			
Obeys Rules and Regulations				X					interaction With Other Ethnic Groups					X			
Supports/ Complies With Department Goals				X					Promotes CMHA / Community Partnership			X					
Accepts Constructive Criticism				X					Care of Vehicles and Equipment				X				
Self Motivation					X				Teamwork: Works Well With Others				X				

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				X					Communicates effectively			X					
Completeness			X						Uses Proper Diction				X				
Legible				X					Controls Radio Traffic			X					
Proper Grammar				X					Monitors Security Systems								X

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					X				MVA Record				X				
Responds to / Dispatches assignments in timely manner					X				Driving Ability				X				
Investigative /Interviewing Ability			X						Attends Court When Subpoenaed				X				
Promptness of Required Reports			X						Creativity in Handling Assignments				X				
Ability to Multi-Task				X					Meets Deadlines				X				
Problem Solving Ability				X					Community Relations Skills			X					
Arrests (Consistent with Platoon Average)						X			MMCs (Consistent with Platoon Average)						X		
UTTs (Consistent with Platoon Average)					X				PINs (Consistent with Platoon Average)				X				
Knowledge of Policy and Procedures					X				Familiar with Property Safety Systems				X				
Knowledge of Laws and Ordinances					X				Use of Computer					X			
Identifies and Reports Hazards					X				Maintains Positive Relationships					X			

SECTION IV- INVESTIGATIONS

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Promptness of Required Reports				X					Knowledge of Policy and Procedures				X				
Maintains High-quality Case Files								X	Cultivates Informants								X
Search Warrant Completeness								X	Investigates Cases in Timely Manner								X
Ability to Solve Assigned Cases								X	Prosecutor Relationships								X
Creativity in Assignment Handling				X					Knowledge of Laws and Ordinances				X				
Keep Supervisors Informed of Matters				X					Investigative Clearance Rate								X
Problem Solving Ability				X					Community Relations Skills				X				
Attends Court when Subpoenaed				X					Grand Jury Packages								X
Interview Skills								X	Use of Computer								X
Ability to Multi-Task				X					Escalates Critical Issues Appropriately								X

SECTION V- SUPERVISORS

	1	2	3	4	5	6	7	N/A		1	2	3	4	5	6	7	N/A
Monitors Performance of Members								X	Promotes Departmental Goals								X
Timely Completion of Assignments								X	Monitors Safety of Members								X
Discovers Employee Errors								X	Monitors Use of Overtime								X
Offers Constructive Criticism								X	Effectively Assigns Members								X
Recommends Appropriate Discipline								X	Effectively Allocates Resources								X
Accepts and Assumes Responsibility								X	Knowledge of Policy and Procedures								X
Delegates Authority Appropriately								X	Ability to Multi-Task								X
Provides Leadership								X	Knowledge of Law and Ordinances								X
Monitors Performance of Members								X	Completes Assignments Timely								X

AREAS OF IMPROVEMENT NEEDED:

GOALS FOR NEXT RATING PERIOD: PO Drew has expressed interest in joining the CMHA Crime Suppression Unit and working with narcotics detectives.

TRAINING NEEDS TO ACCOMPLISH GOALS: PO Drew is encouraged to attend OPOTA Training in Narcotics Courses and other associated course work. He is encouraged to put in for outside training at OPOTA to accomplish these goals.

COMMENTS: Section #1 PO Drew received a 6 for reports to work and sick usage as he had no tardies and no sick usage for the entire calendar year. Section #3 PO Drew received a 6 for arrests as he was one of the highest performing officers for 2nd platoon. Section #3 PO Drew received a 6 in MMC as he was one of the highest performing officers for second platoon.

MEMBER	[REDACTED]	DATE:	10MARIO
SUPERVISOR	[REDACTED]	DATE:	10MARIO
COMMANDER	[Signature]	DATE:	3-11-10
DEPUTY CHIEF	[Signature]	DATE:	3-11-10
CHIEF	[Signature]	DATE:	3/12/10

Introductory Period Performance Assessment

Employee Name [REDACTED]

Department: Police Administration

Hire Date: 15DEC09

Evaluation Date: 30APR09

Position Title:

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

This evaluation is for the month of April.

Employee Signature [REDACTED]

Date: 29 MAY 09

Supervisor Signature: [Signature]

Date: 29 MAY 09

Department Head Signature: [Signature]

Date: 5/29/09

Introductory Period Performance Assessment

Employee Name: [REDACTED]

Department: Police Administration

Hire Date: 15DEC09

Evaluation Date: 30MAY09

Position Title:

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

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

M = Meets Expectations I = Needs Improvement U = Unsatisfactory

QUALITY OF WORK PERFORMANCE

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

RELATIONSHIPS

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

DEPENDABILITY & JUDGMENT

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

General Comments

This evaluation is for the month of May.

Employee Signature: [REDACTED]

Date: 29MAY09

Supervisor Signature: 

Date: 29MAY09

Department Head Signature: 

Date: 5/29/09

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name [redacted] [redacted] [redacted]
Last First M.I.

Badge: [redacted]

Observation Period: from 23MAR09 to 03APR09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.
Week 12: This was my first week with PO [redacted] during this time he exhibits a lot of enthusiasm for police work. While in the field he has good job skills such as interviewing victims and suspects, paper work, pat downs, and processing arrested persons. PO [redacted] report writing needs work, but I will direct him to the report writing guide, and in a short time he will be writing reports per the CMHA format.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;
PO [signature]
PO Dave Whitney #48
FIELD TRAINING OFFICER

SUPERVISORY
MONTHLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name [REDACTED]
Last First M.I.

Badge: _____

Observation Period: from 01MAR09 to 31MAR09

SUPERVISORS OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. During this month [REDACTED] generated 15 police reports. His weekly FTO reports show consistent improvement and a level of dedication to the job, and the department. He is a conscientious worker that accepts constructive criticism without making excuses, and accepting responsibility for his actions.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

Lt Schilling *[Signature]* # 652

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name [REDACTED]
Last First M.I.

Badge # [REDACTED]

Observation Period: from 03APR09 to 10APR09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.
Week 11: During this time PO [REDACTED] job performance has been satisfactory. We have been working together on his report writing techniques, and he is showing improvements.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;
PO Whitney
PO Whitney #48
FIELD TRAINING OFFICER

**FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER**



Officer's Name [REDACTED] Badge [REDACTED]
 Last First M.I.

Observation Period: from 11APR09 to 17APR09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.
 Week 13: During this time PO [REDACTED] continues to have a good attitude, and he is working well with the other officers. Due to PO [REDACTED] prior police experience he has very good job related skills.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

 PO Whitney #48
 FIELD TRAINING OFFICER

F

FIELD TRAINING OFFICER WEEKLY EVALUATION REPORT FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 19APR09 to 25APR09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.
Week: 15

PO [redacted] showed knowledge of laws, equipment and had a clean appearance. PO [redacted] showed willingness to work with other officers and agencies. PO [redacted] jumped right in and helped with any paperwork, citations, arrest, and transports with any officers needing assistance. PO [redacted] showed he was able to interact with the residents and public in general.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

[Signature] #102
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name [REDACTED]
Last First M.I.

Badge: [REDACTED]

Observation Period: from 21MAR09 to 27MAR09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. During this evaluation period [REDACTED] generated five reports. Two domestic violence reports, two Disorderly Conduct reports, and one assault. Officer [REDACTED] handled the Domestic violence incident with empathy for the victim ensuring that the victim received all pertinent information in relation to victims of violent crime and victim witness center. He also followed the report writing guide and is showing signs of improvement with his report writing skills.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

Lt Schilling #652

#652

FIELD TRAINING OFFICER

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name [REDACTED]
Last First M.I.

Badge [REDACTED]

Observation Period: from 03-07-09 to 03-13-09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. During this week of training PO [REDACTED] has continued to be a team player and work well in the field. He worked with different units for part of the shift on 13MAR09. On 14MAR09 while on a drug activity complaint PO [REDACTED] did a good job locating suspected marijuana in plain view and took the initiative to bring a consent to search form and offer the leaseholder to sign it, which she agreed and signed. Also, he has done a good job while booking prisoners at CPU, and completes the booking process correctly.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;
PO *Lastuka* # 52
PO Lastuka # 52
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER WEEKLY EVALUATION REPORT FOR PROBATIONARY OFFICER



Officer's Name _____
 Last First M.I.

Badge: _____

Observation Period: from 14MAR09 to 20MAR09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. This period of evaluation PO _____ completed several reports and Domestic Violence showing good judgement and empathy for the victim.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

Lt. Schilling #652
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 28FEB09 to 06MAR09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. During this week of training PO _____ has primarily been assigned to a special detail providing security at 16001 Euclid Beach. He has continued to arrive to work on time and prepared for work. He is eager to go out into the field and looks forward to his next assignment.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

PO Lastuka #52 # _____
FIELD TRAINING OFFICER

SUPERVISORY MONTHLY EVALUATION REPORT FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 01FEB09 to 28FEB09

SUPERVISORS OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. PO _____ is adjusting very well to his assignments. He follows CMHA's rules and regulations and policies and procedures. He has demonstrated good knowledge and makes good decisions. He treats the residents and their guests with respect and has no complaints. His appearance is neat and clean at all times, and he uses departmental issued equipment

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

SGT. Styles # 656

FIELD TRAINING OFFICER WEEKLY EVALUATION REPORT FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I. Badge: _____

Observation Period: from 02-21-09 to 02-27-09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS, PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. PO _____ is continuing to work well in field and is motivated to patrol the estates and to address resident problems and concerns. He has worked well with fellow officers on this shift. He recently worked on a curfew detail and worked well with other agency's on curfew sweep. He has been prepared for work and has demonstrates sound judgment when handling broadcast calls. He's encouraged to continue to strengthen his report writing skills and familiarize himself with all of CMHA policies.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;
P.O. Lastuka #52
PO Lastuka #52
FIELD TRAINING OFFICER

WEEKLY EVALUATION REPORT FOR PROBATIONARY SUPERVISOR



Supervisor's Name [REDACTED]
Last First M.I.

Badge: _____

Observation Period: from 17JAN09 to 23JAN09

WATCH COMMANDER/UNIT O.I.C. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary supervisor's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

[REDACTED] during this period made a number of arrests as well as an arrest involving over two hundred grams of marijuana that was found in conjunction with the utilization of Kubo the K-9 dog and PO Smiddy. He also continues to show promise in development of his communication skills, written and oral. *

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary supervisor does not respond to continual remedial training.

[REDACTED] needs to continue to develop his understanding of lease codes, and municipal codes, and continue to be an active initiating officer.

Respectfully;

Lt. Schilling  #652
WATCH COMMANDER/UNIT O.I.C.

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 01-10-09 to 01-16-09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Equipment usage- Brings proper equipment to work and shows skill when handcuffing suspect.

Professional knowledge- Shows and knowledge of criminal law, and will refer back to ORC pamphlet in unsure.

Appearance- Clean and hygienic, neat appearance.

Attitude continue to be positive and is motivated to be proactive in the field with. He comes to work on time and prepared.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

P.O. Jerry Lastuka #52

PO Lastuka #52

FIELD TRAINING OFFICER

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 01-03-09 to 01-09-09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. During this week of training PO _____ has reported to roll call on time and continues to show positive attitude and respectful to fellow officers, and senior officers. Demonstrates sound judgment and needs little direction while dealing with suspects. PO _____ has reported to work and been prepared bringing proper equipment, and paperwork.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training. PO _____ advised to continue reviewing report writing guide and familiarize himself with CMHA Estates.

Respectfully;

PO Lastuka #52
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER WEEKLY EVALUATION REPORT FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 01-03-09 to 01-09-09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. During this week of training PO _____ has reported to roll call on time and continues to show positive attitude and respectful to fellow officers, and senior officers. Demonstrates sound judgment and needs little direction while dealing with suspects. PO _____ has reported to work and been prepared bringing proper equipment, and paperwork.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

PO _____ advised to continue reviewing report writing guide and familiarize himself with CMHA Estates.

Respectfully;

P.O. Lastuka # 51

PO Lastuka #52

FIELD TRAINING OFFICER

FIELD TRAINING OFFICER WEEKLY EVALUATION REPORT FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 01-31-09 to 02-06-09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies.

Attitudinal factors: PO _____s positive towards residents and fellow Officers.

