

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



2024-3052

Officer Involved Critical Incident - 10300 block Silvercreek Road, Doylestown, Ohio 44230, Medina County

| Investigative Activity:                           | Review of MCSO personnel file and training records   |
|---|--|
| Involves:   | (S)  |
| Activity Date:                                    | 10/14/2024   |
| Activity Location:                                | BCI Richfield  |
| Authoring Agent:                                  | SA Jon Lieber #50  |
|   |  |
| Narrative:  |  |
| • •   | 24, Ohio Bureau of Criminal Investigation (BCI) Special r) received the personnel file and training records for  |
| SA Lieber reviewed the pers                       | from the Medina County Sheriff's Office (MCSO). onnel file and training records and noted the following:   |
| <u>Personnel file</u>                             |  |
| •   | ted of pre-employment documents, payroll records, training mendations, and miscellaneous documents.  |
| No discipline was located w                       | ithin the personnel file.  |
| Range Qualification Records                       | <u>5</u>   |
| · · · · · · · · · · · · · · · · · · ·             | mpleted firearms qualification with a Glock model 45, serial earm utilized during the October 5, 2024, incident.   |
| Ohio Peace Officer Training                       | Academy/Commission Records   |
| Peace Officer Training Com                        | eceived from the MCSO, SA Lieber also obtained the Ohio mission (OPOTC) and Ohio Peace Officer Training Academy to The OPOTA/OPOTC records indicated the |
| 1. Basic Training                                 |  |
| completed the Peace<br>Enforcement Training Acade | Officer Basic Training Academy at the Medina County Law emy took the state certification exam on   |

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#### 2. Advanced Training

completed numerous advanced training courses:

- Advanced Traffic Stops (07/24/2024)
- Responding to Mental Health Issues (05/28/2024)
- Crisis Mitigation An Ohio Model (De-Escalation) (05/28/2024)
- Firearms Practical Manipulation Skills (05/17/2024)
- Arrest, Search, and Seizure 2023 (06/03/2023)
- Effective Communication and Safe Interaction with Persons in Crisis (11/28/2022)
- Mental Health Response (10/26/2022)
- Concealed Carry Changes (09/17/2022)
- Use of Deadly Force and Legal Guidelines (08/31/2022)
- Objective Reasonableness (08/26/2022)
- Critical Thinking in Use of Force Situations (08/25/2022)
- BCI Lethal Use of Force and OIS Investigations (08/21/2022)
- Crisis Intervention (07/29/2022)

It should be noted that the above-listed courses are not a complete list. Only those courses deemed to be the most relevant were noted above. In some cases, the date on the training certificate is one day before the date listed in the OPOTA records for a particular course.

| particular course.   |  |
|--|--|
| 3. Employment History  |  |
| was appointed full-time by the Medina County Sheriff's Office on |  |
| 4. Current Peace Officer Status                                  |  |
|  |  |

Based on the records received, it is noted that was a duly certified and sworn Ohio Peace Officer at the time of this incident.

The training documents received from the MCSO and OPOTA/OPOTC were attached to this report. Please refer to the attachments for further details.

| References: |
|-------------|
|-------------|

None

#### **Attachments:**

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| 1. | 2024-10-14 | firearms records |
|----|------------|------------------|
| 2. | 2024-10-14 | training records |
| 3. | 2024-10-14 | personnel file   |
| 4. | 2024-10-14 | OPOTA records    |
|    |            |                  |

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| Officer:         |                |                   | Date:                     | 7/13/21         |  |  |
|------------------|----------------|-------------------|---------------------------|-----------------|--|--|
| Agency:          | Maso           |                   |                           | SEVILLE         |  |  |
| Semi-autom       | atic Pistol Ma | nufacturer:       | Instructor Nan            | ne/Requal #:    |  |  |
| Model:<br>分/     | Caliber:       | Seria<br>Num      | Score: 23/05              | Instructor: #13 |  |  |
| Semi-automa      | atic Pistol Ma | nufacturer:       | Instructor Nam            | ne/Requal #:    |  |  |
| Model:           | Caliber:       | Serial<br>Number: | Score:                    | Instructor:     |  |  |
| Back-up/Sub      | Caliber Man    | ufacturer:        | Instructor Nam            | ne/Requal #:    |  |  |
| Model:           | Caliber:       | Serial<br>Number: | Score:                    | Instructor:     |  |  |
| Revolver Ma      | nufacturer:    |                   | Instructor Name/Requal #: |                 |  |  |
| Model:           | Caliber:       | Serial<br>Number: | Score:                    | Instructor:     |  |  |
| Shotgun Mai      | nufacturer:    |                   | Instructor Nam            | ne/Requal #:    |  |  |
| Model:           | Caliber:       | Serial<br>Number: | Score:                    | Instructor:     |  |  |
| Rifle/Carbin     | e Manufactur   | er:               | Instructor Nam            | ne/Requell#:    |  |  |
| Model:<br>Map 15 | Caliber:       | Serial<br>Number: | Score: 20/20              | Instructor:     |  |  |
| SMG Manuf        | acturer:       |                   | Instructor Nam            | ne/Requal #:    |  |  |
| Model:           | Caliber:       | Serial<br>Number: | Score:                    | Instructor:     |  |  |

COPY

#### RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE

| Name                |                                   |                           |                            |                              | Agency: _                 | Mcse                 | 7             |
|---------------------|-----------------------------------|---------------------------|----------------------------|------------------------------|---------------------------|----------------------|---------------|
| Weapon              | make: _                           | SAW                       | Mo                         | del: M4                      | 0                         | Serial #             |               |
| Hits in th          | ne preferre                       | ed area (P                | A) count a                 | s a plus one                 | e (+1).                   |                      |               |
| Hits in th          | ne non-pre                        | eferred are               | a (NPA) a                  | nd inside of                 | the silhou                | ette outline         | are zero (0). |
| Rounds              | not fired (                       | NF) are ze                | ero (0).                   |                              |                           |                      |               |
| Rounds<br>time limi | outside of<br>t ( <b>OT</b> ), or | f the silhou<br>any extra | ette outlin<br>rounds fire | e (MISS), of<br>ed (ERF) are | ff the targe<br>minus 1 ( | t (MISS), fi<br>-1). | red over the  |
| Stage 1             | PA: 3                             | _ NPA:                    | NF:                        | MISS:                        | OT:                       | ERF:                 | _             |
| Stage 2             | 3 hits in                         | the head                  | circle or hi               | p circle                     |                           |                      |               |
|                     | PA: 3                             | _ NPA:                    | NF:                        | MISS:                        | OT:                       | ERF:                 | Head Miss:    |
| Stage 3             | 2 hits in                         | the prefer                | ed area, c                 | one hit in the               | head circ                 | le or hip cir        | cle           |
|                     | PA: <u>3</u>                      | _NPA:                     | _ NF:                      | MISS:                        | OT:                       | ERF:                 | _ Head Miss:  |
| Stage 4             | PA: 2                             | _ NPA:                    | _ NF:                      | MISS:                        | OT:                       | ERF:                 | _             |
| Stage 5             | PA: /                             | _ NPA:                    | NF:                        | _ MISS: _                    | OT:                       | ERF:                 | _             |
| Stage 6             | PA: 5                             | _ NPA:                    | _ NF:                      | MISS:                        | OT:                       | ERF:                 | _             |
| Stage 7             | PA: 3                             | NPA:                      | _ NF:                      | _ MISS:                      | OT:                       | ERF:                 |               |
| Subtotals           | 3:                                | _                         |                            | MISS:                        | OT:                       | _ ERF: _             | _ Head Miss:  |
| Total: _ 6          | 70_(F                             | PASSING, I                | S A MININ                  | /UM OF 16)                   | )                         |                      |               |
| Date test           | ed: 7                             | 13/2                      | /_ Pa                      | assed:                       |                           | Failed:              |               |
| Tested by           | /: <b>\</b>                       | malo                      | > RI                       | EQ#: 070                     | 193                       | Exp: _               | 12/8/21       |
| OHIO PEACE          | OFFICER TRA                       | INING ACADEM              | ΛY                         |                              |                           |                      |               |

#### RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL MCSO Name: Agency: Weapon make: Glock Model: Serial #: 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). PA: 3 NPA: NF: MISS: OT: ERF: Stage 1 Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle PA: 3 NPA: NF: MISS: OT: ERF: Head Miss: PA: 4 NPA: NF: MISS: OT: ERF: Stage 3A PA: 4 NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ Stage 3B Stage 4 PA: 5 NPA: / NF: MISS: OT: ERF: PA: 3 NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ Stage 5 PA: \_\_ NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ MISS: OT: ERF: Head Miss: Subtotals: (PASSING IS A MINIMUM OF 20) Passed: Date tested: Failed: Tested by

|               | RANGE PROFICI                                    | ENCY RE     | CORD: S     | EMI-AU    | TO PISTO     | DL                |
|---------------|--|-------------|-------------|-----------|--------------|-------------------|
| Name:         |  |             | Ag          | ency: M   | ledina Coun  | ty Sheriff Office |
| Weapon ma     | ke: Glock  | Model:      | 6,45        |           | Serial #     |                   |
| Hits in the p | referred area (PA) co                            | unt as a p  | lus one (-  | +1).      |              |                   |
| Hits in the n | on-preferred area (NF                            | A) and in   | side of th  | e silhoue | ette outline | e are zero (0).   |
| Rounds not    | fired (NF) are zero (0                           | ).          |             |           |              |                   |
|               | side of the silhouette of T), or any extra round |             |             | _         |              | fired over the    |
| Stage 1       | PA: 3 NPA:N                                      | NF: M       | ISS:        | OT:       | ERF:         |                   |
| Stage 2       | 2 hits in the preferre                           | ed area, or | ne hit in t | ne head   | circle or h  | ip circle         |
|               | PA: 3_ NPA: N                                    | NF: M       | ISS:        | OT:       | ERF:         | Head Miss:        |
| Stage 3A      | PA: 4 NPA:                                       | NF: M       | ISS:        | OT:       | ERF:         |                   |
| Stage 3B      | PA: \( \sqrt{NPA} \) NPA:                        | NF: M       | ISS:        | OT;       | ERF:         |                   |
| Stage 4       | PA: 6 NPA:                                       | NF: M       | ISS:        | OT:       | ERF:         |                   |
| Stage 5       | PA: 3 NPA:                                       | NF: M       | ISS:        | OT:       | ERF:         |                   |
| Stage 6       | PA: 2 NPA:                                       | NF: M       | ISS:        | OT:       | ERF:         |                   |
| Subtotals:    | 25   | N           | IISS:       | OT:       | ERF:         | Head Miss:        |
| Total: 25     | (PASSING IS A                                    | MINIMUM     | 1 OF 20)    |           |              |                   |
| Date tested   | 1/11/2022  | Passe       | ed:L        |           | _ Failed     | t:                |
| Tested by:    | 5.5a155:121                                      | REQ#        | #: 0865     | 59        | Exp:         | 05/20/224         |



#### RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE

| Name:       |               |              |  |           | Agency:      | Medina County             | Sheriff Office |
|-------------|---------------|--------------|--|-----------|--------------|---------------------------|----------------|
| Weapon      | make:         | aniei Deten  | se Model:  | MY        | 1            | Serial #:                 |                |
| Hits in the | e preferre    | ed area (PA  | count as a   | plus or   | ie (+1).     |                           | • Le           |
| Hits in the | e non-pre     | ferred area  | (NPA) and i  | nside o   | of the silho | ouette outline a          | re zero (0).   |
| Rounds r    | not fired (   | NF) are zero | 0 (0).   |           |              |                           |                |
|             |               |              | tte outline (Number of the outline (Number of the outline out |           |              | get (MISS), fire<br>(-1). | ed over the    |
| Stage 1     | PA: 3         | NPA:         | NF:  | MISS:     | OT:          | ERF:                      | -              |
| Stage 2     | 3 hits in     | the head ci  | rcle or hip ci   | rcle      |              |                           |                |
|             | PA: 3         | _ NPA:       | _NF:   | MISS:     | OT:          | ERF:                      | _ Head Miss:   |
| Stage 3     | 2 hits in     | the preferre | ed area, one   | hit in th | ne head c    | ircle or hip circ         | le             |
|             | PA: 3         | _ NPA:       | _NF:   | MISS:     | OT;          | ERF:                      | _ Head Miss:   |
| Stage 4     | PA: Z         | _ NPA:       | _NF:   | MISS:     | OT:          | ERF:                      | _              |
| Stage 5     | PA: _         | _ NPA:       | _NF:   | MISS:     | OT:          | ERF:                      | -              |
| Stage 6     | PA: 5         | _ NPA:       | _NF:   | MISS:     | OT:          | ERF:                      | -              |
| Stage 7     | PA: 3         | _ NPA:       | _NF:   | MISS:     | OT:          | ERF:                      | _              |
| Subtotals   | s: 20         | _            |  | MISS:     | OT:          | ERF:                      | Head Miss:     |
| Total:      | 20 (          | PASSING IS   | S A MINIMU   | M OF      | (6)          |                           |                |
| Date tes    | ted: 11)      | 11/202       | Pas  | sed:      |              | Failed:                   |                |
| Tested b    | y: <u>5.5</u> | £155100      | S REC  | Q#: _O    | 8659         | Exp:                      | 5/27/2024      |
|             |               |              |  |           |              |                           |                |





| Officer:      |                 |                                       | Date: 9-                  | 30-21             |  |
|---------------|-----------------|---------------------------------------|---------------------------|-------------------|--|
| Agency:       | MUSO            | , , , , , , , , , , , , , , , , , , , | Range: Wa                 | 30-21<br>25 worth |  |
| Semi-auton    | natic Pistol Ma | nufacturer:                           | Instructor Nan            | ne/Requal #:      |  |
| Model:<br>645 | Caliber:        | Serial<br>Number:                     | Score: 27/2               | Instructor: MeCan |  |
| Semi-auton    | natic Pistol Ma | nufacturer:                           | Instructor Nan            | ne/Requal #:      |  |
| Model:        | Caliber:        | Serial<br>Number:                     | Score:                    | Instructor:       |  |
| Back-up/Su    | b Caliber Man   | ufacturer:                            | Instructor Nan            | ne/Requal #:      |  |
| Model:        | Caliber:        | Serial<br>Number:                     | Score:                    | Instructor:       |  |
| Revolver M    | anufacturer:    |                                       | Instructor Name/Requal #: |                   |  |
| Model:        | Caliber:        | Serial<br>Number:                     | Score:                    | Instructor:       |  |
| Shotgun Ma    | anufacturer:    |                                       | Instructor Name/Requal #: |                   |  |
| Model:        | Caliber:        | Serial<br>Number:                     | Score:                    | Instructor:       |  |
| Rifle/Carbi   | ne Manufactur   | er:                                   | Instructor Nam            | ne/Requal #:      |  |
| Model:        | Caliber:        | Serial<br>Number:                     | Score:                    | Instructor:       |  |
| SMG Manu      | facturer:       |                                       | Instructor Nam            | ne/Requal #:      |  |
| Model:        | Caliber:        | Serial<br>Number:                     | Score:                    | Instructor:       |  |

#### RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL Agency: MCSO Name: Model: G45 Serial #: Weapon make: (9/01/5 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). PA: 3 NPA: NF: MISS: OT: ERF: Stage 1 Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle PA: 2 NPA: \_\_ NF: \_\_ MISS: / OT: \_\_ ERF: \_\_ Head Miss: / PA: 4 NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ Stage 3A PA: 4 NPA: \_\_ NF: \_\_ MISS: OT: ERF: Stage 3B PA: 6 NPA: NF: MISS: OT: ERF: Stage 4 PA: 3 NPA: NF: MISS: OT: ERF: Stage 5 PA: Z NPA: NF: MISS: OT: ERF: Stage 6 MISS: / OT: \_ ERF: \_ Head Miss: / Subtotals: 24 Total: 22 (PASSING IS A MINIMUM OF 20) Date tested: 9/30/21 Passed: Failed: REQ#: 03252 Exp: 12-18-21 Tested by: /

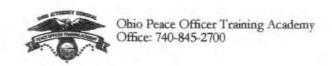
2/1 .

#### RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL MCSO Name: Agency: Weapon make: 6000 Model: 45 Serial # 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). PA: 3 NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ Stage 1 Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle PA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT; \_\_\_ ERF: \_\_\_ Head Miss: PA: 4 NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ Stage 3A PA: 3 NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ Stage 3B PA: NPA: \_\_ NF: \_\_ MISS: \_\_ OT: \_\_ ERF: \_\_ Stage 4 PA: 3 NPA: NF: MISS: OT: ERF: Stage 5 PA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_ Stage 6 Subtotals: MISS: OT: ERF: Head Miss: (PASSING IS A MINIMUM OF 20) Date tested: Passed: Failed: Tested by:

#### RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE

| Name:       |                                |            |          |  | Agency: _     | meso                              |               |
|-------------|--------------------------------|------------|----------|--|---------------|-----------------------------------|---------------|
| Weapon      | make: DAV-                     | DEFER      | SEM      | odel: Al   | 2-15          | Serial #:                         |               |
| Hits in the | e preferred a                  | area (PA)  | count    | as a plus or   | ne (+1).      | _                                 |               |
| Hits in the | e non-prefer                   | red area   | (NPA)    | and inside o   | of the silhou | ette outline a                    | are zero (0). |
| Rounds r    | not fired (NF                  | ) are zero | (0).     |  |               |                                   |               |
|             | outside of the<br>(OT), or any |            |          | The second secon |               | et ( <b>MISS</b> ), fire<br>(-1). | ed over the   |
| Stage 1     | PA: 3 N                        | IPA:       | NF:      | MISS:  | OT:           | ERF:                              | -             |
| Stage 2     | 3 hits in the                  | e head cir | cle or l | nip circle   |               |                                   |               |
|             | PA: 3 N                        | IPA:       | NF:_     | MISS:  | OT: _         | ERF:                              | _ Head Miss:  |
| Stage 3     | 2 hits in the                  | e preferre | d area   | , one hit in th  | ne head circ  | cle or hip circ                   | le            |
|             | PA: 3_N                        | IPA:       | _NF: _   | MISS:  | OT: _         | ERF:                              | _ Head Miss:  |
| Stage 4     | PA: 2 N                        | NPA:       | NF:_     | MISS:  | OT: _         | ERF:                              | -             |
| Stage 5     | PA: _ /_ N                     | NPA:       | NF:      | MISS:  | OT; _         | ERF:                              | -             |
| Stage 6     | PA: 5 N                        | NPA:       | NF:      | MISS:  | OT: _         | ERF:                              | -             |
| Stage 7     | PA: 3 N                        | NPA:       | _NF:_    | MISS:  | OT: _         | ERF:                              | _             |
|             | 3:                             | _          |          | MISS:  | OT: _         | ERF:                              | _ Head Miss:  |
| Total:      | 20_(PA                         | SSING IS   | A MIN    | NIMUM OF   | 16)           |                                   |               |
| Date test   | ted: 9/                        | 30/23      |          | Passed: _  | V             | Failed:                           |               |
| Tested b    | y: 5.545)                      | W          |          | REQ#: 05   | 3659          | Exp:                              | \$ 05/27/202V |





| Officer                     |                 |                   | Date: 7-18                                      | -24          |  |  |  |
|-----------------------------|-----------------|-------------------|---|--------------|--|--|--|
| Agency:                     | 150             |                   | 7-/8-24<br>Range:<br>MY0                        |              |  |  |  |
| Semi-auto                   | matic Pistol Ma | nufacturer:       | Instructor Name/Requal #:  J. S. 159, Ver 08159 |              |  |  |  |
| Model:                      | Caliber:        | Serial*           | Score:  | Instructor:  |  |  |  |
| Semi-auto                   | matic Pistol Ma | nufacturer:       | Instructor Na                                   | me/Requal #: |  |  |  |
| Model:                      | Caliber:        | Serial<br>Number: | Score:  | Instructor:  |  |  |  |
| Back-up/S                   | ub Caliber Mar  | ufacturer:        | Instructor Nat                                  | me/Requal #: |  |  |  |
| Model:                      | Caliber:        | Serial<br>Number: | Score:  | Instructor:  |  |  |  |
| Revolver N                  | Manufacturer:   |                   | Instructor Name/Requal #:                       |              |  |  |  |
| Model:                      | Caliber:        | Serial<br>Number: | Score:  | Instructor:  |  |  |  |
| Shotgun M                   | anufacturer:    |                   | Instructor Nan                                  | ne/Requal #: |  |  |  |
| Model:                      | Caliber:        | Serial<br>Number: | Score:  | Instructor:  |  |  |  |
| Rifle/Carbine Manufacturer: |                 |                   | Instructor Name/Requal #:                       |              |  |  |  |
| Model:                      | Caliber:        | Serial<br>Number: | Score:  | Instructor:  |  |  |  |
| SMG Manufacturer:           |                 |                   | Instructor Name/Requal #:                       |              |  |  |  |
| Model:                      | Caliber:        | Serial<br>Number: | Score:  | Instructor:  |  |  |  |

#### RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

| Name:         |   |            |                | Agency:      | Meso        |                  |
|---------------|---|------------|----------------|--------------|-------------|------------------|
| Weapon ma     | ake: Glock                                  | Mod        | el: <u>645</u> |              | Serial      | #                |
| Hits in the p | referred area (PA                           | ) count as | s a plus on    | e (+1).      |             |                  |
| Hits in the n | non-preferred area                          | (NPA) ar   | nd inside o    | f the silhou | uette outli | ne are zero (0). |
| Rounds not    | fired (NF) are zer                          | o (0).     |                |              |             |                  |
|               | side of the silhoue<br>oT), or any extra ro |            |                |              |             | , fired over the |
| Stage 1       | PA: 3 NPA: _                                | NF:        | _MISS:_        | OT:          | ERF: _      |                  |
| Stage 2       | 2 hits in the pref                          | erred are  | a, one hit     | in the head  | d circle or | hip circle       |
|               | PA: 3 NPA: _                                | NF:        | _MISS:_        | OT:          | _ERF: _     | _ Head Miss:     |
| Stage 3A      | PA: 4 NPA: _                                | NF:        | _MISS:_        | OT:          | _ERF: _     | -                |
| Stage 3B      | PA: 4 NPA: _                                | NF:        | MISS: _        | OT:          | _ERF: _     | _                |
| Stage 4       | PA: 6 NPA:_                                 | NF:        | MISS:_         | OT:          | _ERF: _     | _                |
| Stage 5       | PA: 3 NPA: _                                | NF:        | MISS:_         | OT:          | _ERF: _     | _                |
| Stage 6       | PA:NPA: _                                   | NF:        | MISS:_         | OT:          | _ERF: _     | _                |
| Subtotals:    | 25  |            | MISS:          | OT:          | _ERF:_      | Head Miss:       |
| Total: 35     | PASSING I                                   | S A MINII  | MUM OF 2       | 20)          |             |                  |
| Date tested   | 1: 7-17-24                                  | P          | assed:         | /            | Faile       | ed:              |
| Tested by:    | J. Salsgives                                | R          | REQ#: 62       | 8659         | Exp         | 5/21/212         |

#### RANGE PROFICIENCY RECORD: PATROL RIFLE/CARBINE

| Name:       |              |            |              | A                            | gency: /    | 1650          |               |
|-------------|--------------|------------|--------------|------------------------------|-------------|---------------|---------------|
| Weapon      | make: Da     | hie Defe   | SC Mod       | el: DDm                      | V7          | Serial #:     |               |
| Hits in the | e preferred  | l area (PA | ) count as   | a plus one                   | (+1).       |               |               |
| Hits in the | e non-pref   | erred area | (NPA) an     | nd inside of t               | he silhoue  | tte outline a | are zero (0). |
| Rounds r    | not fired (N | F) are zer | o (0).       |                              |             |               |               |
|             |              |            |              | e (MISS), off<br>d (ERF) are |             |               | ed over the   |
| Stage 1     | PA: 3        | NPA:       | _ NF:        | _MISS:                       | OT:         | _ERF:         | -             |
| Stage 2     | 3 hits in t  | he head c  | ircle or hip | circle                       |             |               |               |
|             | PA: 3        | NPA:       | _NF:         | _MISS:                       | OT:         | _ ERF:        | _ Head Miss:  |
| Stage 3     | 2 hits in t  | he preferr | ed area, o   | ne hit in the                | head circle | e or hip circ | de            |
|             | PA: 3        | NPA:       | _ NF:        | _ MISS:                      | OT:         | _ ERF:        | _ Head Miss:  |
| Stage 4     | PA: 2        | NPA:       | _NF:         | MISS:                        | OT:         | _ERF: _       | _             |
| Stage 5     | PA:          | NPA:       | _ NF:        | MISS:                        | OT:         | ERF:          | _             |
| Stage 6     | PA: 4        | NPA: /     | _ NF:        | MISS:                        | OT:         | _ ERF: _      | _             |
| Stage 7     | PA: Z        | NPA:       | _NF:         | MISS:                        | OT:         | ERF:          | _             |
| Subtotals   | s: 18        | _          |              | MISS:                        | OT:         | _ ERF: _      | _ Head Miss:  |
| Total:      | /8" (F       | ASSING     | S A MINI     | MUM OF 16                    | )           |               |               |
| Date test   | ted: D       | 18 24      | P            | Passed: L                    | /_          | _ Failed:     |               |
| Tested b    | y: <u>IS</u> | lsgiver    | F            | REQ#: <u>68</u>              | 659         | _ Exp: _      | 5/24/2027     |



| Officer: Taylor Gayas |                 | Date: 7-16        | -14                       |                     |  |
|-----------------------|-----------------|-------------------|---------------------------|---------------------|--|
| Agency: MCSO          |                 |                   | Range:                    |                     |  |
| Semi-auto             | matic Pistol Ma | nufacturer:       | Instructor Name           | Requal #: 3rd etten |  |
| Model:                | Caliber:        | Serial<br>Numb    | Score: ZZ                 | Instructor:         |  |
| Semi-auto             | matic Pistol Ma | nufacturer:       | Instructor Name           | /Requal #:          |  |
| Model:                | Caliber:        | Serial<br>Number: | Score:                    | Instructor:         |  |
| Back-up/S             | ub Caliber Man  | ufacturer:        | Instructor Name           | /Requal #:          |  |
| Model:                | Caliber:        | Serial<br>Number: | Score:                    | Instructor:         |  |
| Revolver N            | Manufacturer:   |                   | Instructor Name/Requal #: |                     |  |
| Model:                | Caliber:        | Serial<br>Number: | Score:                    | Instructor:         |  |
| Shotgun M             | anufacturer:    |                   | Instructor Name           | Requal #:           |  |
| Model:                | Caliber:        | Serial<br>Number: | Score:                    | Instructor:         |  |
| Rifle/Carbi           | ine Manufactur  | er:               | Instructor Name/          | Requal #:           |  |
| Model:                | Caliber:        | Serial<br>Number: | Score:                    | Instructor:         |  |
| SMG Manu              | ıfacturer:      |                   | Instructor Name/          | Requal #:           |  |
| Model:                | Caliber:        | Serial<br>Number: | Score:                    | Instructor:         |  |