Professional Knowledge: Is proficient in determining charges, and disposition while on calls.

Appearance: Arrives at work on time and appearance is neat.

Job Related skills: Use appropriate tactics and caution when on priority calls. PO Drew report writing skills have been improving over the last two weeks.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;

PO Jay Lastuka #52

PO Lastuka #52

FIELD TRAINING OFFICER

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 12-27-08 to 01-02-09

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. Attitude- Demonstrate positive attitude while on duty with complainants and fellow officers.

Appearance- Neat.

Professional knowledge- Demonstrates knowledge of criminal law.

During this period of training PO _____ did a good job securing the scene and interacting with another agency (CPD) on a felonious assault/shooting call.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

PO _____ advised to continue to familiarize himself with the estates, and continue working on report writing skills.

Respectfully; P.O. *Lastuka* #52

PO Lastuka #52
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name _____ Badge _____
 Last First M.I.

Observation Period: from 22DEC08 to 26DEC08

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. Orientation week 2: During this period PO _____ was prepared for field work. We covered duty logs, vehicle inspections, tally sheets, ect.... In addition we processed factious arrests and bookings processing. PO _____s looking forward to his assignment to 2nd Platoon.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training. During orientation week 2 PO _____ un-holstered his weapon to read the serial number for paper work. At this time PO _____ had his weapon pointed at PO Gomillion #39. Sgt. Burdshaw #640 brought this to his attention and he re-holstered.

Respectfully;
PO Whitney #48

PO Whitney #48
FIELD TRAINING OFFICER

FIELD TRAINING OFFICER
WEEKLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name _____
Last First M.I.

Badge: _____

Observation Period: from 15DEC08 to 19DEC08

F.T.O. OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. 1st week evaluation: PO _____ has a positive attitude. Given his prior police experience he understands the training. His appearance is acceptable. He shows good judgment. His job skills and equipment usage are good.

REMEDIAL TRAINING RECOMMENDATIONS

Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

Respectfully;
PO *Dan Whitney* #48
PO Whitney #48
FIELD TRAINING OFFICER

SUPERVISORY
MONTHLY EVALUATION REPORT
FOR PROBATIONARY OFFICER



Officer's Name [REDACTED] Badge: [REDACTED]
Last First M.I.

Observation Period: from 31DEC08 to 31JAN09

SUPERVISORS OBSERVATIONS AND COMMENTS:

Narrative commentary required concerning the probationary officer's overall performance during this period of training. This should include but is not limited to ATTITUDINAL FACTORS. PROFESSIONAL KNOWLEDGE, APPEARANCE, JUDGEMENT, JOB RELATED SKILLS AND EQUIPMENT USAGE. Especially note extraordinary performance and or noticeable deficiencies. PO [REDACTED] has shown a positive attitude towards his job. His appearance is always neat and acceptable. He has a good working knowledge of the job and starting to familiarize himself with different areas of CMHA properties. He use good judgment and has treated the residents with respect.

REMEDIAL TRAINING RECOMMENDATIONS

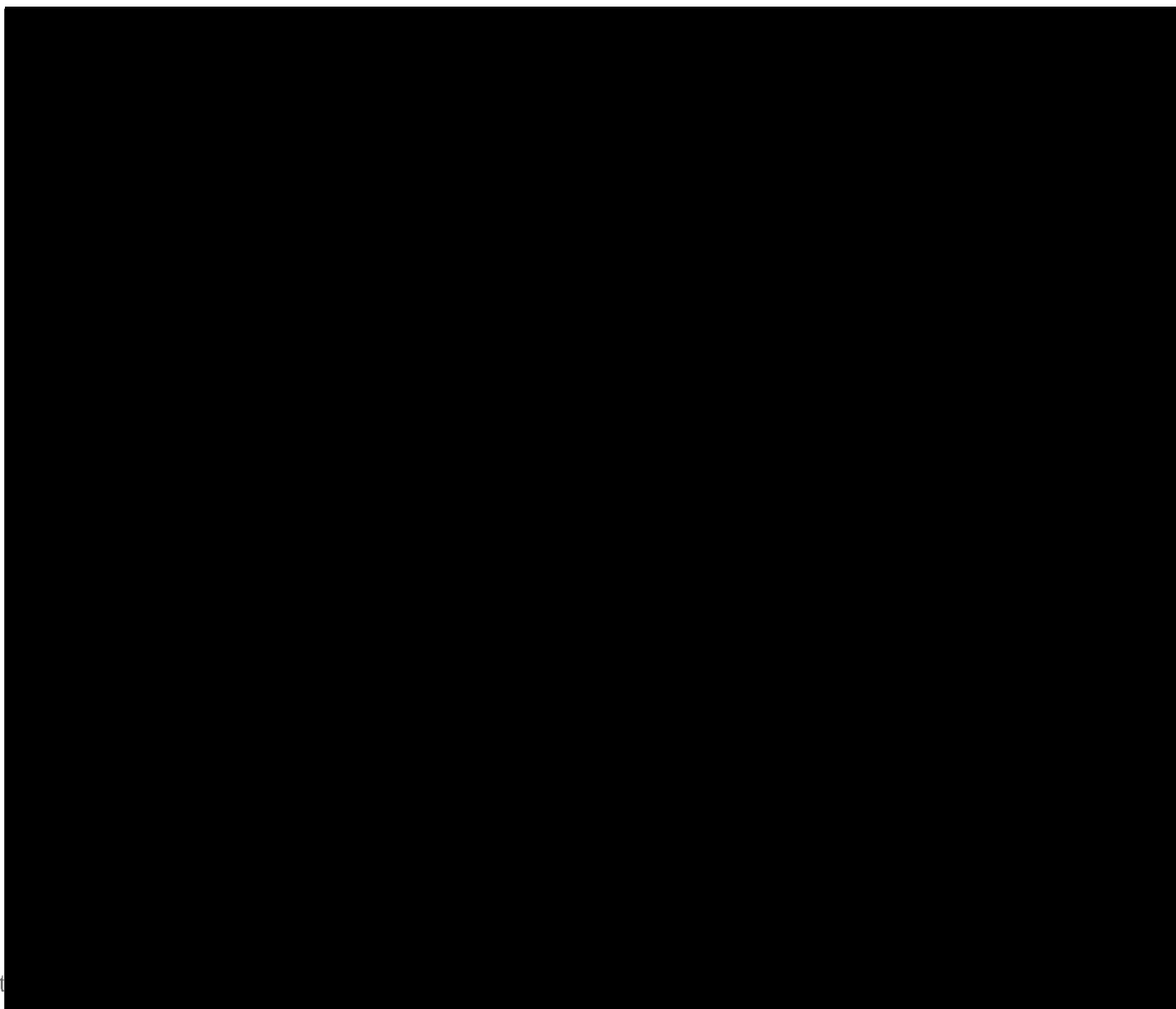
Include any remedial training that was given. Especially note when a probationary officer does not respond to continual remedial training.

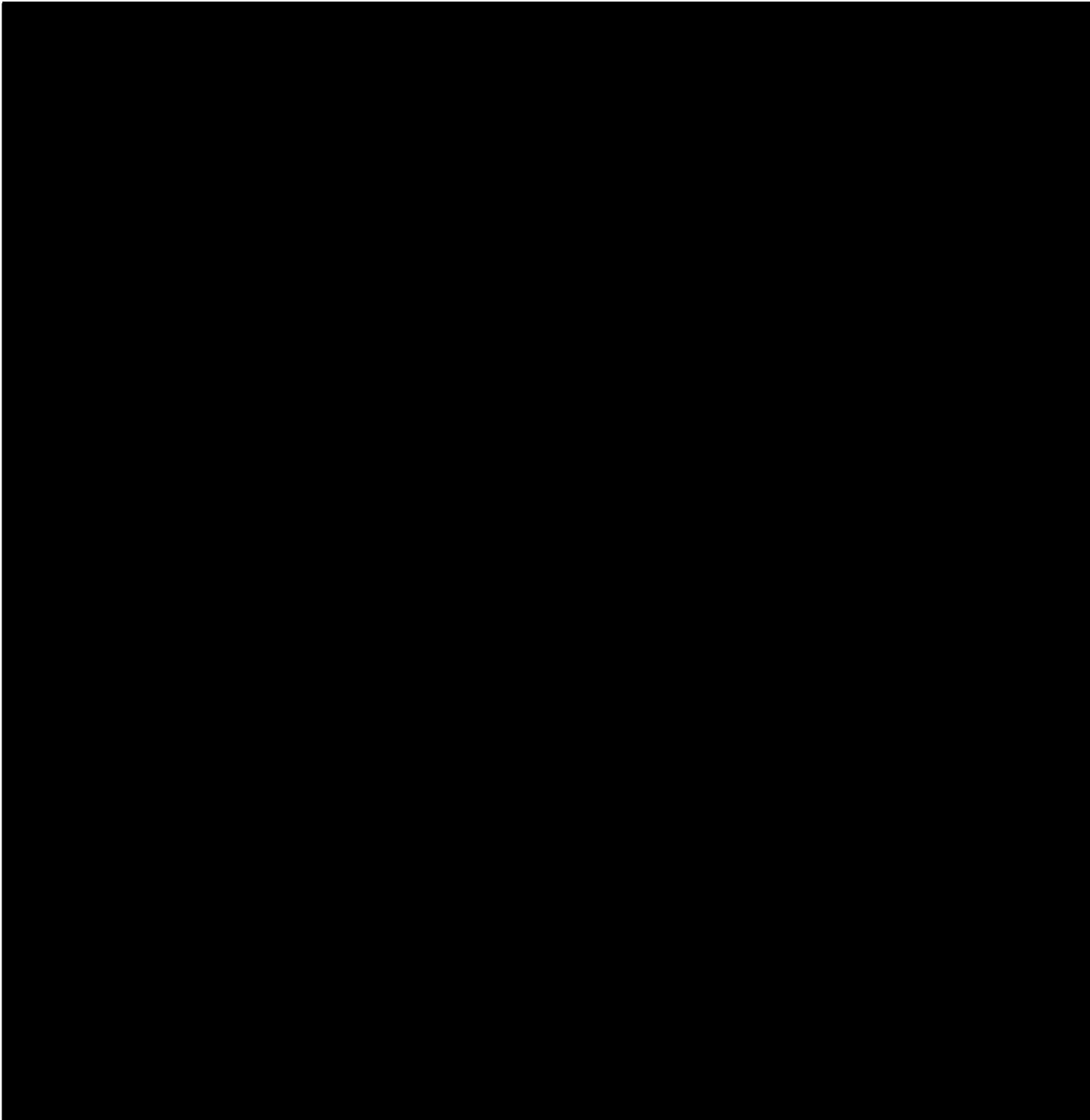
Respectfully;

SGT. Styles # 656

9

MAPQUEST





Transmission Report

Date/Time
Local ID 1
Local ID 2

09-12-2008 11 58:02
216 361 3759

Transmit Header Text
Local Name 1 Line 1
Local Name 2

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

CUYAHOGA METROPOLITAN HOUSING AUTHORITY



POLICE DEPARTMENT
5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Village of Wakeman

DATE: September 12, 2008

FAX #: (440)839-2586

PAGES: 3 Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return to me as soon as possible for
[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

"The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you."

CMHAFD94-029

Total Pages Scanned : 3

Total Pages Confirmed : 3

No	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	021	14408392586	11:55:58 09-12-2008	00:01:11	3/3	1	EC	HS	CP14400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104

Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Village of Wakeman

DATE: September 12, 2008

FAX #: (440)839-2586

PAGES: 3, Including this cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return to me as soon as possible for



Thanks in advance,
Det. Michael Crawford #29

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Transmission Report

Date/Time
Local ID 1
Local ID 2

09-15-2008 08:53:48
216 361 3759

Transmit Header Text
Local Name 1 Line 1
Local Name 2

This document : Confirmed
(reduced sample and details below)

Document size : 8.5"x11"

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT



5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Protective Services - Human Resources

DATE: September 15, 2008

FAX #: (216)698-6509

PAGES: 3, including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return it to me as soon as possible for
[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

" The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you. "

CMHAFD94-029

Total Pages Scanned : 3

Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	033	96986509	08:52:42 09-15-2008	00:00:33	3/3	1	EC	HS	CP31200

Abbreviations:

HS: Host send
HR Host receive
WS: Waiting send

PL: Polled local
PR Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Protective Services - Human Resources

DATE: September 15, 2008

FAX #: (216)698-6509

PAGES: 3, Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return it to me as soon as possible for

[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

" The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you. "

PLEASE! COMPLETE THE FOLLOWING:

DATE EMPLOYED: 09/10/2001 DATE SEPARATED: N/A

JOB TITLE: Security Officer 2 REASON FOR LEAVING: Still employed

WOULD YOU REHIRE? YES _____ NO _____

IF NO, STATE REASON: _____

APPRAISAL

CATEGORY	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Quantity of Work				
Learning Ability				
Cooperation with Supervisors				
Cooperation with Fellow Employees				
Initiative				
Attendance				
Punctuality				
Ability to work Without close supervision				

ADDITIONAL COMMENTS: Per County Policy only able to verify dates of employment and job title

DATE: 9/15/2008

SIGNATURE: *[Signature]*

TITLE: Personnel Officer

20277

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Protective Services - Human Resources

DATE: September 15, 2008

FAX #: (216)698-1509

PAGES: 3, Including this cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return it to me as soon as possible for

[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

" The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you. "

RECEIVED
C.M.H.A. POLICE DEPT.

2008 MAY 19 PM 2:02

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
BACKGROUND AND RECORDS RELEASE

For employment consideration by the Cuyahoga Metropolitan Housing Authority [CMHA], I hereby authorized 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 CMHA who presents this authorization. This authorization includes authority to release for examination and reproduction purposes pertinent records and reports, and includes the request that any law enforcement agencies, doctors, and 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 CMHA.

 _____
Signature Date 5-19-08

 _____
Full Name

_____ N/A _____
Nickname Maiden Name

 _____
How Long

 _____
Height

 _____
Weight

 _____
Eyes

 _____
Hair

NOTARY PUBLIC

Sworn to and subscribed before me, a Notary Public, this 19 day of MAY 2008


NOTARY PUBLIC SIGNATURE

THOMAS M. BURDYSHAW
Notary Public, State of Ohio
Cuyahoga County
My Commission Expires June 11, 2011



COMMISSIONERS
Jimmy Dimora
Timothy F. Hagan
Peter Lawson Jones

**DEPARTMENT OF CENTRAL SERVICES
HUMAN RESOURCES**

FAX

To: Michael Crawford #29	From: D. Morris
Fax No. (216) 361-3728	Date: 09/15/2008

No. of pages (including this cover sheet): 4

Comments:

Please find information you requested attached.

PLEASE COMPLETE THE FOLLOWING:

DATE EMPLOYED: 6/11/03 DATE SEPARATED: present

JOB TITLE: Auxiliary Police REASON FOR LEAVING: _____

WOULD YOU REHIRE? YES _____ NO _____

IF NO, STATE REASON: _____

APPRAISAL

CATEGORY	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Quantity of Work				
Learning Ability				
Cooperation with Supervisors				
Cooperation with Fellow Employees				
Initiative				
Attendance				
Punctuality				
Ability to work Without close supervision				

ADDITIONAL COMMENTS: probability of employment: in Good Standing.

DATE: 9/12/2008

SIGNATURE: Laurie J. Walker

TITLE: Director of Human Resources

**CITY OF MAPLE HEIGHTS
HUMAN RESOURCES**

5353 Lee Road
Maple Heights, OH 44137
(216) 587-9007 / (216) 587-9008
FAX: (216) 662-7556

Fax

To: DET. M. CRAWFORD #29
From: Laurie Waller
216-587-9007

Fax: 216 662-7556
Pages: (2) including fax cover

Phone:
Date: 9-12-08

Re:
CC:

Urgent For Review Please Comment Please Reply Please Recycle

Thank you!

The information contained in this facsimile message is intended for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of this facsimile is not the named recipient, any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the address above via U.S. Postal Service.

Transmission Report

Date/Time
Local ID 1
Local ID 2

09-12-2008 10:44:22 a.m.
2164325956

Transmit Header Text
Local Name 1 CMHA POLICE DEPT
Local Name 2

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

CUYAHOGA METROPOLITAN HOUSING AUTHORITY



POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: MAPLE HEIGHTS PD HUMAN RESOURCES

DATE: September 12, 2008

FAX #: (216)662-7556

PAGES: 3, Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return to me as soon as possible for

[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

" The document(s) accompanying this facsimile transmission contains information that may be confidential or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that law prohibits any disclosure, copying, distribution or use of the contents of this facsimile transmission. If you have received this facsimile transmission in error, please notify us by telephone immediately, so that we can arrange for the retrieval of the original document(s) at no cost to you."

CMHA094-029

Total Pages Scanned : 3

Total Pages Confirmed : 3

No	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	532	96627556	10:42:37 a.m. 09-12-2008	00:01:06	3/3	1	EC	HS	CP14400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report
G3: Group 3
EC: Error Correct

Cuyahoga Metropolitan Housing Authority Police Department
PRE-EMPLOYMENT QUESTIONNAIRE

Name: [Redacted]
(Print)

SS#: [Redacted]

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

2. Have you ever attended a Basic Peace Officer Training Academy approved by the Ohio Peace Officer Training Commission? yes
If YES, where and when:
Medina County Medina Ohio
(Academy Name, City, State)
Jan 99 - July 99
(Date(s) of Attendance: Month and Year)

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

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

5. Have you ever used illegal drugs? yes

6. When is the last time you used illegal drugs? Age 13-14

7. Do you drink alcohol? NO

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

9. Name and telephone number of most recent employer:
Cuyahoga County Protective Services (216) 443-2141
Security Officer
(Position / Title)

Number of days absent: 10-12

How many Mondays and/or Fridays were you absent and/or tardy other than approved vacation leave? 2-3

[Redacted Signature]
Date 8-13-08

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

ARE YOU ABLE TO PERFORM THE FOLLOWING FUNCTIONS OF A POLICE OFFICER?

Police Officer Job Description

1. Patrols a designated area, either in a motorized vehicle or on foot, in order to prevent crime or disturbance of the peace and apprehend violators. Conducts surveillance. Makes police presence visible in order to deter crime. Familiarizes self with patrol area and notes hazards, suspicious persons, and circumstances therein to report to superior officer. Maintains ongoing radio contact as directed.
2. Responds to reported violations of regulator laws and ordinances including, but not limited to, drug violations, felonies, civil disturbances, domestic disturbances, and misdemeanors.
3. Enforces vehicle and limited traffic laws; writes notices; and serves court writs.
4. 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. May administer first aid, locate, question, and detain witnesses; pursues, apprehends, arrest, interrogates, and transports suspects and offenders as necessitated by circumstances; testifies and presents evidence in court.
5. Observes, inspects, and reports the condition of CMHA property, noting any hazardous conditions; inspects and maintains department equipment.
6. Writes crime reports and other required reports; completes forms describing circumstances of crimes, accidents, investigations, complaints and other police activities.
7. May perform functions of specialized police operations including, but not limited to specific street activities, narcotics enforcement, scientific duties, and clerical tasks in support of street personnel.

YES, I AM ABLE TO PERFORM THE JOB FUNCTIONS LISTED ABOVE

NO, I AM NOT ABLE TO PERFORM THE JOB FUNCTIONS LISTED ABOVE


SIGNATURE

8-13-08
DATE

Cuyahoga Metropolitan Housing Authority Police Department
SHIFTS/PLATOONS
POLICE OFFICERS

1ST PLATOON/SHIFT

0730-1530 HOURS – [7:30 A.M. – 3:30 P.M.]

0830-1630 HOURS – [8:30 A.M. – 4:30 P.M.]

2ND PLATOON/SHIFT

1530- 2330 HOURS – [3:30 P.M. – 11:30 P.M.]

1630- 2430 HOURS – [4:30 P.M. – 12:30 P.M.]

3RD PLATOON/SHIFT

2330 – 0730 HOURS – [11:30 P.M. – 7:30 A.M.]

2430 – 0830 HOURS – [12:30 P.M. – 8:30 A.M.]

5TH PLATOON/SHIFT

1000 – 1800 HOURS – [10:00 A.M. – 6:00 P.M.]



CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

5715 Woodland Avenue * Cleveland, Ohio 44104
Phone: (216) 426-7760 *Fax: (216) 361-3728



FACSIMILE DOCUMENT TRANSMITTAL COVER

TO: Village of Wakeman

DATE: September 12, 2008

FAX #: (440)839-2586

PAGES: 3, Including this
cover sheet.

FROM: Det. Michael Crawford #29

SUBJECT: BACKGROUND INVESTIGATION: [REDACTED]

COMMENTS:

Please fill out the employment verification and the appraisal form and return to me as soon as possible for
[REDACTED]

Thanks in advance,
Det. Michael Crawford #29

WARNING

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RECEIVED
C.M.H.A. POLICE DEPT.

2008 MAY 19 PM 2 02

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
BACKGROUND AND RECORDS RELEASE

For employment consideration by the Cuyahoga Metropolitan Housing Authority [CMHA], I hereby authorized and request any and all agencies having information and/or records pertaining to the undersigned to furnish full and complete information to my duly authorized representative of CMHA who presents this authorization. This authorization includes authority to release for examination and reproduction purposes pertinent records and reports, and includes the request that any law enforcement agencies, doctors, and 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 CMHA.

[Redacted Signature]

5-19-08

Signature

Date

[Redacted Print Name]

Print Name

Nickname

N/A

Maiden Name

[Redacted Hair Color]

How Long

Former Address [Street, City, State, Zip]

How Long

[Redacted Former Address]

Sex

Sex

[Redacted Physical Description]

Height

Weight

Eyes

Hair

NOTARY PUBLIC

Sworn to and subscribed before me, a Notary Public, this 19 day of MAY 20 08.

[Handwritten Signature]

NOTARY PUBLIC SIGNATURE

THOMAS M. DUROYSHAW

Notary Public, State of Ohio

Cuyahoga County

My Commission Expires June 11, 2011

PLEASE COMPLETE THE FOLLOWING:

DATE EMPLOYED: 9-20-99 DATE SEPARATED: 11-30-02

JOB TITLE: Patrolman REASON FOR LEAVING: Other employment

WOULD YOU REHIRE? YES NO

IF NO, STATE REASON: _____

APPRAISAL

CATEGORY	EXCELLENT	GOOD	FAIR	POOR
Quality of Work			✓	
Quantity of Work			✓	
Learning Ability			✓	
Cooperation with Supervisors		✓		
Cooperation with Fellow Employees		✓		
Initiative			✓	
Attendance		✓		
Punctuality		✓		
Ability to work Without close supervision			✓	

ADDITIONAL COMMENTS: - OK. [REDACTED] WORKED WELL WITH THE SCHEDULE HE WAS GIVEN. HE WAS VERY DEDICATED TO HIS POSITION.

DATE: 9/22/07 SIGNATURE: [Signature] - 501

TITLE: CLERK OF POLICE

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Police Officer [REDACTED]

DATE OF INVESTIGATION: 12Sep08

AREA BEING VERIFIED: CRIMINAL HISTORY

INVESTIGATORS COMMENTS:

Criminal History- Based upon the local and NCIC checks there is no criminal history for the above applicant.

ATTACHMENTS (IF ANY):

See attached sheets.

RATING: XX SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det. Michael Crawford #29/ 

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

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

DATE: _____ FROM: _____ TO: _____

HONORABLE DISCHARGE: _____

STILL ACTIVE: _____

OTHER: _____

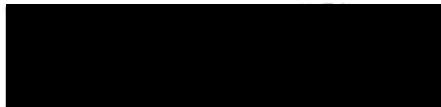
HAVE YOU EVER BEEN ARRESTED? YES: _____ NO:

CIRCUMSTANCES:

HAVE YOU EVER BEEN CONVICTED? YES: _____ NO:

CIRCUMSTANCES:

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



SIGNATURE

8-13-08

DATE

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Police Officer [REDACTED]

DATE OF INVESTIGATION: 12Sep08

AREA BEING VERIFIED: PERSONAL REFERENCES

INVESTIGATORS COMMENTS:

Personal Reference - Spoke with Kerry Blakemore he speaks highly of applicant. Also, spoke with Adam Vick Deputy Sherriff speaks highly of applicant and has known him for three years from Wakeman P.D.

ATTACHMENTS (IF ANY):

See attached sheets.