## **CERTIFICATE**OF COMPLETION



Training curriculum developed by Blue to Gold Law Enforcement Training

This is to certify that

Has attended 8 hours of training on July 24, 2024 in

#### Advanced Traffic Stops

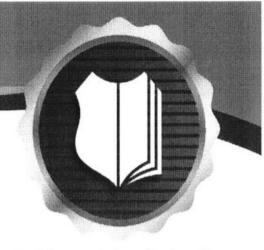
24CPT616



Anthony Bandiero, JD President, Senior Legal Instructor



# **CERTIFICATE**OF COMPLETION



Training curriculum developed by Blue to Gold Law Enforcement Training

This is to certify that

Has attended 8 hours of training on July 23, 2024 in

#### Advanced Search & Seizure

24CPT615

Anthony Bandiero, JD President, Senior Legal Instructor



#### KJ.

#### Medina County Sheriff's Office 2024 CPT Sign in Sheet

| TOPIC: Legal Updates | + marcy Law 24      | CPTQOQUUR Ihr                                       |
|----------------------|---------------------|---|
| CPT #: 24CPT2024LU   | J .                 | CPT Credit hr(s):2                                  |
| DATE: 06/11/2024     | Time: 3:00pm-6:00pm | Instructor(s): Pros. Thompson, Asst. Pros. McNamara |

| Name Printed            | Signature          |
|-------------------------|--------------------|
| 1 KPIS CONWILL          | 105                |
| 2 Jm Harring            | 130                |
| 3 Elizabeth Bater       | 161.               |
| 4 Eliza Postlethwait    | Can Lacuntar # 133 |
| 5 Jamantha Turner       | Jumestines #116    |
| 6 VICHAEL SMIDIN        | W Sille            |
| .7                      |                    |
| 8 Mingan Wacks          |                    |
| 9 David McGurk          | F 15/5/140         |
| 10 Matthew J. Mantagray | Day martinary 110  |
| 11 Mexis Dudte          | a. Devel 52        |
| 12 Bar Fraser           | Box France         |
| 13                      |                    |
| 14                      |                    |
| 15                      |                    |
| 16                      |                    |
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| 18                      |                    |
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| 20                      |                    |
| 21                      |                    |
| 22                      |                    |



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

2024 CPT - NIBIN Overview Course

June 11, 2024

Dave Yost Ohio Attorney General

Thomas Quinlan, Executive Director

Thomas Quinlan, Executive Director Ohio Peace Officer Training Commission Vernon P. Stanforth, Champerson Ohio Peace Officer Training Commission

#### Medina County Sheriff's Office 2024 CPT Sign in Sheet

| TOPIC: Responding to M               | ental Health Issues |                            |  |
|--------------------------------------|---------------------|----------------------------|--|
| CPT #: 24CPT2024MH                   |                     | CPT Credit hr(s):2         |  |
| DATE: 05/28/2024 Time: 5:00pm-7:00pm |                     | Instructor(s): Tom Huggins |  |

| Name Printed          | Signature          |
|-----------------------|--------------------|
| 1 Benjamin Textor     | 1834 1115          |
| -2 Eliza Postlethwait | Elis Dutint        |
| -3 Frank Chung        | Je Grand           |
| -4 Kethy L. Bellesh   | BUNZ               |
| -5 Mike Lyon          | Jest 122           |
| -6 David Mcburk       | MEN I NHO          |
| -7 Self Kulbis        | DX.00- 1404        |
| 8 DEMKU               | Sco Jan 1 #123     |
| -9 Bryan Baston       | Del 1320 #191      |
| -10 DENISE KROGER     | Do K +140          |
| 11 MINE ROXEY         | DES M. 30RXEN #162 |
| 12                    | THE WASHINGTON     |
| 13 HUNS WUIT          | 1 12/14/14/193     |
| ·14 Samantha Turner   | ALTIGALIA DILL     |
| 15 MARTIEN DON IN     | 130                |
| 16 KEVIN BOHRER       |                    |
| -17 tim Hartine       | 12/2/15            |
| 18 Jackson Williams   | 100c-4156          |
| -19 ANTONIO Colon     | Latonio Colon 4/98 |
| 20 DAVE GUORD         | 1) Grand 2128      |
| 21 Scott ScHMOL       | Stelle 107         |
| 22 JOSHUN CERSR       | 155                |

|           | •23 A                                  | 0.10 43              |
|-----------|--|----------------------|
|           | -23 Ashley Wanchish                    | 130                  |
|           | 24 Maryann Warden                      | 1/2 flod- 1/64       |
| ~         | MICHAEL SNIDGE                         | //locaruse           |
|           | -26 STOLE WILMINGTON                   | Stew Willington 1455 |
| -         | -26 STOLE WILMINGTON -27 ROBERT WEIDIG | 1450                 |
| -         | 20 Dim Klouso                          | Fin Ison             |
| -         | -29 DAVID KINE                         | Lally 112            |
| -         | 30 Temaso Souls                        | In I ham 149         |
| Suplicity | 31 MATTHEW DENNY                       | Man Sir.             |
|           | 32                                     |                      |
|           | 33                                     |                      |
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|           | 50                                     |                      |
|           | 51                                     |                      |
|           |  |                      |

#### Medina County Sheriff's Office 2024 CPT Sign in Sheet

| TOPIC: Crisis Mitigation -           | An Ohio Model (De-Escalation) |   |  |
|--------------------------------------|-------------------------------|---|--|
| CPT #: 24CPT2024CM                   |                               | CPT Credit hr(s):2                      |  |
| DATE: 05/28/2024 Time: 3:00pm-5:00pm |                               | Instructor(s): Sgt. Turner, Dep. Denton |  |

| Name Printed          | Signature                               |
|-----------------------|---|
| -1 JUN HARHAY         | JA AT 135                               |
| -2 Eliza Postlethwent | Ea Downteun                             |
| -3 5004/UA COOPER     | ACC RE                                  |
| -4 Frank Chung        | Frank Ching                             |
| 5 Bernen Taylor       | 130                                     |
| 6 Jackson Williams    | 1 156                                   |
| -7 David Melourk      | a record and                            |
| +8 Alexis Dudte       | a Dudte #153                            |
| \$ 10                 | polly in                                |
| 11                    |   |
| 12                    | 1 A A A A A A A A A A A A A A A A A A A |
| 13 MATT DENTON        | 130                                     |
| 14                    |   |
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| 19                    |   |
| 20                    |   |
| 21                    |   |
| 22                    |   |

#### Medina County Sheriff's Office 2024 CPT Sign in Sheet

| TOPIC: Firearms Practica | l Manipulation Skills |                                |  |
|--------------------------|-----------------------|--------------------------------|--|
| CPT #: 24CPT744          |                       | CPT Credit hr(s): 3 hr general |  |
| DATE: 05/17/2024         | Time: 12p-3p          | Instructor(s): Deputy Donato   |  |

| Name Printed         | Signature    |
|----------------------|--------------|
| -1 Men Frans         |              |
| 2 Jack HACK          | - Julyall    |
| 3 DENISE KROHER      | Choffer #160 |
| 4 Eliza Postuth wout | Tas Islandia |
| 5 David Mcbark       | 1 14c        |
| 6 Michael McVicker   | X MU         |
| 7 James Flehlinger   | U/127        |
| 8                    |              |
| 9                    |              |
| 10                   |              |
| 11                   |              |
| 12<br>13             |              |
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| 22                   |              |

#### Medina County Sheriff's Office

#### 2024 CPT Sign in Sheet

| TOPIC: AHA BLS Re | enewal       |                       |  |
|-------------------|--------------|-----------------------|--|
| CPT #: 24CPT728   |              | CPT Credit hr(s): 3   |  |
| DATE: 4'/22/24    | Time:12:30p- | Instructor(s):        |  |
|                   | 3:30p        | Timothy Bruenemeister |  |

| Name Printed         | Signature                        |
|----------------------|----------------------------------|
| 11 Beu Fraser        | See Frager<br>Som. Exertin #1602 |
| 12 MIKE BURKEY       | S. m. Survey #162                |
| <sub>√</sub> 3       |                                  |
| 44 Inmantha timer    | All TUPLEN +1/4                  |
| 75 David Mcburk      | * 31° 1 2 140/                   |
| 46 Fliza Postuthwait | Elmo Foluleur                    |
| 47 Rodney Rees       | Renth                            |
| 48 DAVID KING        | 2202                             |
| XV9                  |                                  |
| 10 Nicholas H Numer  | Liz A James                      |
| 4-11 ANTHOMY MANCO   | Aiz                              |
| 12                   |                                  |
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| 24                   |                                  |
| 25                   |                                  |
|                      |                                  |

## John E. Reid and Associates

Chicago, Illinois

Hereby Certifies That

Attended and successfully completed a course on

# The Reid Technique of Investigative Interviewing & Advanced Interrogation

June 26 – 29, 2023

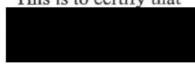
24 Continuing Professional Education Credits Awarded

Course Instructor



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Legal Updates 2023 -Part 3

June 05, 2023 Date:

Dave Y

Attorney General

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Legal Updates - Part 2

Date: June 04, 2023

Dave Y

Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

National Center for Missing & Exploited Children Internessing Resources Seminar

Dave Yost Attorney General

Duglit A. Holeanly

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

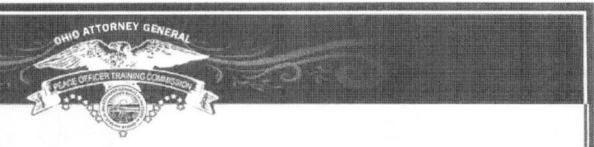
Response to Mass Violence and Mass Paretest Seminar

Dave Yost

Attorney General

Vernon P. Stanforth, Champerson

Ohio Peace Officer Training Commission



# OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Arrest, Search, and Seizure 2023

Date: June 03, 2023

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Legal Updates 2023 -Part 1

Date: \_\_\_\_\_\_June 02, 2023

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission

6/5/23, 1:35 AM OPOTA Online



## OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Ohio School Threat Assessment

Date: \_\_\_\_\_February 27, 2023

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson thio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Vicarious Trauma

Date: December 15, 2022

Dave Y

Attorney General

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Effective
Communication and
Safa Interaction With
Persons in Crisis

Dave Yost Attorney General Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Mental Health Response

Vernon P. Stanforth, Champerson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

**New and Updated Criminal Charges** 

*Date:* October 03, 2022

Dave Y

Attorney General

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Domestic Violence Legal Updates

*Date:* October 03, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Champerson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Ohio Public Records Law

*Date:* October 03, 2022

Dave Yo

Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



# Ohio Peace Officer Training Commission &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

**Ohio Forfeiture Laws** 

*Date:* \_\_\_\_\_September 26, 2022

Attorney General

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

**Hate Crimes** 

Date: September 26, 2022

Dave Yost Attorney General

Dught A. Holeanb

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



# Ohio Peace Officer Training Commission &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Hazing

*Date:* \_\_\_\_September 26, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Medical Marijuana

Date: September 26, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

**Use of Restraints** 

Date: September 17, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Champerson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

**Custodial Interrogation** 

Date: September 17, 2022

Attorney General

Vernon P. Stanforth, Champerson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

#### Concealed Firearm Carry Changes

*Date:* \_\_\_\_\_September 17, 2022

Dave Yost Attorney General Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

#### Officer Wellness Seminar

*Date*: September 04, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson

walk A. Holean Dohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Use of Deadly Force and Legal Guidelines

Date: \_\_\_\_August 31, 2022

Dave Yost Attorney General Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



### Ohio Peace Officer Training Commission

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Trauma and the Brain

Date: August 30, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson Phio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

**Qualified Immunity** 

Date: August 30, 2022

Dave Yost Attorney General

Duglit A. Holean Joh

Vernon P. Stanforth, Chairperson thio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

#### Objective Reasonableness

Date: \_\_August 26, 2022

Dave Yost Attorney General Vernon P. Stanforth, Champerson hio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