RATING: XX SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det. Michael Crawford #29/ *Det. M. Crawford*

**CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE**

**BACKGROUND INVESTIGATION
COMPOSITE**

APPLICANTS NAME: Police Office [REDACTED]

	SATISFACTORY	UNSATISFACTORY
A. Criminal History and Driving Record	<u>SATISFACTORY</u>	_____
B. Home Visit	<u>SATISFACTORY</u>	_____
C. Neighbor Interviews	<u>SATISFACTORY</u>	_____
D. Credential Verification	<u>SATISFACTORY</u>	_____
E. Prior Work History	<u>SATISFACTORY</u>	_____
F. Application Form Information Verification	<u>SATISFACTORY</u>	_____
G. Personal References	<u>SATISFACTORY</u>	_____

Background Investigation Complete Yes XX No _____

I do recommend for employment based upon information verified during Background Investigation.

Det. Michael Crawford #29/ Det. M. Crawford 12Sep08
Investigator's Signature Date

I do not recommend for employment based upon information verified during Background Investigation.

Investigator's Signature Date

CUYAHOGA METROPOLITAN HOUSING AUTHORITY

DIVISION OF POLICE

BACKGROUND INVESTIGATION

APPLICANTS NAME: Police Officer [REDACTED]

DATE OF INVESTIGATION: 12Sep08

AREA BEING VERIFIED: BACKGROUND INVESTIGATION

INVESTIGATORS COMMENTS:

Criminal History- Based upon the local and NCIC checks there is no criminal history for the above applicant.

Driving History- Above applicant does have a valid (ODL)

Personal Reference - Spoke with Kerry Blakemore he speaks highly of applicant. Also, spoke with Adam Vick Deputy Sherriff speaks highly of applicant and has known him for three years from Wakeman P.D.

Home Visit - I met the applicant at his home and his two brothers. Everything checks ok.

Neighborhood Visit - I Spoke with the neighbors and they speak highly of the applicant .

Credential Verification - Above applicant does have his High School Equivalent Certificate and does have the O.P.O.T.C. Police Training.

Prior Work History - Checks ok, no negative remarks.

ATTACHMENTS (IF ANY):

See attached sheets.

RATING: XX SATISFACTORY UNSATISFACTORY

INVESTIGATORS SIGNATURE

Det. Michael Crawford #29/

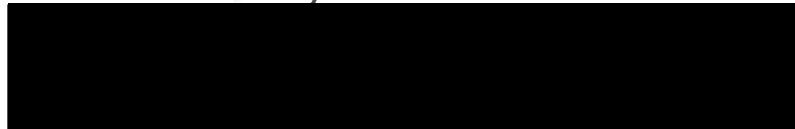




*Cuyahoga Metropolitan Housing Authority
Police Department*

Distinguished Service Medal

presented to



The Distinguished Service Medal is awarded to a member who demonstrates a high degree of personal initiative, performs substantially beyond normal requirements in an exemplary manner, contributes significantly to the achievement of law enforcement goals or consistently performs at the highest levels of law enforcement excellence as indicated by a special faithfulness to duty.

On May 30, 2020, [REDACTED] along with a team of other officers, was assigned to assist the Cleveland Division of Police with a rapidly evolving civil unrest incident that included widespread rioting, looting and vandalism in the Cleveland central business district. [REDACTED] faced a crowd that swelled to over 1,000 protestors and demonstrators that became physically aggressive towards law enforcement officers. [REDACTED] responsibility was to monitor participants who were attempting to enter and vandalize the Justice Center.

Angry protestors surrounded [REDACTED] who had limited resources for backup. The protestors hurled bottles, fireworks and rocks. [REDACTED] remained steadfast while exposed to substantial personal risk and injury. He performed his duties with extreme professionalism, bravery and tact.

Because of his unwavering dedication to the safety of our citizens and other officers, we award this Distinguished Service Medal to [REDACTED]

JEFFERY K. PATTERSON, CHIEF EXECUTIVE OFFICER AND SAFETY DIRECTOR

ANDRÉS GONZÁLEZ, CHIEF OF POLICE



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

MEMBER INFORMATION			
First Name	[REDACTED]	Last Name	[REDACTED]
Social Security Number	[REDACTED]	Date of Birth	[REDACTED]
SWORN POLICE OFFICER <input checked="" type="checkbox"/>		RESERVE OFFICER <input type="checkbox"/>	PROTECTION OFFICER <input type="checkbox"/>

DESCRIPTION / CHARACTERISTICS OF MY PROPOSED PERSONAL WEAPON					
Manufacturer	Glock	Model	48	Type	Semi-Auto
Caliber	9mm	Serial Number	[REDACTED]	Barrel Length	4in
Finish	Black	Magazine Capacity	10+1	Other	

NCIC CLEARANCE	
Date that the NCIC Check of Weapon was Completed?	14APR21
Checked By:	#007 - Whitted
Weapon Clears NCIC?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Reason why Weapon Does NOT clear:	

MEMBER REQUEST	
I RESPECTFULLY REQUEST PERMISSION TO CARRY THE ABOVE-DESCRIBED WEAPON WHILE ON DUTY <input type="checkbox"/> OFF DUTY <input checked="" type="checkbox"/>	
MEMBER SIGNATURE	[REDACTED]
DATE	14APR21

RANGE OFFICER CERTIFICATION	
I CERTIFY THAT I HAVE INSPECTED THE SPECIFIED FIREARM AND FOUND IT TO BE IN COMPLIANCE WITH DEPARTMENT REGULATIONS AND OPERATIONALLY SAFE. I FURTHER CERTIFY THAT THE ABOVE-NAMED OFFICER HAS SUCCESSFULLY COMPLETED THE APPROVED COURSE OF FIRE. I RECOMMEND PERMISSION BE GRANTED <input checked="" type="checkbox"/> NOT GRANTED <input type="checkbox"/> .	
<i>Sgt. [Signature]</i> 637	14APR21
RANGE OFFICER	DATE

APPROVED <input checked="" type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
CMHA Chief of Police	<i>[Signature]</i> 4/21/2021
	Date

RANGE PROFICIENCY RECORD: LOW CAPACITY SUB-CALIBER BACKUP

Name: [REDACTED] Agency: CMHA PD

Weapon make: Glock Model: 48 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).
Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).
Rounds not fired (NF) are zero (0).
Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 2 NPA: NF: MISS: OT: ERF:

Stage 2A PA: 2 NPA: NF: MISS: OT: ERF:

Stage 2B PA: 2 NPA: NF: MISS: OT: ERF:

Stage 3 PA: 2 NPA: NF: MISS: OT: ERF:

Subtotals: 8 MISS: OT: ERF:

Total: 8 (PASSING IS A MINIMUM OF 8/100%)

Date tested: 14APR21 Passed: X Failed:

Tested by: Sgt Weis #634 REQ#: 07563 Exp: 19JUL23



**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**

PERSONNEL TRANSACTION FORM

EMPL ID	Request Date 4/29/2009	Effective Date
SOCIAL SS# (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
[REDACTED]								

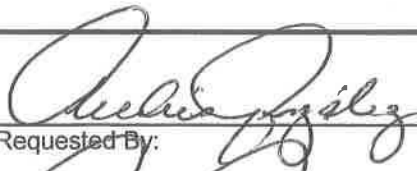
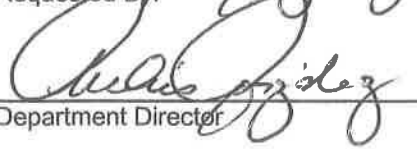
Mailing Address 1	Address 2	City	State	Zip Code
[REDACTED]				

Action	Action Reason	Action Description	Cost Number	Cost Number Description
Secondary 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 Maple Hts. Police Department.

 4/29/09
 Requested By: _____ Date
 4/29/09
 Department Director _____ Date

Director of Human Resources Date

Budgetary Approval Date

Executive Director Date



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: David Solomon, Deputy Chief

FROM: Donna E. Correy #615, Lieutenant of Administrative Operations

PAGE 1 of 1	SUBJECT Police Officer [REDACTED] re: Audit of Sick Time	DATE/NUMBER 28APR09
-----------------------	--	-------------------------------

On **28APR09**, 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 Carol Rucker #632** from 19DEC08 to 30APR09

Results: **00.00** Total sick time hours used for the specified period.

Less: **00.00** FMLA Approval for Dates:


In Compliance: Dec/11 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,


Donna E. Correy

DAVID T. SOLOMON
DEPUTY CHIEF

APR 28 2009

RECEIVED IN THE OFFICE OF



**CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: Donna E. Correy #615, Lieutenant of Administrative Operations

FROM: Carol D. Rucker #632, Sergeant- Complaint Investigation Unit OIC

PAGE 1 of 1	SUBJECT Secondary Employment Request by Police Officer [REDACTED]	DATE/NUMBER 28APR09
-----------------------	---	-------------------------------

The attached request for Protection Officer Carl Roberts #237 permission to engage in secondary employment with (**Maple Heights Police Department**), is in compliance with Policy & Procedures Chapter 12.1

An audit of Police Officer [REDACTED] Sick Time over the past year reveals he has used:

00.00 Total hours

[REDACTED] has **not** received any disciplinary actions for Sick Abuse. [REDACTED] was **not** on FMLA for the **2008-09** 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



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: [REDACTED] Police Officer-Community Policing Unit

FROM: David Solomon- Deputy Chief

PAGE 1 of 1	SUBJECT Request for Secondary Employment Determination	DATE 28APR09
-----------------------	--	------------------------

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 **00.00** 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 **2008-09** calendar year

Respectfully,

 David Solomon

RECEIVED IN THE OFFICE OF

APR 28 2009

DEPUTY CHIEF
 DAVID T. SOLOMON



YAHOGA METROPOLITAN HOUSING AUTHORITY
 POLICE DEPARTMENT
 REQUEST OF CERTIFICATION OF OUTSIDE EMPLOYMENT



DATE: 25APR09

EMPLOYEE'S NAME: [REDACTED]

ADDRESS: [REDACTED]

Sworn Police Officer: YES NO If no, then Commission Number: _____

Name of Outside Employer: City of Maple Hts Police Dept

Address: [REDACTED]

Phone Number: [REDACTED]

Number of hours to be worked per WEEK MONTH 30

Capacity you will be employed in: Auxiliary Police Officer

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] 25APR09
 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: [REDACTED]

Title: Police Officer

TO THE OFFICE OF THE CHIEF EXECUTIVE OFFICER:

I do , do not , endorse the above officer's request for outside employment.

[Signature] DATE: 4/28/09
 Chief of Police

*Prepare and attach to the Personnel Transaction



CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



To: Sgt Burdyslaw #640, Community Policing OIC

From: [REDACTED]

Date: 25APR09

Subject: **Secondary Employment Request**

I respectfully request permission to engage in off duty secondary employment with:

Name: City of Maple Hts Police Dept

Address: 5373 Lee Rd Maple Hts Ohio 44137

City: Maple Hts State: Ohio

The estimated length of employment is Year 2009 I understand if approved, authorization to engage in secondary employment expires annually on December 31st.

My duties will consist of Traffic Control, Park Security at the following location: Within the City limits of Maple Hts, which is a City

I Will be wearing a Police uniform while performing my duties. The hourly rate of pay will be: \$9.70 and I will be working approximately 4-8 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 25APR09 from PO [REDACTED] # 34 ;
- 2) Letter dated 10APR09 from Laurie Waller re: Workers' Compensation Coverage;
- 3) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,

[REDACTED]



CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



To: William Likes #604, Patrol Commander

From: Thomas Burdyslaw #640, Sergeant-Community Policing Unit

Date: 28APR09

Subject: **SUPERVISOR'S RECOMMENDATION - Secondary Employment Request**

Sir/Ma'am:

The attached request to engage in secondary employment, by PO ██████████ # ██████, 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 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.

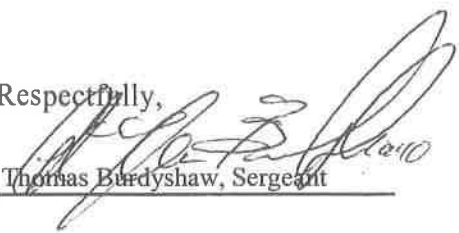
I have personally counseled PO ██████████ regarding CMHA being the primary and priority employer and the officer's responsibilities thereof. Further, this officer is thoroughly familiar with Chapter 12.1 of the Policy and Procedures Manual related to secondary employment.