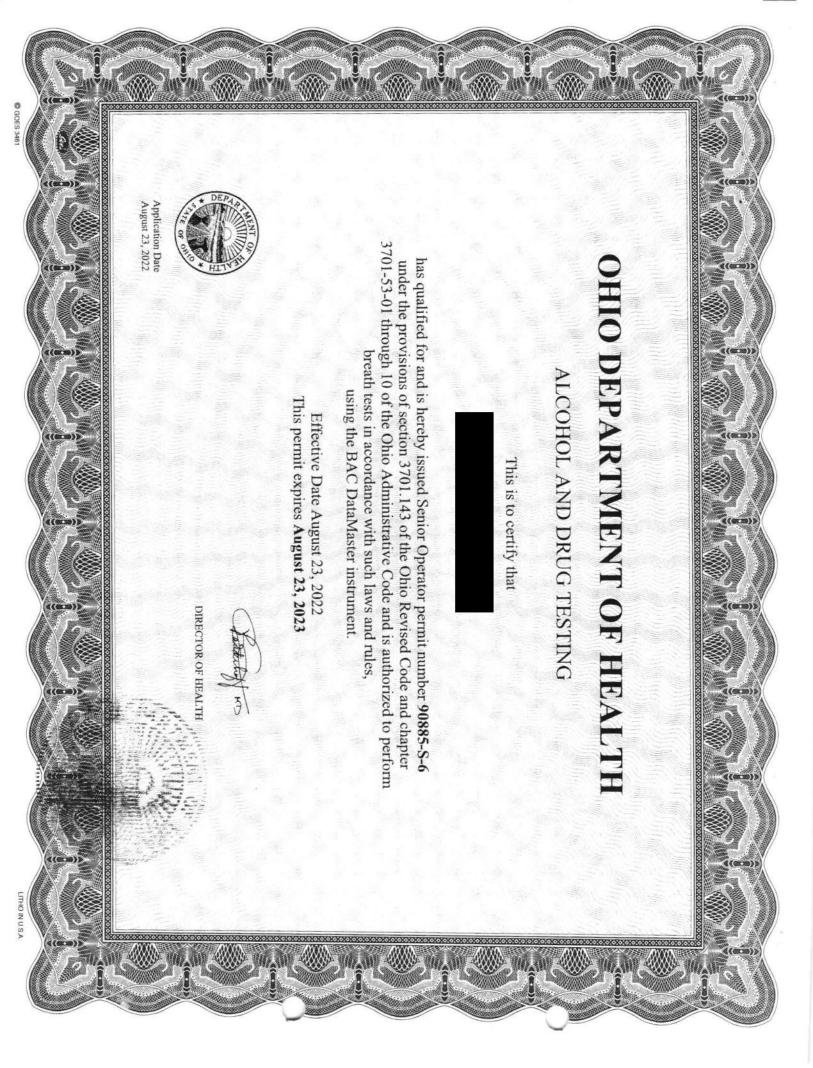
This is to certify that

has successfully met the prescribed program requirements for

Critical Thinking in Use of Force Situations

Date: \_\_\_\_August 25, 2022

Dave Yost Attorney General Vernon P. Stanforth, Champerson Ohio Peace Officer Training Commission





THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

BCI Lethal Use of Force and OIS Investigations

Date: \_\_August 21, 2022

Dave Yost Attorney General Duglit A. Holcand

Vernon P. Stanforth, Chairperson Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Sexual Assault Investigations

Date: \_\_\_\_August 02, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

#### Responding to Sexual Assault

Date: \_\_\_\_August 02, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Champerson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

**Crisis Intervention** 

Date: July 29, 2022

Dave Yost

Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Biological Evidence Collection for Sexual

Date: Assevuit3922

Dave Yost

Attorney General

Vernon P. Stanforth, Champerson

Ohio Peace Officer Training Commission

#### MEDINA COUNTY SHERIFF'S OFFICE



#### CERTIFICATE OF COMPLETION

This Certificate is presented to

For completing <u>4</u> hours of <u>Diversity, Equity and Inclusion 2022 CPT</u>

on this 19 day of May, 2022.

Deputy Matthew Denton
Instructor

Sheriff Terry Grice

#### MEDINA COUNTY SHERIFF'S OFFICE



#### CERTIFICATE OF COMPLETION

This Certificate is presented to

For completing <u>8</u> hours of Reflex Presidia Gel

on this 18 day of February, 2022.

Sgt. Samantha Turner
Instructor

Sheriff Terry Grice

#### GEAUGA COUNTY SHERIFF'S OFFICE

Be it known that

has completed 1 Hour instruction and practical exercises in STOP STICK and STINGER tire deflation devices at the Geauga County Sheriff's Office

August 26, 2021

Scott A. Hildenbrand Sheriff

Jeffrey Raymond Instructor

#### GEAUGA COUNTY SHERIFF'S OFFICE

Be it known that

has completed
24 Hours Training in
Emergency Vehicle Response Driving
at the Geauga County Sheriff's Office

August 24-26, 2021

Scott A. Hildenbrand Sheriff

Jeffrey Raymond Instructor



# OHIO ATTORNEY GENERAL RECOGNITION OF COMPLETION AWARD

This certificate of completion is awarded to

has completed the Ohio Attorney General's online training course

**OHLEG Security** 

Training

DAVE YOST, OHIO ATTORNEY GENERAL

July 13, 2021



#### Medina County Sheriff's Office Deputy Orientation Record

| Name of Officer:_ |   | Unit #:                                |
|-------------------|---|--|
| Date of hir       | Orientation Date(s): $\frac{7}{12+13/51}$ | _Orientation Officer: <u>Sgt Frase</u> |

#### **Human Resources & Administrative Services**

| te<br>mpleted | Staff<br>Initials | Probationary<br>Officer Date | Probationary<br>Officer<br>Initials | Task  |
|---------------|-------------------|------------------------------|-------------------------------------|---|
|               | Bak               |                              |                                     | Advised of start date/time/who to report to.        |
|               | Bal               |                              |                                     | Advised of swearing in ceremony/dress code/guest    |
|               | 120               | 9                            |                                     | Given uniform list and/or set up go to uniform shop |
|               | Ball              |                              |                                     | New Hire paperwork completed with Personnel Office  |
|               | B12               |                              |                                     | Unit number assigned                                |
|               | Bal               |                              |                                     | Locker issued                                       |
|               | Bak               |                              |                                     | Hepatitis Shots- Advised how to receive or waive    |
|               | Ball              |                              |                                     | Photo ID issued                                     |
|               | 1322              | *                            |                                     | Mailbox set up in breakroom                         |
|               | Knf               |                              |                                     | Business Cards                                      |

#### **Technical Services**

| Date<br>Completed | Staff<br>Initials | Probationary<br>Officer Date | Probationary<br>Officer<br>Initials | Task                                       |
|-------------------|-------------------|------------------------------|-------------------------------------|--|
|                   | Baff              |                              |                                     | Email                                      |
|                   |                   |                              |                                     | Computer Passwords Issued (Central Square) |
|                   | Bal               |                              |                                     | Door Code/Key Fob issued                   |
|                   | 0                 | ľ                            |                                     | Voicemail Access                           |

#### Operations/Road Division FTO Supervisor

| Date<br>Completed | Staff<br>Initials | Probationary<br>Officer Date | Probationary<br>Officer<br>Initials | Task   |
|-------------------|-------------------|------------------------------|-------------------------------------|--|
|                   |                   |                              |                                     | Department vehicle keys issued                     |
|                   |                   |                              |                                     | Fuel Card issued                                   |
|                   | Bak               |                              |                                     | Range Qualification - Scheduled Date: 7-13-21 1014 |
|                   | -                 |                              |                                     | CLEAR Access                                       |
|                   |                   |                              |                                     | Initial schedule issued                            |

**Training Division** 

| Date<br>Completed | Staff<br>Initials | Probationary<br>Officer Date | Probationary<br>Officer | Task  |
|-------------------|-------------------|------------------------------|-------------------------|---|
|                   | Book              |                              |                         | Tour of Facility, Introductions of available staff        |
|                   | Bat               |                              |                         | Fingerprints taken for employee's Personnel File          |
|                   | Ball              |                              |                         | Advised how to receive a TB Test by Medical Staff         |
|                   | Bak               |                              |                         | Core Values: Honesty, Integrity, Loyalty, Professionalism |
|                   | Box               |                              |                         | Employee Assistance Program                               |
|                   | 1200              |                              |                         | General Orders  |
|                   | Beix              |                              |                         | Lexipol Overview  |
|                   | Balt              |                              |                         | Mission Statement   |
|                   | ROP               |                              |                         | Review of Ethics  |
|                   | Bals              |                              |                         | Review of Sexual Harassment Policy                        |
|                   | Rak               |                              |                         | Review of Use of Force Policy                             |
|                   | Bal               |                              |                         | Time Sheet-How to complete/submit for time off            |
|                   | BR                |                              |                         | Uniform Requirements                                      |
|                   | Bak               |                              |                         | Union Contract  |
|                   | 100               |                              |                         |   |

| Witness Signa | ature  | Date   |
|---------------|--|--|
|               |  | Date   |
|               | all the agencies policy and procedures within thirty (30) days of most the overview of Policies and Procedures during Orientation higher the overview of Policies and Procedures during Orientation higher the overview of Policies and Procedures during Orientation higher than the overview of Policies and Procedures within thirty (30) days of most the overview of Policies and Procedures within thirty (30) days of most the overview of Policies and Procedures during Orientation higher than the overview of Policies and Procedures of Policies and Procedures during Orientation higher than the overview of Policies and Procedures during Orientation higher than the overview of Policies and Procedures during Orientation higher than the overview of Policies and Procedures during Orientation higher than the overview of Policies and Policies and Procedures during Orientation higher than the overview of Policies and Po | ghlights specific areas of   |
| acknowledge   | iff's Office Policy and Procedures on the computer that I have been informed and understand that it is my responsib  | The second secon |
| 1_            | acknowledge that I have been   |  |

#### **Certificates for Training File**

|      | Probationary<br>Officer Date | Probationary<br>Officer<br>Initials | Task                                       |
|------|------------------------------|-------------------------------------|--|
|      |                              |                                     | Basic OPOTC Training Certificate or letter |
|      |                              |                                     | Documentation of any required OPOTC Topics |
|      |                              |                                     | CLEAR                                      |
|      |                              |                                     | <u>L</u> EADS                              |
| Ball |                              |                                     | HLEG                                       |
|      | BaB                          | Ball                                |  |

Subject: Information Changes

From: @medinaco.org>

Date: 2/16/2022, 6:28 AM

To: Carol Diekman <cdiekman@medinaco.org>

Carol,

I have recently moved and need to change my address on file. I also need to change my direct deposit information. Please let me know what steps/ paperwork is needed in order to do so. My new address is,

Access Luerder

Thanks,

#### MEDINA COUNTY SHERIFF'S OFFICE EMPLOYEE PERSONNEL CHANGES

| -1 + 1         |
|----------------|
| I Cpt. Bors    |
| - M Hatton     |
| - Keith Howard |
| 1 Sgt. Fraser  |
| J. Hylbert     |
| -M. Donnellan  |
| ⊠Add           |
| Remove         |
|                |

| Employ<br>Unit Nu | ree Name:   | □ Add □ Remove □ Make Changes |  |                                     |  |
|-------------------|---|-------------------------------|--|-------------------------------------|--|
| NEW PO            | OSITION:  |                               |  |                                     |  |
|                   | Captain Communications Techn Corrections Officer Court Screening Officer Deputy Detective |                               | ☐ Lieutena ☐ LPN ☐ RN ☐ Secretar ☐ Sergean ☐ Other | y<br>t                              |  |
| woi               | KK STATUS:  | I-Time<br>t-Time              | ☐ Changes Ma                                       |                                     |  |
| DIVISIO           | N:  |                               |  |                                     |  |
|                   | - Civil   |                               | DARE<br>Detective Bureau                           | ☐ Weights & Scales                  |  |
|                   | Communications Corrections  |                               | Medical<br>Road Patrol                             | AUXILIARY:                          |  |
|                   | Court Security  |                               | Transport  | ☐ Special Deputy ☐ Mounted Deputy   |  |
| PERSO             | NNEL OFFICE USE ONL   | Y:                            |  |                                     |  |
| Date o            | f Request:  |                               |  |                                     |  |
| Person            | n Requesting Change   | s:                            | Carol J. Diekmar                                   | - Personnel Assistant               |  |
| Date 0            | CAL SERVICES USE ON<br>Changes Made:<br>n Making Changes: _N                              |                               | email Data Board with Ten                          | minations to DataBoard@medinaco.org |  |

#### **EMPLOYEE PERSONAL INFO**

| DATE:               | _ S                 | SN:           |
|---------------------|---------------------|---------------|
|                     | D                   | OB:           |
| LAST NAME:          | FIRST NAME          | M             |
| ADDRESS             | CITY                | ZIP           |
| HOME PHONE # (      | .) CELL #           |               |
|                     | EMERGENCY CONTACT   | <u>INFO</u>   |
| 1.) NAME_           | Rela                | ationship:    |
| Home#:              | Cell#:              | r#(Specify):  |
| 2.) NAME_           | Rela                | ationship:    |
| Home#:              | Cell#:              | er#(Specify): |
| INSURANCE: Enro     | olled               |               |
| UNIT#_              | FUND# 2900          | - 2901- 50030 |
| HIRE DATE:          | POSITION:           |               |
|                     | (RELATED FIELD): NO |               |
| COMMISSIONED POSITI | ON: YES NO          |               |

Subject: Peace Officer Basic Training Certificate issued for

From: Judith Wilson < Judith. Wilson@OhioAGO.gov>

Date: 8/31/2021, 12:00 PM

To: " >, "cdiekman@medinaco.org"

<cdiekman@medinaco.org>

As a result of your agency submitting an SF400 Notice of Appointment, a certificate of completion # has been issued for an and emailed to the school commander for signature. The school commander will forward the certificate to the student once it has been signed.

To increase efficiency and reduce costs, our office is now sending correspondence through email instead of through the US Postal Service, whenever possible. As such, please keep your email up to date with our office so that you receive all OPOTC correspondence. If you have any questions, please contact our office at 740-845-2700.

Thank you,



Judy Wilson Administrative Professional 2 – Ohio Peace Officer Training Commission Office of Ohio Attorney General Mike DeWine Office number: 740-845-2668 Fax number: 866-523-8130

Email: Judith.Wilson@OhioAGO.gov





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

#### NOTICE OF PEACE OFFICER APPOINTMENT

| Check Box if: ☐ Correction to  | Record   | ☐ Name Change  |  | oper to Peace Officer ificate must be attached)  |
|--|--|--|--|--|
| <ol> <li>Within ten days of the appointment or status of<br/>SF400@ohioattorneygeneral.gov, fax, or mail</li> </ol>  |  | n to Chief, submit one copy o                                    | f this form either by e                        | mail   |
| <ol> <li>Type or print legibly and complete all blanks.</li> <li>Submit pages 1 and 2 when an officer is new</li> <li>Submit only page 1 when an officer continues or is promoted to Chief.</li> </ol> | Officer and Agency e<br>ly-appointed to your a<br>to be appointed by you | gency, or has previously left to<br>our agency, but has a change | he agency and return<br>from one status, as I  | s.<br>isted in Box 15, to a different status,  |
| 5. Enter any necessary information for a Correct   | tion to Record, submit   | The form with Same and   |  |  |
| OFFICER INFORMATION 1. Name (Last)   |  | (First)  | ( Middle)                                      | Social Security Number (last 5 only)   |
| 3. Previous Name(s) or Alias (Last)  |  | (First)  |  | (Middle)   |
| n/a 4. Birth date (mm/dd/yyyy) 5. Officer's  | Individual Email Address   | n/a  |  | n/a  |
| 4. Bitti date (minodryyyy) 5. Officer's  | Individual Email Address   |  |  | 6. Phone Number  |
| 7. Home Mailing Address (#/Street/PO Box)  |  | (City)   | (State)  | Zip Code) (County Name)  |
| Basic Training Academy (Academy Name     Academy Name  | 1  | /Anndamy Nur   | mback (Dates                                   | of Training)   |
| (Only populate if this is the  | 1. 15-1  | (Academy Nur   | nber) (Dates                                   | of Training)   |
| officer's first appointment or OSP)  | enty LETA  |  |  |  |
| AGENCY INFORMATION 9. Agency Name Medina Cou   | unty Sheriff's Office  |  |  |  |
| 10. Reporting Authority's Email Address  | inty Chomic Chi  | 11. Agency Phone Number  |  |  |
| cdiekman@medinaco.org  |  | 330-764-3632   |  |  |
| 12. Agency Mailing Address (#/Street/PO Box) 555 Independence Drive  |  | (City)<br>Medina   | (Zip Code)<br>44256                            | (County Name) Medina   |
| APPOINTMENT INFORMATION (Complete  | ete Date, Status <u>and</u> ORC)   | 13. New Appointment Date   | 14.  | Status Change Date   |
| 15. Select New Status Full-Time  For the purpose of this form, full-time means those in active pa compensation and benefits for 40 hours in a work week or 80 h  16. Select New ORC                    | Part-Time<br>y status (including those on<br>ours in a 14-day period.    |  | eserve Sal or administrative leave;            | Special Seasonal on compensatory time or holidays) receiving   |
| City Full-Time/Part-Time (737.02)  | City Auxil   | iary/Reserve/Special (737.05                                     | (1) City Chi                                   | ef (737.02)  |
| Village Full-Time/Part-Time/Special (737.16  |  | uxiliary/Reserve (737.161)                                       |  | Chief (737.15)   |
| Township Police Officer (505.49)   |  | Constable (509.01)   |  | hief - List ORC/Charter  |
| Other - List ORC/Charter   | ✓ Deputy Si  |  | Sheriff (                                      |  |
|  |  |  |  |  |
| ATTESTATION OF REPORTING AUTHO   | ORITY own and  | free will and volition. I attest                                 | that the information p<br>ersonal knowledge or | d its contents and I sign it of my rovided on this document is true inquiry. I further understand and riminal violation. |
| 17. Signature of Reporting Authority   | 18. Printed Name and Tit   | le   |  | 19.  |
| -FIVO  | Terry Grice, S   | Sheriff  |  |  |
| 20. Signature of Witness   | 21, Printed Name (First, I   | Middle, Last)  |  | 22. Date   |
| Canlot ekman   | Carol J. Diek  | man  |  |  |

SF400adm Page 1 of 2 Revised 09/15/20 This form may be emailed to: SF400@ohioattorneygeneral.gov

| 23. OATH OF OFFICE                                    |   |
|---|---|
| Laws of the State of Ohio, and Laws and Ordinances of | nstitution and Laws of the United States of America, the Constitution and of the political subdivision to which I am appointed and to the best of my scharge the duties of this office. |
|   | Terry Grice   |
| 18  | Terry Grice  Name of Appointing Authority (Typed or Printed Legibly)  Sheriff   |

#### OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

| 24. Appointed By (Agency Name and County):                          |                   | 25. From(mm/dd/yyyy): | To(mm/dd/yyyy):<br>/ / |
|---|-------------------|-----------------------|------------------------|
| 26. Appointment Status (Check Appropriate Box)  Full-Time Part-Time | Auxiliary Reserve | Special Seasonal      |                        |
| 27. Appointed By (Agency Name and County):                          |                   | 28. From(mm/dd/yyyy): | To(mm/dd/yyyy):        |
| 29. Appointment Status (Check Appropriate Box) Full-Time Part-Time  | Auxiliary Reserve | Special Seasonal      |                        |
| 30. Appointed By (Agency Name and County):                          |                   | 31. From(mm/dd/yyyy): | To(mm/dd/yyyy):        |
| 32. Appointment Status (Check Appropriate Box) Full-Time Part-Time  | Auxiliary Reserve | Special Seasonal      |                        |
| 33. Appointed By (Agency Name and County):                          |                   | 34. From(mm/dd/yyyy): | To(mm/dd/yyyy):        |
| 35. Appointment Status (Check Appropriate Box) Full-Time Part-Time  | Auxiliary Reserve | Special Seasonal      |                        |
| 36. Appointed By (Agency Name and County):                          |                   | 37. From(mm/dd/yyyy): | To(mm/dd/yyyy):        |
| 38. Appointment Status (Check Appropriate Box) Full-Time Part-Time  | Auxiliary Reserve | Special Seasonal      |                        |
| 39. Appointed By (Agency Name and County);                          |                   | 40. From(mm/dd/yyyy): | To(mm/dd/yyyy):        |
| 41. Appointment Status (Check Appropriate Box)  Full-Time Part-Time | Auxiliary Rese    | rveSpecialSeason      | al                     |

Subject: RE: Appointment History

From: Heather Clouder < Heather. Cloudier @ Ohio AGO.gov >

Date: 8/11/2021, 8:24 AM

o: cdiekman <cdiekman@medinaco.org>

Carol,

Sorry for the delay, I have been off on Medical Leave.

has no appointment history, looks like he took his exam on July 7<sup>th</sup>.

#### Travis McCourt:

#### Employment History

| Employment History                            |              |                 |           |
|---|--------------|-----------------|-----------|
| Agency  | Start Date 🛧 | Starting Source | End Date  |
| Sugar Grove Police Department (Fairfield) - A | 1/9/1996     | Appointment     | 7/7/1996  |
| Medina County Park District (Medina) - Active | 8/1/1997     | Roster          | 4/4/2003  |
| Montville Township Police Department (Medi    | 4/9/2003     | Appointment     | 1/27/2014 |
| Medina Twp. Police Department (Medina) - A    | 5/10/2004    | Appointment     | 8/14/2015 |
| Montville Township Police Department (Medi    | 1/27/2014    | Status Change   | 9/1/2015  |
| Medina Twp. Police Department (Medina) - A    | 8/14/2015    | Appointment     | 8/31/2019 |
| Medina County Park District (Medina) - Active | 8/30/2019    | Appointment     | 7/12/2021 |
| Hinckley Police Department (Medina) - Active  | 7/13/2020    | Appointment     | 7/11/2021 |

From: cdiekman <cdiekman@medinaco.org>
Sent: Wednesday, July 7, 2021 1:41 PM

To: Heather Cloutier < Heather. Cloutier @Ohio AGO.gov>

Subject: Appointment History

Heather,

Please send me the appointment histories for:

DOB:

and

Travis McCourt

**Subject:** Emailing: - SF400adm\_001 **From:** cdiekman < cdiekman@medinaco.org>

Date: 7/23/2021, 11:13 AM

To: "Heather M. Cloutier" < Heather.cloutier@ohioattorneygeneral.gov>, "Courtney B. DeLong"

<Courtney.DeLong@ohioattorneygeneral.gov>

Your message is ready to be sent with the following file or link attachments:

- SF400adm\_001

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

Carol J. Diekman
Personnel Assistant
Medina County Sheriff's Office
(330) 764-3632
cdiekman@medinaco.org

- Attachments: - SF400adm 001.pdf

846 KB

Auditor
Access Data Base
Transmittal Report

| Base Rate:   | 37.54  |
|--------------|--------|
| Ed. Benefit: | 0.00   |
| Hourly Rate: | 37.54  |
| Longevity:   | 0.000  |
| Adj. Rate:   | 37.540 |
| OT Factor:   | 1.500  |
| OT Rate:     | 56.31  |
| OIC Rate:    | 40.16  |
|              |        |

#### **EMPLOYEE PAY RATE / FUND**

DATE: 07/01/2024

Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

County Previous Service Credit (Longevity):

OPBA Collective Bargaining Unit:

None Deputies

None

SUPERVISOR Sheriff ESS Deputy

SUPERVISOR PCN (POSITION CONTROL NUMBER)

|                    | SUPERVISOR PCN (POSITION CONTROL NUMBER)                 |
|--------------------|--|
| EMPLOYEE PCN       |  |
| EMPOLOYEE NAME     |  |
| SSN                | Auditor Code 1   |
| POSITION           |  |
| DIVISION           |  |
| FUND#              | 29002901-50030   |
| FUND NAME          | Road Patrol  |
| HOURLY RATE        | \$37.54  |
| OVERTIME RATE      | \$56.31  |
| STEP               | <b>4</b> 5   |
| EFFECTIVE DATE     | July 12, 2024  |
| PAYABLE            | Bi-weekly  |
| * Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy |

#### OTHER FUNDS

| FUND#           | DESCRIPTION                                | RATE:   |
|-----------------|--|---------|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate)  | \$56.31 |
| 5007-2900-50030 | Safe Communities DDEP Grant FY23 (OT Rate) | \$56.31 |
| 5002-2900-50030 | Safe Communities STEP Grant FY24 (OT Rate) | \$56.31 |
| 5003-2900-50030 | Safe Communities IDEP Grant FY24 (OT Rate) | \$56.31 |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)           | \$49.89 |
| 7904-           | Sheriffs Policing Rotary -                 | N/A     |

Shariff Som

Auditor ccess Data Base Transmittal Report

| 35.83  |
|--------|
| 0.00   |
| 35.83  |
| 0.000  |
| 35.830 |
| 1.500  |
| 53.75  |
| 40.16  |
|        |

#### **EMPLOYEE PAY RATE / FUND**

DATE:

12/18/2023

Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

None

County Previous Service Credit (Longevity):

None

**OPBA Collective Bargaining Unit:** 

Deputies

SUPERVISOR Sheriff ESS Deputy

SUPERVISOR PCN (POSITION CONTROL NUMBER)

|                    | SUPERVISOR PCN (POSITION CONTROL NUMBER)                 |
|--------------------|--|
| EMPLOYEE PCN       |  |
| EMPOLOYEE NAME     |  |
| SSN                | Auditor Code 1   |
| POSITION           | Deputy   |
| DIVISION           | Road Patrol *  |
| FUND#              | 29002901-50030   |
| FUND NAME          | Road Patrol  |
| HOURLY RATE        | \$35.83  |
| OVERTIME RATE      | \$53.75  |
| STEP               | 4  |
| EFFECTIVE DATE     | December 24, 2023 (START OF PP#24-01)                    |
| PAYABLE            | Bi-weekly  |
| * Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy |

#### OTHER FUNDS

| FUND#           | DESCRIPTION                                | RATE:     |
|-----------------|--|-----------|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate)  | \$53.75 V |
| 5007-2900-50030 | Safe Communities DDEP Grant FY23 (OT Rate) | \$53.75   |
| 5002-2900-50030 | Safe Communities STEP Grant FY24 (OT Rate) | \$53.75   |
| 5003-2900-50030 | Safe Communities IDEP Grant FY24 (OT Rate) | \$53.75   |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)           | \$49.89   |
| 7904-           | Sheriffs Policing Rotary -                 | N/A       |

Sheriff

Auditor Access Data Base Transmittal Report

| Base Rate:   | 34.45  |
|--------------|--------|
| Ed. Benefit: | 0.00   |
| Hourly Rate: | 34.45  |
| Longevity:   | 0.000  |
| Adj. Rate:   | 34.450 |
| x OT Factor: | 1.500  |
| OT Rate:     | 51.68  |
| OIC Rate:    | 38.62  |
|              |        |

#### **EMPLOYEE PAY RATE / FUND**

DATE: 07/12/2023 Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

County Previous Service Credit (Longevity): OPBA Collective Bargaining Unit:

None None

Deputies

SUPERVISOR Sheriff ESS Deputy

| EMPLOYEE PCN     | SOF ERVISOR FOR (FOSTHON CONTROL NUMBER)   |
|------------------|--|
| EMPOLOYEE NAM    | E CONTRACTOR CONTRACTO |
| SSN              | Auditor Code 1   |
| POSITION         | Deputy   |
| DIVISION         | Patrol   |
| FUND#            | 29002901-50030   |
| FUND NAME        | Road Patrol  |
| HOURLY RATE      | \$34.45  |
| OVERTIME RATE    | \$51.68  |
| STEP             | 4  |
| EFFECTIVE DATE   | July 12, 2023  |
| PAYABLE          | Bi-weekly  |
| Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy   |

| FUND#           | DESCRIPTION                                | RATE:   |
|-----------------|--|---------|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate)  | \$51.68 |
| 5007-2900-50030 | Safe Communities DDEP Grant FY23 (OT Rate) | \$51.68 |
| 5004-2900-50030 | Safe Communities STEP Grant FY23 (OT Rate) | \$51.68 |
| 5005-2900-50030 | Safe Communities IDEP Grant FY23 (OT Rate) | \$51.68 |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)           | \$49.89 |
| 7904-           | Sheriffs Policing Rotary -                 | N/A     |

| Auditor            |  |
|--------------------|--|
| Access Data Base   |  |
| Transmittal Report |  |

| Base Rate:   | 32.89  |
|--------------|--------|
| Ed. Benefit: | 0.00   |
| Hourly Rate: | 32.89  |
| Longevity:   | 0.000  |
| Adj. Rate:   | 32.890 |
| x OT Factor: | 1.500  |
| OT Rate:     | 49.34  |
| OIC Rate:    | 38.62  |

#### **EMPLOYEE PAY RATE / FUND**

DATE:

01/03/2023

Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

County Previous Service Credit (Longevity):

**OPBA Collective Bargaining Unit:** 

None None

Deputies

SUPERVISOR Sheriff ESS Deputy

|                  | SUPERVISOR PCN (POSITION CONTROL NUMBER)                 |
|------------------|--|
| EMPLOYEE PCN     |  |
| EMPOLOYEE NAME   |  |
| SSN              | Auditor Code 1   |
| POSITION         | Deputy   |
| DIVISION         | Patrol   |
| FUND#            | 29002901-50030   |
| FUND NAME        | Road Patrol  |
| HOURLY RATE      | \$32.89  |
| OVERTIME RATE    | \$49.34  |
| STEP             | 3  |
| EFFECTIVE DATE   | December 25, 2022 (START OF PP#23-01)                    |
| PAYABLE          | Bi-weekly  |
| Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy |

#### OTHER FUNDS

| FUND#           | DESCRIPTION                                | RATE:   |
|-----------------|--|---------|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate)  | \$49.34 |
| 5007-2900-50030 | Safe Communities DDEP Grant FY22 (OT Rate) | \$49.34 |
| 5002-2900-50030 | Safe Communities STEP Grant FY22 (OT Rate) | \$49.34 |
| 5003-2900-50030 | Safe Communities IDEP Grant FY22 (OT Rate) | \$49.34 |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)           | \$49.89 |
| 7904-           | Sheriffs Policing Rotary -                 | N/A     |

Sheriff

| Muditor            | Base Rate:  | 31.03  |
|--------------------|---|--------|
| Access Data Base   | Ed. Benefit:  | 0.00   |
| Transmittal Report | Hourly Rate:  | 31.03  |
|                    | Longevity (Not Applicable to Employees Hired after 1/1/2013): | N/A    |
|                    | Adj. Rate:  | 31.030 |
|                    | x OT Factor:  | 1.500  |
|                    | OT Rate:  | 46.55  |
|                    | OIC Rate:   | 36.19  |

#### **EMPLOYEE PAY RATE / FUND**

DATE: 7/20/22 Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

None

County Previous Service Credit (Longevity): OPBA Collective Bargaining Unit:

N/A

Deputies

|                  | SUPERVISOR Sheriff ESS Deputy                            |
|------------------|--|
| EMPLOYEE PCN     | SUPERVISOR PCN (POSITION CONTROL NUMBER)                 |
| EMPOLOYEE NAME   |  |
| SSN              | Auditor Code 1   |
| POSITION         | Deputy (w/Road Differential)                             |
| DIVISION         | Patrol   |
| FUND#            | 29002901-50030   |
| FUND NAME        | Road Patrol  |
| HOURLY RATE      | \$31.03  |
| OVERTIME RATE    | \$46.55  |
| STEP             | 3  |
| EFFECTIVE DATE   | 7/12/22  |
| PAYABLE          | Bi-weekly  |
| Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy |

| FUND#           | DESCRIPTION                                | RATE:   |  |
|-----------------|--|---------|--|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate)  | \$46.55 |  |
| 5007-2900-50030 | Safe Communities DDEP Grant FY22 (OT Rate) | \$46.55 |  |
| 5002-2900-50030 | Safe Communities STEP Grant FY22 (OT Rate) | \$46.55 |  |
| 5003-2900-50030 | Safe Communities IDEP Grant FY22 (OT Rate) | \$46.55 |  |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)           | \$49.89 |  |
| 7904-           | Sheriffs Policing Rotary -                 | N/A     |  |

| Auditor              | Base Rate:  | 30.11  |
|----------------------|---|--------|
| Employee Maintenance | Ed. Benefit:  | 0.00   |
| Access Data Base     | Hourly Rate:  | 30.11  |
| Transmittal Report   | Longevity (Not Applicable to Employees Hired after 1/1/2013): | N/A    |
|                      | Adj. Rate:  | 30.110 |
|                      | x OT Factor:  | 1.500  |
|                      | OT Rate:  | 45.17  |
|                      | OIC Rate:   | 36.19  |

#### **EMPLOYEE PAY RATE / FUND**

DATE:

01/26/2022

Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

None N/A

County Previous Service Credit (Longevity): **OPBA Collective Bargaining Unit:** 

Deputies

SUPERVISOR Sheriff ESS Deputy

|                  | SUPERVISOR PCN (POSITION CONTROL NUMBER)                 |
|------------------|--|
| EMPLOYEE PCN     |  |
| EMPOLOYEE NAME   |  |
| SSN              | Auditor Code 1   |
| POSITION         | Deputy (w/Road Differential)                             |
| DIVISION         | Patrol   |
| FUND#            | 29002901-50030   |
| FUND NAME        | Road Patrol  |
| HOURLY RATE      | \$30.11  |
| OVERTIME RATE    | \$45.17  |
| STEP             | 2  |
| EFFECTIVE DATE   | 01/12/2022   |
| PAYABLE          | Bi-weekly  |
| Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy |

| FUND#           | DESCRIPTION                                | RATE:   |  |
|-----------------|--|---------|--|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate)  | \$45.17 |  |
| 5007-2900-50030 | Safe Communities DDEP Grant FY22 (OT Rate) | \$45.17 |  |
| 5002-2900-50030 | Safe Communities STEP Grant FY22 (OT Rate) | \$45.17 |  |
| 5003-2900-50030 | Safe Communities IDEP Grant FY22 (OT Rate) | \$45.17 |  |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)           | \$49.89 |  |
| 7904-           | Sheriffs Policing Rotary -                 | N/A     |  |

| Auditor              | Base Rate:  | 28.86  |
|----------------------|---|--------|
| Employee Maintenance | Ed. Benefit:  | 0.00   |
| Access Data Base     | Hourly Rate:  | 28.86  |
| Transmittal Report   | Longevity (Not Applicable to Employees Hired after 1/1/2013): | N/A    |
|                      | Adj. Rate:  | 28.860 |
|                      | x OT Factor:  | 1.500  |
|                      | OT Rate:  | 43.29  |
|                      | OIC Rate:   | 36 19  |

#### **EMPLOYEE PAY RATE / FUND**

DATE: 12/29/2021 Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

County Previous Service Credit (Longevity): OPBA Collective Bargaining Unit:

Deputies

None

N/A

SUPERVISOR Sheriff ESS Deputy

|                  | SUPERVISOR PCN (POSITION CONTROL NUMBER)                 |
|------------------|--|
| EMPLOYEE PCN     |  |
| EMPOLOYEE NAME   |  |
| SSN              | Auditor Code 1   |
| POSITION         | Deputy (w/Road Differential)                             |
| DIVISION         | Patrol   |
| FUND#            | 29002901-50030   |
| FUND NAME        | Road Patrol  |
| HOURLY RATE      | \$28.86  |
| OVERTIME RATE    | \$43.29  |
| STEP             | 1  |
| EFFECTIVE DATE   | December 26, 2021 (START OF PP#22-01)                    |
| PAYABLE          | Bi-weekly  |
| Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy |

| FUND#           | DESCRIPTION                                | RATE:   |  |
|-----------------|--|---------|--|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate)  | \$43.29 |  |
| 5007-2900-50030 | Safe Communities DDEP Grant FY22 (OT Rate) | \$43.29 |  |
| 5002-2900-50030 | Safe Communities STEP Grant FY22 (OT Rate) | \$43.29 |  |
| 5003-2900-50030 | Safe Communities IDEP Grant FY22 (OT Rate) | \$43.29 |  |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)           | \$49.89 |  |
| 7904-           | Sheriffs Policing Rotary -                 | N/A     |  |

| Auditor              | Base Rate:  | 28.16  |
|----------------------|---|--------|
| Employee Maintenance | Ed. Benefit:  | 0.00   |
| Access Data Base     | Hourly Rate:  | 28.16  |
| Transmittal Report   | Longevity (Not Applicable to Employees Hired after 1/1/2013): | N/A    |
|                      | Adj. Rate:  | 28.160 |
|                      | x OT Factor:  | 1.500  |
|                      | OT Rate:  | 42.24  |
|                      | OIC Rate:   | 35.31  |

#### **EMPLOYEE PAY RATE / FUND**

| D, | ۱۶ | = | : |
|----|----|---|---|
|    |    |   |   |

Full-time Hire Date:

State/County Previous Service Credit (Vacation Accrual):

None N/A

County Previous Service Credit (Longevity):

OPBA Collective Bargaining Unit:

Deputies

|                  | Deputies Deputies  |
|------------------|--|
| EMPLOYEE NAME    |  |
| SSN              | Auditor Code 1   |
| POSITION         | Deputy (w/Road Differential)                             |
| FUND#            | 2900-2901-50030  |
| DIVISION         | Road Patrol  |
| HOURLY RATE      | \$28.16  |
| FUND#            | 2900-2901-50030  |
| DIVISION         | Road Patrol  |
| OVERTIME RATE    | \$42.24  |
| STEP             | 1  |
| EFFECTIVE DATE   |  |
| PAYABLE          | Bi-weekly  |
| Note to Auditor: | For City Tax purposes, this is an "Over the Road" Deputy |

#### OTHER FUNDS

| FUND#           | UND# DESCRIPTION                          |         |
|-----------------|---|---------|
| 0163-2900-50030 | Federal Law Enforcement SO Fund (OT Rate) | \$42.24 |
| 5001-2900-50030 | Safe Communities DDEP Grant (OT Rate)     | \$42.24 |
| 5004-2900-50030 | Safe Communities STEP Grant (OT Rate)     | \$42.24 |
| 5005-2900-50030 | Safe Communities IDEP Grant (OT Rate)     | \$42.24 |
| 6907-2900-50030 | Op Safe Schools Grant (Set Rate)          | \$49.89 |
| 7904-           | Sheriffs Policing Rotary -                | N/A     |

Jag S /gil

#### **CERTIFICATE OF**

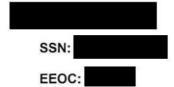
#### APPOINTMENT OF DEPUTY

Revised Code Sec. 311.04, 325.17

#### Office of Sheriff, Medina County, Ohio 44256



I hereby certify that I have this day appointed:



a qualified elector of said County, to the position of:

Deputy

FUND No.: 29002901-50030

in my office of Sheriff of said County, at a salary of:

12/8

\$28.16 per hour Step: 1

Said appointment is to take effect:



and the said salary is by law payable bi-weekly to appointee, out of the County Treasury, upon the warrant of the County Auditor.

Sheriff

Subject: RE: New Hire

From: "Kyle Dickel" <kdickel@medinaco.org>

Date: 7/7/2021, 11:30 AM

To: "'cdiekman'" <cdiekman@medinaco.org>

Yes it will be needed. The employee number would be

From: cdiekman <cdiekman@medinaco.org>
Sent: Wednesday, July 7, 2021 11:28 AM
To: Kyle Dickel <kdickel@medinaco.org>

Subject: New Hire

Kyle,

New Hire: Hire Date: Title: Deputy\_\_\_\_\_

Last 4 SSN:

Will an Auditor Code be needed?

Carol J. Diekman
Personnel Assistant
Medina County Sheriff's Office
(330) 764-3632
cdiekman@medinaco.org

Subject: New Employees

From: Kevin Ross < kross@ohmedinaco.org>

Date: 7/6/2021, 3:59 PM

To: Carol Diekman <cdiekman@medinaco.org>, Margaret Donnellan

<mdonnellan@medinaco.org>, Michael Hatton <mhatton@ohmedinaco.org>, Samo Mernik <smernik@medinaco.org>, Jonelle Meredith <jmeredith@ohmedinaco.org>, Beverly Fraser

<bfraser@medinaco.org>, Bruce Cornelius <bcornelius@medinaco.org>, David Pries

<dpries@medinaco.org>, Douglas Clinage <dclinage@medinaco.org>, Kevin Ross

<kross@ohmedinaco.org>, Scott Schmoll <sschmoll@medinaco.org>, Todd Heckel

<theckel@medinaco.org>

CC: Rebecca Byrne <rbyrne@ohmedinaco.org>, Terry Grice <tgrice@ohmedinaco.org>, Eric Bors <ebors@ohmedinaco.org>, Kris Conwill <kconwill@ohmedinaco.org>

Ladies and Gentlemen,

and Deputy Travis McCourt (151) will be

Make sure we are ready to get them through our process smoothly. We need to have their equipment ready for them along with keys, email address, payroll, OHLEG, LEADS, CLEAR, policy and procedure, contract, etc. I have their radio's set with their numbers. I want to make sure we are professional and organized throughout the process. They will be sworn in at 2:00PM on the same day.