Authorization of this secondary employment request Doesn't adversely affect the operation of the Department. Therefore, I recommend this request be Approved.

Attachments:

- 1) CMHAPD94-048, dated 25APR09; from PO ██████████ # ██████;
- 2) CMHAPD94-048A, dated 25APR09; from PO ██████████ # ██████;
- 3) Copies of Officer ██████████'s Attendance Control Cards for years 2009 and 2009;
- 4) Letter, dated 10APR09; from Laurie T. Walker re: Workers' Compensation coverage;
- 5) Copy of Bureau of Workers' Compensation Certificate.

Respectfully,


Thomas Burdyslaw, Sergeant

Attendance Record for 2009																											View	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																															
Feb																															
Mar	X	X		C					X	X							X	X							X	X	P	C	X	X	
Apr					X	X						X	X						X	X						X	X		N		
May			X	X						X	X						X	X						X	X						X
Jun	X						X	X						X	X						X	X						X	X		
Jul					X	X						X	X						X	X						X	X				
Aug		X	X					X	X							X	X						X	X						X	X
Sep					X	X							X	X						X	X						X	X			
Oct				X	X					X	X							X	X						X	X					
Nov	X	X					X	X							X	X							X	X					X	X	
Dec					X	X							X	X						X	X						X	X			

does not have any attendance points for 2009

does not have any sick abuse events

Laurie T. Waller
Director of Human Resources



City Hall
5353 Lee Road
Maple Heights, Ohio 44137

April 10, 2009



To Whom It May Concern:

At the request of our employee [REDACTED] I am writing this letter to confirm that while he is actively working for the City of Maple Heights in the position of Corrections Officer he is covered under our safety policy as required by law through the Bureau of Worker's Compensation.

Enclosed is a copy of our certificate with the State of Ohio.

Should you have any questions, please feel free to call me directly at 216-587-9007.

Sincerely,

A handwritten signature in cursive script that reads "Laurie T. Waller".

Laurie T. Waller
Director of Human Resources

Encl.

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43218-2255

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

31806702

03/04/1975 THRU NO
EXPIRATION

MAPLE HEIGHTS
5353 LEE RD

MAPLE HEIGHTS, OH 44137-2531

www.ohiobwc.com

J. Malle
ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

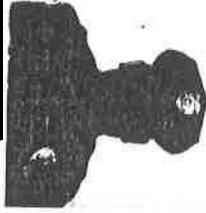
REQUIRED POSTING

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.

CITY OF MAPLE HEIGHTS

Jeffrey A. Lansky, Mayor



Issued: 05/01/08

Auxiliary Police - OFFICER





**MAPLE HEIGHTS POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION AND WAIVER**



I [REDACTED], an applicant for a position with the Maple Heights Police Department (herein MHPD) understand that the MHPD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the MHPD.

NOTE TO EMPLOYERS: 4113.71 Employer immunity as to job performance information disclosures.

- (A) An employer who is requested by an employee or a prospective employer of an employee to disclose to a prospective employer of that employee information pertaining to the job performance of that employee for the employer and who and who discloses the requested information to the prospective employer is not liable in damages in a civil action to that employee, the prospective employer, or any other person for any harm sustained as a proximate result of making the disclosure or of any information disclosed, unless the plaintiff in a civil action establishes, either or both of the following;
- (1) By a preponderance of the evidence that the employer disclosed particular information with the knowledge that it was false, with the deliberate intent to mislead the prospective employer or another person, in bad faith, or with malicious purpose;
 - (2) By a preponderance of the evidence that the disclosure of particular information by the employer constitutes an unlawful discriminatory practice described in Section 4112.02, 4112.021, or 4112.022 of the Ohio Revised Code
- (B) If the court finds that the verdict of the jury was in favor of the defendant, the court shall determine whether the lawsuit brought under division (B) of the section constituted frivolous conduct as defined in division (A) of section 2323.51 of the Revised Code. If the court finds by a preponderance of the evidence that the lawsuit constituted frivolous conduct, it may Order the plaintiff to pay reasonable attorney's fees and court costs of the defendant.
- (C)
- (1) This section does not create a new cause of action or substantive legal right against the employer.
 - (2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which an employer may be entitled under circumstances not covered by this section.

I do hereby authorize any representative of the MHPD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the MHPD whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. **This Authorization is not to include any medically related history or workers' compensation act or workers' occupational diseases act claims.**

I reiterate and emphasize that the specific intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the MHPD to consider in determining my character and suitability for employment.

I consent to your release of any and all public and private information by any person, business or institute contacted in the course of such investigation to release any and all information properly requested and Photostats of same if requested, concerning me for the following:

- Employment and pre-employment information, including, but not limited to, background reports and efficiency/performance ratings, attendance records, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made).
- Any internal affairs investigations and discipline, including any files deemed to be confidential and/or sealed complaints or grievances filed by or against me.

- Personal background and reputation.
- Military service records.
- Educational records.
- Financial and/or credit records including loans, commercial or retail credit agencies (including credit reports and/or ratings).
- Any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations, and criminal history information, except as prohibited by law.

I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the MHPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the MHPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the MHPD, including any liability or damage pursuant to any state or federal laws.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and the Ohio Revised Code, Chapter 1347, with regard to access of, and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the MHPD in conjunction with employment procedures.

A photocopy/Fax copy of this release will be valid as an original thereof, even though said photocopy/Fax copy does not contain an original writing of my signature. Should there be questions as to the validity of this release, you may contact me at the address listed below.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of, or reason of complying, or any attempt to comply with this request.

COPY

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

 Signature: _____ Date: X 5-17-21

Address: _____ Phone: (home) _____
 (cell) _____

Date of Birth: _____ Social Security Number: _____

 Witness: [Signature] Date: 05-17-2021

Drew, Scott attendance record for 2021

LOAD USER'S MATRIX

(click a cell in the **Key:** Code Used Payday **Code** Sick Event Past Sick Event **Target** AWOL **Code** Unexcused No punch in **Code** grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan			X	X						X	X						X	X						X	X						X
Feb	X	S	S	S	S	S	X	X						X	X		S				X	X				S	X				
Mar					X	X						X	X						X	X				N		X	X				
Apr		X	X						X	X				N		X	X						X	X						X	
May	S	X	X						X	X						X	X						X	X		N	C	V	V	X	X
Jun	V					X	X							X	X					X	X							X	X		
Jul			V	X	X	V	V	V	V	V	X	X						X	X						X	X					
Aug	X	X						X	X						X	X							X	X					X	X	
Sep					X	X						X	X						X	X						X	X				
Oct			X	X						X	X						X	X						X	X						X
Nov	X						X	X						X	X						X	X						X	X		
Dec					X	X						X	X						X	X						X	X				

Attendance Information
 Current Attendance Points: **0**
 Current Attendance Point Status: **Safe**

Sick Abuse Event Information
 Current Sick Abuse Events: **3**
 Current Event Status: **Warning**
 Abuse Points Calculated Range: **2/2/2021 to 6/2/2021**

Date	Comment
3/24/2021	Crises Intervention / De-Escalation
4/14/2021	Use of Force / Firearms Requalification
5/1/2021	634 - called off sick
5/26/2021	Inservice

Drew, Scott attendance record for 2020 **LOAD USER'S MATRIX**

(click a cell in the **Key:** Code Used Payday Sick Abuse Event Past Sick Event Tend. AWOL Unexcused No punch in grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan	X						X	X						X	X	SA					X	X						X	X		
Feb		A	P	X	X						X	X						X	X						X	X			X		
Mar	P					X	X		C				X	X						X	X						X	X	C		
Apr	X	X						X	X						X	X							C	X	X	C				X	X
May	X	X						X	X						X	X						X	X							X	X
Jun					X	X	V					X	X						X	X	C	N				X	X				
Jul		X	X	V	V	V	V	V	X	X	V						X	C	X	X					C	X	X				
Aug	X	X						X	X	SN	SN					X	X						X	X						X	X
Sep	C	C	C	V	V	X	X	V	V	V	V	V	X	X						X	X							X	X		
Oct			X	X						X	X								X	X	V	V	V	V	X	X	V	V	V	V	V
Nov	X	X	C				X	X	SN	SN				X	X	N	N	N	N	N			X	X		V				X	X
Dec	V					X	X						X	X							X	X						X	X		

Total Attendance Points during 2020: **0**

Current Attendance Points: **0**

Current Attendance Point Status: **Safe**

Current Sick Abuse Events: **3**

Current Event Status: **Warning**

Abuse Points Calculated Range: **2/2/2021 to 6/2/2021**

Date	Comment
1/16/2020	Entered by 656-Event #1-called off day after RDO
6/22/2020	Range

Drew, Scott attendance record for 2019 **LOAD USER'S MATRIX**

(click a cell in the **Key:** Code Used Payday **3** Sick Abuse Past Sick Event **1** AWOL **1** Unexcused No punch in **1** grid below to load this user's editable matrix)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan							X	X							X	X							X	X							X
Feb	X	X						X	X	X							X	X							X	X					
Mar					X	X							X	X						X	X	X	A					X	X	X	
Apr						X	X						S	S	X	X						X	X								
May	X	X							X	X	X				V	P	X	X	X	P						X	X	SN	SN	SN	SN
Jun	SN	SN		X	X					X	X						X	X						X	X	V	V	V	V	V	
Jul	C	X	X	H	V	V	V	V	X	X						X	X						X	X					X	X	
Aug						X	X			C			X	X					V	X	X	V	V	V	V	V	X	X			
Sep			X	X			X	X	N	N	N	N	N				X	X					X	X							
Oct	X	X					X	X							X	X	V	V	V	V	V	X	X					X	X		
Nov					X	X						X	X	C					X	X						X	X				
Dec			X	X	N					X	X	N					X	X						X	X						X

Attendance Points Information

Total Attendance Points during 2019: **0**

Current Attendance Points: **0**

Current Attendance Point Status: **Safe**

Sick Abuse Events Information

Current Sick Abuse Events: **3**

Current Event Status: **Warning**

Abuse Points Calculated Range: **2/2/2021 to 6/2/2021**

Notes

Date	Comment
4/13/2019	Waiting on Doctors SLip
5/28/2019	Drs Slip attached
6/1/2019	Drs slip attached
9/7/2019	Days Switched for In Service
9/9/2019	In Service Training
12/5/2019	Taser
12/12/2019	Open Enrollment 1400



**MAPLE HEIGHTS POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION AND WAIVER**

I, [REDACTED], an applicant for a position with the Maple Heights Police Department (herein MHPD) understand that the MHPD needs to thoroughly investigate my personal and employment histories to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment histories be disclosed to the MHPD.

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- (1) By a preponderance of the evidence that the employer disclosed particular information with the knowledge that it was false, with the deliberate intent to mislead the prospective employer or another person, in bad faith, or with malicious purpose;
 - (2) By a preponderance of the evidence that the disclosure of particular information by the employer constitutes an unlawful discriminatory practice described in Section 4112.02, 4112.021, or 4112.022 of the Ohio Revised Code
- (B) If the court finds that the verdict of the jury was in favor of the defendant, the court shall determine whether the lawsuit brought under division (B) of the section constituted frivolous conduct as defined in division (A) of section 2323.51 of the Revised Code. If the court finds by a preponderance of the evidence that the lawsuit constituted frivolous conduct, it may Order the plaintiff to pay reasonable attorney's fees and court costs of the defendant.
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- (1) This section does not create a new cause of action or substantive legal right against the employer.
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I do hereby authorize any representative of the MHPD bearing this release to obtain any information in your files pertaining to my employment records and direct you to release such information upon request of the bearer. I also authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the MHPD whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. **This Authorization is not to include any medically related history or workers' compensation act or workers' occupational diseases act claims.**

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- Educational records.
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- Any and all records maintained by any criminal justice or corrections agency including incident reports, arrest records, traffic citations, and criminal history information, except as prohibited by law.

I hereby release you, as the custodian of such records, your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the MHPD regardless of any agreement I may have previously made to the contrary. For and in consideration of the MHPD acceptance and processing of my employment application, I agree to hold the organization, its agents and employees harmless from any and all claims and liability associated with my employment application or in any way connected with the decision whether or not to employ me with the MHPD, including any liability or damage pursuant to any state or federal laws.

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A photocopy/Fax copy of this release will be valid as an original thereof, even though said photocopy/Fax copy does not contain an original writing of my signature. Should there be questions as to the validity of this release, you may contact me at the address listed below.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents/employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of, or reason of complying, or any attempt to comply with this request.

By signing below, I certify that I have had adequate time to review this entire form and have read and clearly understand its purpose.

 Signature: X [Redacted] Date: X 5-17-21

Address: [Redacted] Phone: (home) X
 (cell) [Redacted]

Date of Birth: [Redacted] Social Security Number: [Redacted]

 Witness: [Signature] Date: 05-17-2021



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

POLICE DEPARTMENT

TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING



TO: Thomas Burdyshaw #603, Commander
FROM: [REDACTED]

PAGE	SUBJECT	DATE
1 of 1	Payroll Discrepancy	19DEC20

Sir,

For my paycheck that was paid on 18DEC20 I had worked 10.24 hours of OT the prior 2 weeks that was not paid out.

Some Issue 10.24 hours went in Comp instead of being paid out.

Respectfully,

[REDACTED SIGNATURE]

Earnings Statement



Pay Date: 12/18/2020
 Period Start: 11/28/2020
 Period End: 12/11/2020

Company: 0UM69 - CUYAHOGA METROPOLITAN
 HOUSING AUTHORITY
 8120 KINSMAN 3RD FLOOR
 CLEVELAND OH 44104 (216) 271-2727

Emp #: [REDACTED]
 Dept: 210000 - Police Administration
 Pay Basis: Hourly

Earnings	Rate	Hours/Units	Current Period	Year To Date
Regular	37.61	72.00	2707.92	27709.82
Overtime	56.42	0.00	0.00	481.22
Weighted OT	0.00	0.00	0.00	2303.84
ANGEL DAY	0.00	0.00	0.00	300.85
CMP HRS EARN	0.00	10.24	0.00	0.00
CMP HRS USED	0.00	0.00	0.00	2312.44
CMP HRS USED STRAIGHT	37.61	0.00	0.00	300.88
COMP DRAWDN	0.00	0.00	0.00	7301.87
HOL COT	0.00	0.00	0.00	2465.17
Personal	0.00	0.00	0.00	601.70
SICK	0.00	0.00	0.00	902.61
Sick	0.00	0.00	0.00	601.71
VAC COT	37.61	8.00	300.88	5415.84
VACATION	0.00	0.00	0.00	1805.11
Vacation	0.00	0.00	0.00	300.85
CALL BACK PAY	0.00	0.00	0.00	150.43
CALL BACK PAY COT	37.61	0.00	0.00	18.81
Hidden Earnings	0.00	0.00	0.00	35817.25
LONGEVITY PAY			0.00	950.00
P/S C/B	37.61	0.00	0.00	282.08
P/S HOL WRKD OT	56.42	0.00	0.00	497.62
P/S SHIFT 2	0.20	72.00	14.40	239.40
P/S SHIFT 20	0.00	0.00	0.00	92.80
UNIFORM/SHOE			0.00	600.00

Gross **162.24** **3023.20** **91452.30**

W/H Taxes

Federal W/H(S/1)	359.28	12135.05
Medicare	43.25	1312.05
Ohio State W/H(S/1)	76.08	2480.70
Cleveland, OH - Local	74.57	2336.70

Deductions

COM SH	11.34	294.84
OPBA DUES	0.00	432.00
P PERS	302.32	4477.85
P PERS	0.00	302.13
RXE RXDRUG	7.40	177.60
WMESUPMED	29.61	710.64
X3E EEDD2	3.24	77.76

Net Pay **2116.11** **66714.98** Voucher No. 282709177DD

Net Pay Distribution

Direct Deposit Net Check	2116.11	66714.98 A/C:6904
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CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: _____

(Full Name and Badge Number of requesting member)

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	30JUL18

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

Beginning : January 01, 2018

Pay Period
Ending: 27JUL18

Current Balance 106

Respectfully,


Signature of requesting member

Administrative Commander Review:  Date: 7/31/18

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

Addressee	Start Time	Time	Prints	Result	Note
Payroll	07-31 08:13	00:00:19	001/001	OK	

Note

TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mix:ed Original TX, CALL:Manual TX, CSAC:CSAC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, Sp:Special Original, FCODE:F-code, RTX:Re-TX, RLV: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, PDUR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: [REDACTED]

(Full Name and Badge Number of requesting member)

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	30JUL18

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Beginning : January 01, 2018

Pay Period
Ending: 27JUL18

Current Balance 106

Respectfully,


Signature of requesting member

Administrative Commander Review: 

Date: 7/31/18

FOR PAYROLL DEPARTMENT USE ONLY:

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

Pay Ending Date: _____



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
- [REDACTED]
- 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



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

TO: All Members
FROM: Andrés González, Chief
DATE: March 1, 2016

Page 1 of 1	ASSIGNMENTS	DN #16-016
--------------------	--------------------	-------------------

The following assignments shall be effective Saturday, March 5, 2016:

Lieutenant Gregory Drew	to	Special Investigations Unit
Lieutenant James Harris	to	3 rd Platoon
Sergeant Jackelyn Burgos	to	Planning and Administration
Sergeant Jerry Lastuka	to	Protection Officers
Sergeant Aaron Reaser	to	Crime Suppression Unit
[REDACTED]		
Sergeant Robert Vales	to	2 nd Platoon

By order of,

 Andrés González, Chief



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TENACITY * RESPECT * UNDERSTANDING * SERVICE * TRAINING

TO: All Members
FROM: Andrés González, Chief
DATE: February 17, 2016

Page 1 of 1	PROMOTIONS	DN #16-012
-------------	-------------------	------------

The following promotions shall be effective Friday, February 26, 2016:

Sergeant Gregory Drew	to	Lieutenant
Sergeant James Harris	to	Lieutenant
Officer Aaron Reaser	to	Sergeant
[REDACTED]		
Officer Robert Vales	to	Sergeant

By order of,

Andrés González
 Andrés González, Chief

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
INTEROFFICE MEMORANDUM

DATE: July 30, 2015
TO: Andrés González, Chief of Police
FROM: Rhonda Stroman, Director of Compliance *RDS*
SUBJECT: Conflict of Interest Regarding [REDACTED]

CRISTO LUKES

The purpose of this memo is to memorialize our conversation on July 22, 2015 regarding the employee referenced below who works within your department and has been identified as having a potential conflict of interest that requires on-going monitoring.

The purpose of this notice, and on-going monitoring, is to ensure that the employee remains in compliance with CMHA's Conflict of Interest Policy as contained in Section B-XIII of Administrative Order 11 (CMHA's Personnel Policies and Procedures Manual). The policy is available for your review on the CMHA Intranet.

Employee: [REDACTED]

Employee's Job Title: Police Officer

Name of Employee's Supervisor: John Smiddy

The specific conflict of interest matter: His brother Gregory Drew also works for the CMHA Police Department.

This specific guidance was given to the Employee as it relates to their Conflict matter:

1. You should not report to or supervise your family member.

The employee was notified of the Compliance Department's Conflict of Interest determination and the specific steps the employee must take to manage the conflict of interest. The determination letters include a standard reminder of CMHA's mandatory annual Conflict of Interest disclosure requirement and the employee's obligation to submit an interim conflict of interest disclosure immediately upon any of the following:

1. A change in your job classification;
2. A promotion within CMHA; or
3. Learning of an actual, apparent, or potential conflict of interest.

As a CMHA Department Director, you are being advised so that you can be prepared to take appropriate action to monitor that the employee involved in a conflict of interest matter does not take any of the prohibited actions listed for their specific situation and/or that they are given any work assignments related to the matter. If strictly adhered to, these steps should be adequate to avoid a violation of the Conflict of Interest policy.

Monitoring conflict of interests is an important part of management duties and the Compliance Department remains available to support you in this area. If you have any questions please do not hesitate to contact me at 216-271-2066. Thank you.



MHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



NEWLY PROMOTED SUPERVISORS ORIENTATION
SCHEDULE

TIME/DATE	ORIENTATION 5715 Woodland Ave	PRESENTER INSTRUCTOR
Day 1		
Monday February 29, 2016 0800-1000	Group Notification Protocol On Call Communication Officer Protocol Radio Back Up Procedures	Cmdr Burdyslaw Ms Kelly
1000-1100 1100-1200	Internal Investigations Lunch	Lt Greg Drew
1200-1400	Det Bureau Case Follow Up	Sgt Assaf
1400-1600	Patrol Operations, Grievance Procedures Contracts	Lt Rucker
Day 2		
Tuesday March 1st, 2016 0800-1100	Complaint Investigation Use of Force Investigations Motor Vehicle Accident Investigations Citizen Complaint Forms	Sgt Styles
1100-1200	Lunch	
1200-1300	Obtaining Notary Notarizing Citations Ease at Work	Lt Homerick
1300-1500	CIT Meeting	Command Staff
1500-1600	CALEA/Power DMS	XO Coulter
Day 3		
Wednesday March 2, 2016 0800-0900 0900-1100 1100-1200 1200-1300	Budget Ethics Logistics Lunch	CMDR Burdyslaw DC Morales Troyer/Hopkins

1330-1530	Safety Meeting/Board Meeting	Campus
Day 4		
Thursday March 3, 2016 0900-1200	Duties and Responsibilities Strategic Plan	Lt Rucker
1100-1200	Lunch	
1300-1600	Fundamentals of leadership	Chief Gonzalez
Day 5		
Friday March 4, 2016 0800-1000	Investigation Due Dates per CBAS ULLF Investigations Firearms Inspections Line Inspections/ Grooming and Appearance	Lt Rucker
1000-1200 1200-1300	ETime- Review and approving time cards Expectations/Assignments Lunch	Cmdr Burdyslaw
1300-1600	Mentoring	Chief Gonzalez/XO Coulter

Signature



Date: 04 MAR 16

Training Officer:

[Handwritten Signature]



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM:



(Full Name and Badge Number of requesting member)

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	05JUL15

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

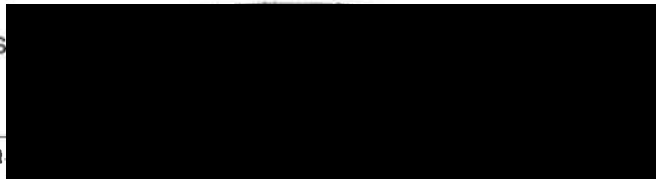
Beginning : **January 01, 2015**

Pay Period
Ending: **03JUL15**

Current Balance **37**

Res

Sign



Administrative Commander Review: _____ Date: _____

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

Addressee	Start Time	Time	Prints	Result	Note
Payroll	07-06 08:20	00:00:22	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, RBX: Confidential, BUL: Bulletin, SIP: SIP Fax, IPADR: IP Address Fax,
 I-FAX: Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full,
 LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error,
 DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
 POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: [Redacted]
 (Full Name and Badge Number of requesting member)

PAGE 1 of 1	SUBJECT Compensatory Time Payout Request	DATE 05JUL15
----------------	---	-----------------

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

Beginning : January 01, 2015

Pay Period Ending: 03JUL15

Current Balance 37

Res [Redacted]
 Sign [Redacted]

Administrative Commander Review: _____ Date: _____

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

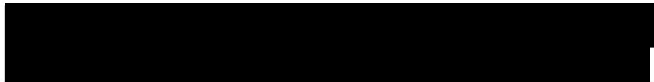


CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

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:



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



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



COMPENSATORY TIME PAYOUT REQUEST

TO: CMHA FINANCIAL SERVICES / PAYROLL DEPARTMENT

FROM: [REDACTED]
(Full Name and Badge Number of requesting member)

PAGE 1 of 1	SUBJECT Compensatory Time Payout Request	DATE 21JUN13
----------------	---	-----------------

I am requesting disbursement of my accumulated compensatory time pursuant to my collective bargaining agreement with CMHA for the time period shown below.

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, CMHA will automatically disburse any remaining compensatory time owed to me in December of this year.