Respectfully,

Captain Kevin J. Ross

Subject: Re: Information Changes

From: cdiekman <cdiekman@medinaco.org>

Date: 2/16/2022, 7:23 AM

To: @medinaco.org>

Deputy

I am attaching a Change of Address form.

Please go to your ESS (Employee Self Service) Resource Icon (located next to your login arrow on upper right). From there you will find:

- . IT-4 State Tax Form
- Residence Tax Form
- · Direct Deposit Form

Please print off forms, then complete and return all to my office.

Thanks, Carol

On 2/16/2022 6:28 AM, wrote:

Carol,

I have recently moved and need to change my address on file. I also need to change my direct deposit information. Please let me know what steps/ paperwork is needed in order to do so. My new address is,

Thanks,

Carol J. Diekman
Personnel Assistant
Medina County Sheriff's Office
(330) 764-3632
cdiekman@medinaco.org

- Attachments:

Address change.pdf

20.2 KB

Subject: Fwd: Information Changes

From: cdiekman <cdiekman@medinaco.org>

Date: 3/3/2022, 12:00 PM

To: @medinaco.org>
CC: Kyle Dickel <kdickel@medinaco.org>



I am forwarding our previous emails regarding your Change of Address to Kyle Dickel at the Auditors Office.

Please note, to date, I have not received your updated IT-4 State Tax Form, Residence Tax Form or Direct Deposit Form.

I am attaching all forms here, they are also available in your ESS (Munis Employee Self Service).

Please submit as soon as possible.

Thank you, Carol

----- Forwarded Message -----Subject:Re: Information Changes

Date:Wed, 16 Feb 2022 07:23:25 -0500 From:cdiekman <a href="mailto:sciekman@medinaco.org">cdiekman@medinaco.org</a>

To: @medinaco.org>

Deputy

I am attaching a Change of Address form.

Please go to your ESS (Employee Self Service) Resource Icon (located next to your login arrow on upper right). From there you will find:

- IT-4 State Tax Form
- Residence Tax Form
- · Direct Deposit Form

Please print off forms, then complete and return all to my office.

Thanks, Carol On 2/16/2022 6:28 AM, wrote:

Carol,

I have recently moved and need to change my address on file. I also need to change my direct deposit information. Please let me know what steps/ paperwork is needed in order to do so. My new address is,

Thanks,

Deputy

Carol J. Diekman
Personnel Assistant
Medina County Sheriff's Office
(330) 764-3632
cdiekman@medinaco.org

| Attachments:                            |         |
|---|---------|
| Address change.pdf                      | 20.2 KB |
| IT-4 - Ohio Withholding Rev 12-2020.pdf | 256 KB  |
| Residence City Income Tax.pdf           | 54.5 KB |
| Direct Deposit Form.pdf                 | 34.3 KB |

| NEW HIRE PAPERWORK CHECKLIST                | (Employees Hired After 1          | /1/2013—No Longevit | Hîre Date:                                   |
|---|-----------------------------------|---------------------|--|
| Name:                                       | SSN:                              |                     | Unit #:                                      |
| Position: DEPUTY                            | Related Degree:                   | 10                  | AS BA  |
| fund: 2900 290 1                            | Step: Hrly Rate: _                | 28.16 OT Rate: 4    | 12.24 OIC Rate: 35.3/                        |
| Previous Service State/County for Vaca      | ation Accrual:                    |                     | DOB:   |
| Originals to Auditor's Office               |                                   |                     | Initial Uniform Allowance (Per Contracts)    |
| Pay Rate & Fund Information                 |                                   |                     | (Paid within 30 days of Hire)                |
| Appointment of Deputy (Computer)            |                                   |                     | (Enter in Retro Pay; Advise Auditors Office) |
| NEEOC .                                     |                                   |                     | Communications Techs: \$500.00               |
| Sederal Tax (Form W-4)                      |                                   |                     | Corrections Officers: \$500.00:              |
| State Tax (Form IT4)                        |                                   |                     | Deputy/Lieutenant/Sergoant: \$625.00         |
| City Income Tax                             |                                   |                     | Internal Check List                          |
| ✓ Employment Eligibility (Form I-9)         |                                   |                     | Auditor                                      |
| Copy of Drivers License and Social Security | Card                              |                     | OPOTA 1                                      |
| OPERS - Personal History Record             | Card                              |                     | Payroll System                               |
| Social Security Sign Off Sheet              |                                   |                     | Access Data Base                             |
|   |                                   |                     |  |
| Authorization for Direct Deposit            |                                   |                     | Zuercher                                     |
| E-Mail Direct Deposit Paystubs              |                                   |                     | Annual Employee Changes                      |
| Human Resources EAP Letter (EAP Brochu      |                                   |                     | Employee Workbook                            |
| Medical Mutual Info (Eligible 1st month fo  |                                   |                     | Transmittal Report                           |
| On Line Life Ins \$25K Non-Union; \$30K Uni | ion                               |                     | Check Distribution List                      |
| On-Line Supplemental Plans Information      |                                   |                     | *Step/Rate List                              |
| Affordable Care Act Paperwork               |                                   |                     | Seniority Lists V                            |
| BE WELL (Instructions; Current Year Challe  | nges) After PlanSource Enrollment |                     | Roster Lists                                 |
| Civilian Employees: Policies & Proceedures  | @ www.hr.medinaco.org             |                     | Swarn NonSworn - EED                         |
| Photo ID Application                        |                                   |                     | Longevity List                               |
| Employee Personal/Contact Information (/    | Access & Inter badge)             |                     | Vacation Accrual Lists                       |
| Transfer of Sick Time                       |                                   |                     | Individual Key List (Excel)                  |
| Memorandum of Agreement                     |                                   |                     | Agency 360                                   |
| Hepatitis B (3 Shot Vaccination Series)     | Accept;Decline (County Health     | Dept.)              | Alloted Positions/Slots List                 |
| Self Insured Workers Compensation ( Com     |                                   |                     |  |
| FMLA Rights                                 |                                   | -                   |  |
| _ /   | eporting                          |                     |  |
| Medical Marijuana & Medina County Alcol     |                                   |                     |  |
| Important Links (Misc. County web addres    |                                   |                     |  |
| Locker Assignment ker N                     | K#_                               |                     |  |
| Combination: Right                          |                                   | La La               |  |
| Individual Key List in Employee Key         | t Out put in Master File Bind     | der)                |  |
| Høliday List                                |                                   |                     |  |
| Deferred Comp (State; County                | _)                                |                     |  |
| Time Sheet Review                           | /                                 |                     |  |
| D Badge; Photo for File;                    | Fingerprint Card (Sgt. Fraser)    |                     |  |
| Employee Personnel Changes Form (Chief-     |                                   | tor; IT             |  |
| Specialist, Dispatch Supervisor; Admin Ass  | t - Business Cards)               |                     |  |
| Step Cards (6months C: Annual               |                                   |                     |  |

## Equal Employment Opportunity Commission (EEOC)

| Date:                                |   |
|--------------------------------------|---|
| Employee Name:                       |   |
| ob Category: PS - Protective Service | _ |
| Function: Police Protection          |   |
| Department: Sheriff's Department     |   |
| Ethnic Class: White / Male           |   |

| Job Category               | Job Title/Description  |  |
|----------------------------|--|--|
| OA=Official/Administrative | Chief, Captain   |  |
| P=Professional             | RN   |  |
| T=Technician               | Tech Coordinator, Computer Programmer, LPN, Medical Tech     |  |
| PS=Protective Service      | Deputy, Detective, Lieutenant, Sergeant, Corrections Officer |  |
| AS=Administrative Support  | Communications Technician, Secretary                         |  |

|    | ETHNIC CLASSES                    |  |
|----|-----------------------------------|--|
| 1. | American Indian or Alaskan Native |  |
| 2. | Asian or Pacific Islanders        |  |
| 3. | White                             |  |
| 4. | Black                             |  |
| 5. | Hispanic                          |  |

## OPERS

## Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642 1-800-222-PERS (7377) www.opers.org



#### Personal History Record

#### INSTRUCTIONS

- As a public employee you are required to complete and file this Form within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in blue or black ink.
- OPERS contributions are only permitted on compensation that is earnable salary. Examples of compensation that are not
  earnable salary include, but are not limited to, amounts paid to individuals who serve on a fee basis or compensation on a per
  page, per meeting, per inspection or per emergency response event. If there is a question about whether the compensation is
  earnable salary, please contact OPERS to request an earnable salary determination.
- 3. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions. Completion of this form indicates the elected official's irrevocable membership election.
- 4. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
- 5. Sign the form in SECTION 4 EMPLOYEE CERTIFICATION. DO NOT print or type.
- 6. The employer is required to complete SECTION 5 EMPLOYER CERTIFICATION.
- 7. The employer is required to mail the completed form to OPERS at the above address immediately upon hire.

| Section 1 - Personal Information   |             |
|--|-------------|
| Social Security Number   |             |
| Last Name First Name   | м           |
|  |             |
| Street or Mailing Address  | Apt. Number |
|  |             |
| City State ZIP Code  |             |
|  |             |
| Province Country Postal Code .   |             |
|  |             |
| Date Of Birth Gender Male Female   |             |
|  |             |
| Yes No   |             |
| Are you legally married?   |             |
| Work Phone Number Home Phone Number Cell Phone Number                          |             |
| 3307250028   |             |
| E-mail Address   |             |
|  |             |
| Section 2 - Current Employment Information                                     |             |
|  |             |
| Job Title  |             |
| Deputy Sheriff   |             |
| If this is an elected position or if you have been appointed to Month Day Year |             |
| an elected position, provide date present elective service began.              |             |

| Section  | on 3 -  | Prio   | r Se   | TVICE                               | Int  | On                   | mat  | ion  |   |                                 | 201  |  |                     |  |                                     |                                   |                         |             |                       |                        |   |                          |                        |  |  |                     |                 |    |
|--|---|--|--|-------------------------------------|--|----------------------|--|--|---|---------------------------------|--|--|---------------------|--|-------------------------------------|-----------------------------------|-------------------------|-------------|-----------------------|------------------------|---|--------------------------|------------------------|--|--|---------------------|-----------------|----|
|  |   |  |  |                                     |  |                      |  |  |   |                                 |  |  | es                  | N  | 10/                                 |                                   | If "ye                  |             |                       |                        | onth  |                          | ay                     | _  | Yea  | I                   | -               |    |
| Have y   | you pre   | evious                                       | y wo   | ked i                               | n pu   | blic                 | em   | ploy   | ment                                      | in O                            | hic  | o? L   |                     | L  |                                     | p                                 | ublic                   |             |                       | es-                    | _   |                          |                        |  | L  |                     | _               |    |
| 'yes,"   | list emp  | oloyer(                                      | 5)   |                                     |  |                      |  |  |   |                                 |  |  |                     |  |                                     | E. A                              |                         |             |                       |                        |   |                          |                        |  |  |                     |                 |    |
|  |   |  |  |                                     |  |                      |  |  |   |                                 |  |  |                     |  |                                     |                                   |                         |             |                       |                        |   |                          |                        |  |  |                     |                 |    |
|  |   |  |  |                                     | T  | T                    |  |  |   |                                 | 1  |  |                     | 1  |                                     | T                                 |                         |             |                       |                        |   |                          |                        |  |  |                     | T               | -  |
| TT   | 1   | T  | $\overline{\Box}$  | T                                   | T  | T                    | T  | T  | П   | T                               | T  | 1  | T                   | T  | T                                   | Ī                                 |                         |             | T                     |                        |   |                          | T                      | Г  | T  | Ī                   | Г               |    |
|  | ou have   |  | -  |                                     |  |                      | _  |  |   | -                               |  |  |                     |  |                                     |                                   |                         | Va.         | •                     |                        |   | 1                        | 1                      | 7  | 7  | OK THE              | _               |    |
| a d  | es" and<br>comple<br>you cur<br>ems? If   | rently                                       | ertifi<br>rece   | cation<br>iving                     | of<br>a dis  | <i>Unr</i>           | epor   | r <i>ted</i><br>bene   | Publi                                     | an a                            | rvi  | ce (Fo   | orm                 | AA   | 1).                                 |                                   |                         |             |                       |                        |   |                          |                        |  |  |                     |                 |    |
| Syste  |   | арри   | Cubic  | , picc                              |  | ,,,,,                | K UII  | · · · ·  | c upp                                     | .y.                             | Di   | Rece   | ivin                | g a  | ofit                                | D                                 | Re                      | cet         | ving                  | a                      | **  |                          |                        |  |  |                     |                 |    |
| Ohio   | Police  | and F  | ire P  | ension                              | Fur  | nd (                 | OPAI   | F)   |   |                                 | U  |  | , D                 | CITE   | -116                                | K                                 | eure                    | T           |                       | ener                   |   |                          |                        |  |  |                     |                 |    |
| 2,110  | . 5000  | w.10 1                                       |  |                                     |  | (                    |  | ,  |   |                                 |  | L  | _                   |  |                                     |                                   |                         |             | _                     |                        |   |                          |                        |  |  |                     |                 |    |
| State  | Highv   | vay Pa                                       | trol F   | etire                               | ment   | t Sy                 | stem   | (HF  | PRS)                                      |                                 |  |  |                     |  |                                     |                                   |                         |             |                       |                        |   |                          |                        |  |  |                     |                 |    |
| C:!  |   |  |  | Ct                                  | - 10   | DC                   |  |  |   |                                 |  | ٢  |                     |  |                                     |                                   |                         |             | ٦                     |                        |   |                          |                        |  |  |                     |                 |    |
| Cinci  | nnati I   | ketirei                                      | nent   | syste                               | m (C   | (כח.                 |  |  |   |                                 |  | L  |                     |  |                                     |                                   |                         | _           |                       |                        |   |                          |                        |  |  |                     |                 |    |
| ate tha<br>tributi<br>comper<br>nature   | at the interest on a re-<br>nons are insation below in  | not pe                                       | tion c   | ontain<br>ed on<br>e, per           | ed in  | thi<br>pens          | s formation                                  | m is on that   | t is no<br>pectio                         | n or                            | rnal<br>per  | ble sa<br>emer   | lary                | , in   | cludin                              | g but<br>se ev                    | not<br>rent.            | limi<br>Add | ited<br>litio         | to, p                  | ayn<br>, if   | nent<br>an e             | s ma                   | ide (                                    | on a   | fee<br>al, n        | basi<br>1y      |    |
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# Statement Concerning Your Employment in a Job Not Covered by Social Security Employee Name Employee ID# Employer Name MEDINA COUNTY Employer ID#