Beginning : January 01, 2013

Pay Period
Ending: 21JUN13

Current Balance 118.75

Respectfully,

[REDACTED SIGNATURE]

Signature of requesting member

Administrative Commander Review: [Signature]

Date: 25 Jun 13

<p>FOR PAYROLL DEPARTMENT USE ONLY:</p> <p>Hours paid (code 323 - Comptime Payoff P/S): _____</p> <p>Pay Ending Date: _____</p>
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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 [REDACTED] Lorenzo Brazzell, [REDACTED] 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 ESCJ
 Member's File -

[Signature]
 5/15/2013
 cc: TRADING FILES

Respectfully,
[Signature]
 William Likes, Commander

[Signature] 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]			13MAY13
Brazzell, Lorenzo	79	<i>[Signature]</i> #79	13MAY13
Burgos, Jackelyn	33	<i>[Signature]</i> vac. DAY	
[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



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department

FROM: [REDACTED]

PAGE 1 of 1	SUBJECT Compensatory Time Payout Request	DATE 26MAY12
-----------------------	--	------------------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN12 and going through the pay period 26MAY12 pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2012.

Respectfully,

[REDACTED SIGNATURE]

FOR PAYROLL USE ONLY:

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

Pay Ending date : _____

Email MJ

WorkCentre 7335 Transmission Report

G3 ID

216 361 3759

Date/Time: 05/29/2012; 08:54AM

Page: 1 (Last Page)

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

Document has been sent.
Document Size 8.5X11"SEF



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department

FROM: [REDACTED]

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	26MAY12

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN12 and going through the pay period 26MAY12 pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2012.

Respectfully,
[REDACTED]

FOR PAYROLL USE ONLY:

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

Pay Ending date : _____

CMHIAPD94-062 27MAR03rev10AUG05

Total Pages Scanned: 1 Total Pages Sent : 1

No.	Doc.	Remote Station	Start Time	Duration	Pages	Mode	Contents	Status
1	7119	PAYROLL	5-29; 8:53AM	28s	1 / 1	ECM		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



OHIO PATROLMEN'S Benevolent Association

NORTH ROYALTON OFFICE:
10147 Royalton Road, Suite J
P.O. Box 338003
North Royalton, Ohio 44133
440-237-7900 • 800-457-4190
FAX: 440-237-6446

COLUMBUS OFFICE:
92 Northwoods Blvd.
Suite B2
Columbus, OH 43235
614-888-7901 • 800-457-4190
FAX: 614-888-7906

www.opba.com

October 7, 2011

ELECTED OFFICERS

Executive Director
TERRY GALLAGHER
Parma Hts. P.D., Retired

Executive Secretary
JEFFREY MEDICINO
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
RONALD G. CAMPBELL
Cuyahoga County S.O.

Director of Organization
WALTER C. GOULD
Amherst P.D., Retired

TRUSTEES

THOMAS M. AUSTIN
Twinsburg P.D.

PATRICK M. COLEMAN
Brecksville P.D.

JAMES THOMPSON
Warrensville Heights P.D.

Staff Attorneys

KEVIN POWERS
S. RANDALL WELTMAN
MARK J. VOLCHECK (Columbus)
JOSEPH M. HEGEDUS (Columbus)
MICHAEL JOHN HOSTLER
DANIEL J. LEFFLER
MAX RIEKER

Special Counselors

GEORGE ARGIE, JR.
LOUIS D'AMICO
DOMINIC VITANTONIO
LARRY D. FARLEY (Toledo)
MARILYN L. WIDMAN (Toledo)
MICHELLE SULLIVAN (Toledo)
JUSTIN BURNARD (Toledo)

Business Agents

JEFFREY D. PERRY

Chief Andres Gonzalez
CMHA Police Department
5715 Woodland Ave
Cleveland, OH 44104

RE: [REDACTED]

Dear Chief:

On behalf of Officer [REDACTED] the OPBA advances the enclosed grievance to Step 2 pursuant to Article 12, Section 4 of the collective bargaining agreement. Please contact my office to schedule a meeting to discuss this matter.

Thank you for your time and attention to this matter.

Sincerely,

Daniel J. Leffler, Esq.
Ohio Patrolmen's Benevolent Association

DJL/id

Enclosure

Cc: [REDACTED]

DC SOLOMON:

PLEASE SCHEDULE
& CONDUCT A STEP
TWO MEETING AS
REQUESTED -

10 Oct 2011

cc: EXO MORGAN
MORSE FILE



Ohio Patrolmen's Benevolent Association Official Grievance Form

Name of Employee [Redacted] Department Police

Classification Police

Work Location 5715 Woodland Immediate Supervisor Sgt Gurnea

STATEMENT OF GRIEVANCE:

List applicable violation: X-11-120 Received written warning for incident on 6-30-11 in violation of Article X Section 1 Discipline action taken by CMHA shall only be for just cause. Unlawful actions not against CMHA Policy & procedures, Investigation was conducted improperly, not following CMHA Policy.

Adjustment/remedy required: reind written warning remove from file.

I authorize Don Leffler, Steve Kuska as my representative to act for me in the disposition of this grievance.

Date 9-28-11 Signature of Employee [Redacted]

Signature of Union Representative [Signature] Title Detective

Date Presented to Management Representative _____

Signature A. Meli Sr 11/7 28 Sep 11 Title Sgt.

Disposition of Grievance: _____

THIS STATEMENT OF GRIEVANCE IS TO BE MADE IN TRIPLICATE. ALL THREE COPIES ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE O.P.B.A. REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO _____

COPY _____

COPY: O.P.B.A. GRIEVANCE FILE

NOTE: ONE COPY OF THIS GRIEVANCE AND ITS DISPOSITION TO BE KEPT IN GRIEVANCE FILE OF O.P.B.A.





**CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**



TO: [REDACTED] Patrolman Second Platoon

FROM: Christopher Svec #662/ Second Platoon Sergeant

PAGE 1 of 1	SUBJECT Step One Grievance with Police Officer [REDACTED]	DATE 27SEP11
----------------	--	-----------------

On 27SEP11, I conducted a Step One Grievance with PO [REDACTED]. The following are the results:

Grievance: You stated that the Written Warning you received was unjustified and you should not have received it. You also stated that the Investigating Supervisor conducted an improper investigation by taking a picture of the suspect with her shirt up exposing her stomach, causing a biased decision in his discipline. You cited Article X Section I of the current Collective Bargaining Agreement between the OPBA and CMHA, which reads:

1. Discipline action taken by CMHA shall be for Just Cause.

You further stated that you didn't know at the time that the female was pregnant due to wearing a oversized shirt. You also stated that you didn't use excessive force in detaining the female. You also stated that instead of receiving a Written Warning you should have received training.

Response: Article X Section I of the Collective Bargaining Agreement states that discipline must be for just cause. Based on the evidence you provided the above Article and Sections were not violated and therefore your grievance is Denied.

Respectfully,
[Signature]
Christopher Svec #662

I acknowledge receipt of this "STEP 1 GRIEVANCE DETERMINATION" and understand its content.

Signature [REDACTED]

060CT11
(Date/Time)

Signature: *[Signature]* 656

(Issuing/Witnessing Supervisor)

060CT11 @ 0800
(Date/Time)



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Christopher Svec #66 Second platoon Sergeant

FROM: [REDACTED] Patrolman Second platoon

PAGE 1	SUBJECT Request Step 2	DATE 10/6/11
-----------	---------------------------	-----------------

Sir / Ma'am:

I request a step 2 hearing on X-11-120, based on the denial at step 1 that I received on 10/6/2011.

Respectfully,

[REDACTED]



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department

FROM: [REDACTED] Patrolman Second Platoon

PAGE 1 of 1	SUBJECT Compensatory Time Payout Request	DATE 01APR11
-----------------------	--	------------------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN11 and going through the pay period 01APR11, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2011.

Respectfully,

[REDACTED SIGNATURE]

FOR PAYROLL USE ONLY:

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

Pay Ending date : _____

Emailed CP

WorkCentre 7335 Transmission Report

G3 ID

216 361 3759

Date/Time: 04/04/2011; 08:18AM

Page: 1 (Last Page)

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

Document has been sent.
Document Size 8.5X11"SEF



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department

FROM: [REDACTED] Patrolman Second Platoon

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	01APR11

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN11 and going through the pay period 01APR11, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2011.

Respectfully,
[REDACTED]

FOR PAYROLL USE ONLY:

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

Pay Ending date : _____

CMHAPD94-062 27MAR03rev10AUG05

Total Pages Scanned: 2 Total Pages Sent : 2

No.	Doc.	Remote Station	Start Time	Duration	Pages	Mode	Contents	Status
1	7289	PAYROLL	4- 4; 8:17AM	47s	2 / 2	ECM		CP

Note:

RE: Resend MB: Send to Mailbox
PG: Polling RB: Relay Broadcast
SA: Send Again EN: Engaged

BC: Broadcast
RS: Relay Send
AS: Auto Send

MP: Multi Polling
BF: Box Fax Forward
TM: Terminated

RV: Remote Service
CP: Completed



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department

FROM: [REDACTED] Police Officer Second Platoon

PAGE 1 of 1	SUBJECT Compensatory Time Payout Request	DATE 08MAY10
-----------------------	--	------------------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN10 and going through the pay period ending, 14MAY10 pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2010.

Respectfully,

[REDACTED SIGNATURE]

FOR PAYROLL USE ONLY:

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

Pay Ending date : _____

*Smart to
TH*

WorkCentre 7335 Transmission Report

63 ID

216 361 3759

Date/Time: 05/10/2010:08:01AM

Page: 1 (Last Page)

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

Document has been sent.
Document Size 8.5X11"SEF



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department
FROM: [Redacted] Police Officer Second Platoon

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	08MAY10

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN10 and going through the pay period ending, 14MAY10 pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is: [Redacted]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2010.



FOR PAYROLL USE ONLY:
Hours paid (Code 323-Comptime Payoff P/S) : _____
Pay Ending date : _____

CMHAPD94-052 27MAR03rev10AUG05

Total Pages Scanned: 1 Total Pages Sent : 1

No. Doc.	Remote Station	Start Time	Duration	Pages	Mode	Contents	Status
1 5471	PAYROLL	5-10; 8:00AM	27s	1/ 1	ECM		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
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT**

TO: Richard Schilling, Sergeant Second Platoon

FROM: [REDACTED] Patrolman Second Platoon.

PAGE 1 of 1	SUBJECT Request for Forfeiture Weapon / Ruger .357 Cal	DATE 11MAR10
-----------------------	--	------------------------

I am respectfully requesting that I be issued the following weapon that is now the property of the CMHA Police Department after being subject to forfeiture:

Make	Model	Serial #	Caliber
<i>Ruger</i>	<i>SP101</i>	[REDACTED]	<i>.357 Caliber</i>

This weapon would be suitable for carrying off or on duty. If approved, I will purchase my own ammunition and holster, and comply with all policies and procedures relating to "Secondary Weapons."

Respectfully,

[REDACTED SIGNATURE]

APPROVED -
 [Signature]
 19 MAR 10
 CC: MEMBER FILE
 DC SALAMON
 CMDR LUCAS
 PO DREW



ISSUED EQUIPMENT RECEIPT



CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

RECEIVED 26 DAY OF Dec 20 07 FROM _____

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

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

12 26 08
DATE



12 26 11 DE Thomas D. Lyshewski [Signature]
DATE SUPERVISOR PRINTED NAME SIGNATURE OF SUPERVISOR



**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



EQUIPMENT RESPONSIBILITY FORM

Date: December 16, 2008

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: H01SDC9AA3AN
 Serial Number: [REDACTED]
 Microphone: NMN6191B
 Case: Yes
 Charger: NO

Employee Signature: [REDACTED] Date: December 16, 2008
 Issued by: [Signature] Date: December 16, 2008



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department

FROM: PO [REDACTED]

PAGE 1 of 1	SUBJECT Compensatory Time Payout Request	DATE 06SEP09
-----------------------	--	------------------------

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN09 and going through the pay period ending 05SEP09, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2009.

Respectfully,

[REDACTED SIGNATURE]

FOR PAYROLL USE ONLY:

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

Pay Ending date : _____

*rk advised
9/8*

WorkCentre 7335 Transmission Report

G3 ID

216 361 3759

Date/Time: 09/08/2009; 08:16AM

Page: 1 (Last Page)

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

Document has been sent.
Document Size 8.5X11"SEF



CMHA
CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT



TO: Payroll Department

FROM: [REDACTED]

PAGE	SUBJECT	DATE
1 of 1	Compensatory Time Payout Request	09SEP09

I am requesting disbursement of my accumulated compensatory time beginning on 01JAN09 and going through the pay period ending 09SEP09, pursuant to my collective bargaining agreement with C.M.H.A.

My Social Security Number is [REDACTED]

I understand that I may make this request only one (1) time per year. I also understand that in accordance with policy, C.M.H.A. will automatically disburse any remaining compensatory time owed to me in December 2009.

[REDACTED]

FOR PAYROLL USE ONLY:

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

Pay Ending date : _____

CMHAP094-062 27MAR03rev10AUG05

Total Pages Scanned: 1 Total Pages Sent : 1

No.	Doc.	Remote Station	Start Time	Duration	Pages	Mode	Contents	Status
1	2568	PAYROLL	9- 8: 8:15AM	27s	1 / 1	ECM		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



**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
POLICE DEPARTMENT**



**AMERICAN BODY ARMOR
EQUIPMENT RESPONSIBILITY FORM**

Date: 21JUL09

I [REDACTED] (Print Name) have received (1) Safariland American American Body Armor Xtreme HP Level III A 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 failure to wear it 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 09096202

Rear Panel Serial Number 09096203

Date Issued: 21JUL09

Employee Signature [REDACTED]

Date: 21JUL09

Issued by: Sgt. J. J. [REDACTED]

Date: 21JUL09

Actual



CMHA
CUYAHOGA METROPOLITAN HOUSING AUTHORITY
POLICE DEPARTMENT

MEMBER'S FILE

TO: SGT Burdyslaw #640

FROM: [Redacted]

DATE: 17DEC08

SUBJECT: Request for Permission to Carry Personal weapon

Sir:

I respectfully request permission to carry the below described weapon while

ON DUTY OFF DUTY with the CMHA Police Department.

Manufacturer: Glock Model : 17
Type: Semi Auto Caliber: 9mm
Serial #: [Redacted] Barrel Length: 4 Inch
Finish: Blued Magazine Capacity: 17 Rds

[Redacted] Respectfully,

[Redacted] 34 14NOV68 293-80-7475
SIGNATURE BADGE NUMBER D.O.B. Social Security Number

Watch Commander/Unit O.I.C.:
NCIC check by: Sgt. Thomas Burdyslaw #640 IMPORTANT: Attach NCIC Check to this form

Recommendation of Watch Commander/Unit O.I.C.: APPROVED NOT APPROVED
Sgt. Thomas Burdyslaw #640 [Signature] #640 18DEC08
PRINT FULL NAME OF WATCH COMMANDER/UNIT O.I.C. Signature Date

Range O.I.C.:
I certify that I have inspected the specified firearm and found it to be in compliance with Divisional regulations and operationally safe. I further certify that the above named officer has successfully completed the approved course of fire I recommend permission be granted for On/Off DUTY use, of above described weapon, by [Redacted] 54
Name of Officer Badge Number

Det. Dawn Berchler #54 Dawn [Signature] 19 Dec 08
Range O.I.C.- SIGNATURE Date

CCH Check of [Redacted] Made by: West 010 12-19-08
PRINT NAME OF OFFICER REQUESTING PERMISSION PRINT NAME DATE

APPROVED
 NOT APPROVED
PC Dawn Solomon #602 12/19/08
Authorized Signature DATE

CUYAHOGA METROPOLITAN HOUSING AUTHORITY
DIVISION OF POLICE

5715 Woodland Avenue
Cleveland, Ohio 44104

EXERCISE FACILITY DISCLAIMER: THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA) AND THE CMHA DIVISION OF POLICE ARE NOT RESPONSIBLE FOR ANY DAMAGE TO THE PERSONAL PROPERTY, OR LOSS OF PROPERTY, OR FOR ANY INJURY TO ANY PERSON SUFFERED WHILE TRAINING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE PHYSICAL TRAINING ACTIVITIES HELD AT THE CMHA DIVISION OF POLICE EXERCISE FACILITY FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE CUYAHOGA METROPOLITAN HOUSING AUTHORITY, CMHA DIVISION OF POLICE, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation in a training program or my individual use of the CMHA Division of Police exercise facility, I hereby release and covenant not-to-sue or file any other action against the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police, and any of its employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police or others listed for property damage, personal injury, or wrongful death arising as a result of my engaging in any training activity or receiving instruction in physical training activities (e.g., physical conditioning, fitness training and strength training) or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs. or assigns.

Further, I am aware that physical training is a vigorous activity involving cardiovascular stress and active physical contact. I understand that physical training involves certain risk of injury, including but not limited to, death, spinal injuries, and injury to bones, joints and muscles. I am voluntarily participating in this training with the knowledge of the risk involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the Cuyahoga Metropolitan Housing Authority, the CMHA. Division of Police and others listed for any and all claims arising as a result of my engaging in or receiving instruction in physical training activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Ohio and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in Ohio. I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Cuyahoga Metropolitan Housing Authority, the CMHA Division of Police, or any of the parties listed above.

[Redacted Signature]

22DEC08

Signature and Badge # of Employee/Participant/User

Date

PO Scott Drew #34

Print Name



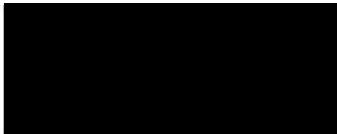
**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740
Phone 216.426.7760 • Fax 216.361.3728

Andrés González
Chief of Police

December 4, 2008



Dear 

Welcome to the Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD). Prior to this letter, you should have received correspondence from our Human Resources Department advising you of your first day, Monday, December 15, 2008. On that day, you will report directly to a CMHA work site located at 3400 Hamilton Road to complete employment paperwork and benefits orientation. Afterwards, you will report to CMHAPD Headquarters where you will begin your transition to your new job.

On Friday, December 19, 2008, at 11:00 a.m., you will be sworn in by Chief of Police, Andres Gonzalez, at an official swearing-in ceremony. Feel free to invite family and friends to the ceremony which will occur in the Training Room of Police Headquarters located at 5715 Woodland Avenue. Following the Ceremony, family and friends who desire to see more of the facility will be given a tour of the building. Afterwards, you will be permitted to leave for the day.

Should you have any questions regarding this letter, please contact our Administrative Assistant, Ms. Terrissi Suber-Bey at 426-7760 ext. 5433 during normal business hours.

Again, the CMHA Police Department welcomes you and looks forward to seeing you on your first day, Monday, December 15, 2008.

Sincerely,



Jack Justus
Commander of Administration



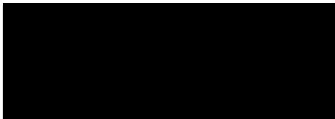
**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY**



Police Department
5715 Woodland Avenue
Cleveland, Ohio 44104-2740
Phone 216.426.7760 • Fax 216.361.3728

Andrés González
Chief of Police

October 9, 2008



Dear Applicant:

Thank you for applying for the position of Police Officer with the Cuyahoga Metropolitan Housing Authority Police Department. Currently, all vacant positions have been filled by other qualified applicants. However, your application is considered active and your name has been placed on a one (1) year eligibility list for further qualification and hire. As positions for Police Officers become available in the near future, you may be contacted.

In the meantime, should your address or phone number change, please call or write us and we will gladly update your file.

Again, thank you for your interest and participation. We wish you good luck and success in your future employment endeavors.

Sincerely,

Cuyahoga Metropolitan Housing Authority Police Department

Note: The eligibility list will expire in one (1) year on October 9, 2009. After this date, you must re-apply for the position as vacancies are advertised in the newspaper.

View [REDACTED] Matrix

Attendance Record for 2010																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan						X	X							X	X	X						X	X	X							X	
Feb	X							X	X							X	X							X	X							
Mar			X	X	X						X	X	X								X	X							X	X		
Apr						X	X							X	X								X	X	X					X		
May	X	X						X	X	N							X	X		P					X	X						
Jun	X	X							X	X	X							X	X	X								X	X			
Jul				P	X	X							X	X							X	X							X	X	X	
Aug						X	X	X							X	X								X	X						X	
Sep	X	N						X	X							X	X	V					X	X	X	C	C	C				
Oct	X	X	X	C						X	X							X	X							X	X					
Nov			X	X	T .25						X	X	X							X	X	X						X	X			
Dec	N	T .25				X	X							X	X					V	V	V	V	X	X	H	V	V	V	V	X	X

Drew, Scott Comments

Date	Comment
5/11/2010	Training- LEOKA Violent Encounters
12/2/2010	OC/Baton/Taser

Drew, Scott Point Totals for 2010

[REDACTED] does not have any sick abuse events

	Tardy (T)	AWOL (O)	LWOP (W)	Unexcused Sick (U)	No Punch In (Q)	Month Total
Nov	0.5	0	0	0	0	0.5
Dec	0.5	0	0	0	0	0.5
Total Points for 2010: Current Status:						1 Safe

Attendance Record for 2011

View [REDACTED] 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	V	V	V	V	V	X	X	X							X	X							X	X						
Feb	X	X							X	X							X	X	X						X	X	X				
Mar					C	X	X							X	X						N	X	X						X	X	
Apr							X	X	X						X	X	X							X	X						
May		X	X							X	X							X	X							X	X	X			
Jun			X	X	X					A	X	X								X	X						X	X			
Jul					C .50	X	X							X	X	X			P			X	X	X						X	
Aug	X							X	X							X	X							X	X						
Sep	X	X	X						X	X	X							X	X							X	X				
Oct				X	X							X	X							X	X	X					X	X	X		
Nov						X	X							X	X		N					X	X					X	X	X	
Dec	X				N T .25		X	X	X	V						X	X	X						V	X	X			V	V	

Drew, Scott Comments

Date	Comment
3/21/2011	Requalifications
5/24/2011	tardy excused-664
6/11/2011	652
7/4/2011	approved by 624
7/19/2011	Approved by 640
11/17/2011	CPR Training
12/5/2011	Taser TRaining
12/11/2011	entered by 652
12/24/2011	668
12/30/2011	Approved by 652
12/31/2011	Approved by 652

Drew, Scott Point Totals for 2011

[REDACTED] does not have any sick abuse events

	Tardy (T)	AWOL (O)	LWOP (W)	Unexcused Sick (U)	No Punch In (Q)	Month Total
Dec	0.5	0	0	0	0	0.5
Total Points for 2011:						0.5
Current Status:						Safe

Attendance Record for 2012View [REDACTED] 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	X	X							X	X							X	X	V	V				X	X	X				
Feb			X	X	X						X	X						X		X	X						X	X			
Mar			C				X	X					T .25	N	X	X	X	X	N	N	N	N	X	X							
Apr	X	X						X	X								X	X					T .25		X	X					
May			X	X	X					X	X	X								X	X						X	X			
Jun				X	X								X	X				SN 5.25	SN 5.25	SN 5.25	X	X	X		SN 5.25	SN 5.25	SN 5.25	SN 5.25	X	X	
Jul	X	SN	SN	SN	SN	SN	SN	X	X	SN						X	X						P	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	X	
Nov						X	X								X	X							X	X	X						
Dec	X	X								X	X							X	X						X	X					

Drew, Scott Comments

Date	Comment
1/1/2012	Entered by 652
1/20/2012	approved by 624
1/21/2012	approved by 624
3/3/2012	approved by #624
3/13/2012	entered by 652
3/14/2012	Range
3/18/2012	Adjusted by 660 for training purposes
3/19/2012	Crisis Intervention Training
4/23/2012	entered by 652
6/18/2012	Personal Illness- Doctor slip provided- Excused
6/19/2012	entered by 632
6/24/2012	personal illness, Drs slip turned in, return to work completed
7/23/2012	entered by 652

Drew, Scott Point Totals for 2012[REDACTED] does not have any sick abuse events

	Tardy (T)	AWOL (O)	LWOP (W)	Unexcused Sick (U)	No Punch In (Q)	Month Total
Mar	0.5	0	0	0	0	0.5
Apr	0.5	0	0	0	0	0.5
Total Points for 2012: Current Status:						1 Safe

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

7-30-12

SUBSCRIBED AND SWORN TO me on this 30th day of JULY, 2012

NOTARY PUBLIC

My commission expires:

MARCH 17, 2015
KENNETH D. BONDY

NOTARY PUBLIC • STATE OF OHIO
Recorded in Cuyahoga County
My commission expires Mar. 17, 2015

(SEAL)