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

#### Windfall Elimination Provision

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

#### Government Pension Offset Provision

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

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

#### For More Information

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

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

| Signature of Emp                           | Date |
|--|------|
| Form SSA-1945 (01<br>Destroy Prior Edition |      |

## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

#### Employers must:

- . Give the statement to the employee prior to the start of employment;
- . Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, <a href="www.socialsecurity.gov/online/ssa-1945.pdf">www.socialsecurity.gov/online/ssa-1945.pdf</a>. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

need Sheet

#### MEDINA COUNTY

#### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Medina County Payroll Office to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries in error to my Account(s) indicated below and the depository named below hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**EMPLOYEE INFORMATION** 

| DEPOSITORY INFORM<br>NET in the space providensure an accurate update | ded. Make sur              | e to list <u>all</u> accounts red | be deposited or the wor<br>ceiving direct deposits t |
|---|----------------------------|-----------------------------------|--|
| 1) Name of Financial Institution                                      | Checking / Savings         | Cinenaial Institution Mumbes      | ATTANAMA   |
| Name of Financial Institution   | Checking / Savings         | Financial Institution Number      | Add / Existing                                       |
| City, State, Zip  |                            | Account Number                    | Amount To Be Deposited                               |
| 3) Name of Financial Institution                                      | Checking / Savings         | Financial Institution Number      | Add / Existing                                       |
| City, State, Zip  |                            | Account Number                    | Amount To Be Deposited                               |
| 4) Name of Financial Institution                                      | Checking / Savings         | Financial Institution Number      | Add / Existing                                       |
| City, State, Zip  |                            | Account Number                    | Amount To Be Deposited                               |
| PLEASE ATTACH A AUTHORIZATION FOR DEPOSIT ACCOUNTS ON                 | VOIDED CHEC<br>EACH FINANC |                                   | POSIT SLIP TO THI<br>TED (FOR NEW DIREC              |

By signing this statement, I authorize the Medina County Payroll Office to automatically deposit payments into the account(s) listed above. This authority is to remain in full force and effect until the Medina County Payroll Office has received notification from me of its termination in such time and in such manner as to afford the Medina County Auditor's Office and the designated Depository a reasonable opportunity to act on it.

NOTE: THE FIRST DIRECT DEPOSIT FOR NEW ACCOUNTS WILL TAKE PLACE ON THE

PAYDAY FOLLOWING ON ACH PRE-NOTIFICATION.

#### **EMAIL DIRECT DEPOSIT STUB**

| Name – Please Print                               | Last 4 digits of your Soci | al Security No. |
|---|----------------------------|-----------------|
|   |                            |                 |
| ress (Non-Medina County government email address) | Phone Number               | Date            |

The Medina County Auditor's Office has the ability to email your Direct Deposit paystubs. The email copy will look the same as your paper stub. It will come from the email address **MedinaCountyDD@Medinaco.org.** The attachment will be in a PDF format so you can print it for your files or just keep it in a file on your computer.

If you would like to sign up for this, please fill out the form at the top of this page and return it to your payroll department and they will forward the information to the Auditor's office. Since this is a personal email *please supply a non-Medina County government email address*.

If your email information is received by the Auditor's office by the Friday before the scheduled pay date, your pay stub will be emailed. If the information is received after that date, it will become effective for the following pay date.

Thank you for your time. If you have any questions, please contact Kyle Dickel at 330-725-9772 or Sharon Creswell at 330-9771.

Re: New Hire Seniority

Subject: Re: New Hire Seniority

From: Kevin Ross < kross@ohmedinaco.org>

Date: 7/14/2021, 2:36 PM

To: Carol Diekman <cdiekman@medinaco.org>

Travis McCourt.

From: cdiekman <cdiekman@medinaco.org> Sent: Wednesday, July 14, 2021 1:57 PM

To: Eric Bors <ebors@ohmedinaco.org>; Kevin Ross <kross@ohmedinaco.org>

Subject: New Hire Seniority

Captain Bors and Captain Ross

We have 4 new employees with the same FT Hire Date of Please advise who has seniority.



#### Corrections Officers (Captain Bors please advise):

- · Ginnard, John
- · Placek, Tyler

#### Deputies (Captain Ross please advise):



Thank you, Carol

Carol J. Diekman
Personnel Assistant
Medina County Sheriff's Office
(330) 764-3632
cdiekman@medinaco.org

## LIEDINA COUNTY SLERIFF'S OFFICE



555 Independence Drive Medina, OH 44256 330-725-0028

PP 23 - 24

An Date 12/1/23

| Employee Name                  |            |
|--------------------------------|------------|
| Department/Location Deputy     |            |
|                                |            |
| Quartermaster Allowable Amount | \$1,500.00 |
| Quartermaster Amount Spent     | \$1,613.37 |
| Quartermaster Amount Due       | \$113.37   |
| Detail:                        |            |
|                                |            |
|                                |            |
|                                |            |
|                                |            |
| Employee Name (Printed)        |            |
| Employee Signature             |            |
| Date 1/-1/-23                  |            |

#### Carol Diekman

330.764.3672 - Direct Number 330.725.6631 - Communications

| From:   | Kevin Ross   |
|---|--|
| Sent:   | Tuesday, June 27, 2023 1:51 PM   |
| To:   | MCSO - All   |
| Cc:   | Terry Grice  |
| Subject:  | New  |
| Ladies and Gentlem  | en,  |
| I would like to official Sheriff's Office. since he was hired a Please cons | has illustrated professionalism, being proactive, dedication and an intense drive, the sheriff's office. We are looking forward to watching him grow as a deputy and |
| Captain Kevin J. Ross   | S .  |
| Medina County Sher  | iff's Office   |
| 555 Independence D  | Prive  |
| Medina, Ohio 4425   | 5  |



## LODI POLICE DEPARTMENT

### KEITH KEOUGH, CHIEF OF POLICE

October 2, 2023

Sheriff Terry Grice Medina County Sheriff's Office 555 Independence Drive Medina, Ohio 44256

Dear Terry,

On September 6, 2023, my officers were dispatched to 215 Bank Street, on a report that an intoxicated man was barricaded in his garage and armed with a handgun. Initial reports indicated the man, who has a history of mental illness, was making threats to kill himself, or have officers kill him.

Several members of your department responded to the situation and worked closely with our officers in both containment of the area and contacting the subject to convince him to come out of the building peacefully. They were Sergeant Samantha Turner, , Deputy David and Deputy Anthony Manco. Your staff was instrumental in setting up a perimeter, use of the drone, and directing citizens away from the area. of the officers that made telephone contact with the subject, and I'm told he was able to build a positive rapport with him.

It is always a pleasure working with your staff, especially during a major incident such as the one mentioned. In this incident, the subject was taken into custody without anyone becoming injured.

Please let them know how much we appreciate them and look forward to working with them in the future.

Sincerely,

Keith S. Keough, Chief of Police

Kertz Keogr

KSK/

## MEDINA COUNTY SHERIFF'S OFFICE



555 Independence Drive Medina, OH 44256 330-725-0028

#### TERRY GRICE, SHERIFF

#### **MEMORANDUM**

To:

Sgt. Dave King

Deputy Jared Meredith

Deputy Eliza Postlethwait

Deputy Sharon Centner Deputy Travis McCourt

From:

Sheriff Terry Grice

Date:

June 7, 2023

Re:

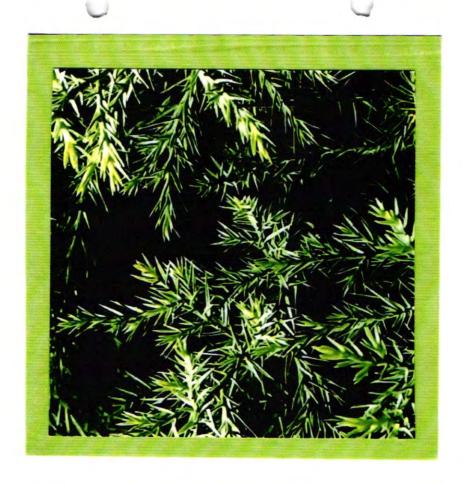
Thank you

Please find attached a copy of a "Thank You" card I received from Ms. Mary Crabtree regarding a motor vehicle accident on 5/10/23 at 5077 Hamilton Rd. Ms. Crabtree was one of the staff members on the school bus that was involved in the accident. She was very grateful for the job each of you displayed while on scene.

I would also like to commend you for your professionalism during this incident and thank you for a job well done! It is a true compliment to you and to our office when we receive such positive feedback from our citizens. Keep up the excellent work!

cc: Personnel File

Sheriff Spice-I was a staft member on the lus involved in an accident en 5/10 on Harrison woad I want to commend your stapp for their professional apprivach, their understanding of the situation, the guidance to us & parents, & their patience much our students. They were helpfuland so welly good at making a stressful moment less stressful. Shanon Centner the philin her "anal"->



role, and the appreciated her uppertise. Please pass along my gratefulness to all the act the assisted assisted assisted in a properties assisted in a properties as a properties and a perfect the act the assisted assisted in a perfect the act the

#### Carol Diekman

From: Scott Schmoll

Sent: Monday, January 30, 2023 2:21 PM

To: Terry Grice; Douglas Clinage;

Cc: Kevin Ross; Carol Diekman

Subject: RE: Letter

Sgt. Clinage,

Thank you for going that extra mile and living up to the core values of this agency. I am proud to serve along side both of you.

Lt. Scott Schmoll

From: Terry Grice <tgrice@ohmedinaco.org> Sent: Monday, January 30, 2023 2:18 PM

To: Douglas Clinage <dclinage@ohmedinaco.org>; @ohmedinaco.org>

Cc: Scott Schmoll <sschmoll@ohmedinaco.org>; Kevin Ross <kross@ohmedinaco.org>; Carol Diekman

<cdiekman@ohmedinaco.org>

Subject: Letter

Sgt. Clinage and

I have attached a letter sent from Captain Kiley of Ashland PD. Captain Kiley was very appreciative of the assistance you provided to the Kohler family. Specifically, he noted how you cleaned up the area so the family wouldn't have to deal with the aftermath once they returned home from the hospital.

Thank you both for going above and beyond to help out this family! These actions certainly put you and our Office in a positive light. I asked Carol to place a copy in your personnel files.

Sheriff Terry Grice Medina County Sheriff's Office 555 Independence Dr. Medina, OH 44256

From: mcsoemailadmin@medinaco.org <mcsoemailadmin@medinaco.org>

Sent: Friday, January 27, 2023 4:04 PM
To: Terry Grice < tgrice@ohmedinaco.org>

Subject:





# DIVISION OF POLICE

Ashland Justice Center 1211 E. Main Street Ashland, Ohio 44805

Administrative: (419) 289-1696

Business: (419) 289-3639 Fax: (419) 281-7547

> David A. Lay Chief of Police

Matt Miller Mayor

January 18, 2023

Sheriff Terry Grice Medina County Sheriff's Office 555 Independence Drive Medina, OH 44256

Fire Chief Brian Cavanaugh Westfield Fire & Rescue 6699 Buffham Road Seville, OH 44273

Re: Case 01-23000009

Sir(s)

On behalf of The Ashland Police Division, I would like to express our gratitude for the assistance your staff showed Off Duty Sergeant Jonathan Kohler and his wife, Lizbeth.

On January 2, Jonathan and Lizbeth were turning in for the night, when their newly adopted pit bull attacked Jonathan. Jonathan sustained severe lacerations to his left hand, as well as numerous punctures and cuts to his right hand. Jonathan, a dog lover, was forced to shoot his dog to protect himself and Lizbeth. Jonathan was ultimately transported to Medina Hospital by Westfield EMS Personnel.

When I spoke with Jonathan and Lizbeth, they shared how much they appreciated the professionalism and care shown by the deputies and EMS personnel. On the ride home from the hospital, Jonathan thought of the mess they would have to clean up. Jonathan learned that his fellow first responders sealed up the animal in a garbage bag, placed it in his barn and cleaned up the mess. A few days after the incident, I went to their home to transport the K9 to the veterinarian for further testing. They both again shared how much they appreciated the first responders who came to their aid.

Please extend our thanks to your EMS personnel, Sgt Clinage and

or their help.

Sincerely,

Captain Craig Kiley # 151

#### Carol Diekman

From: Scott Schmoll

Sent: Friday, September 30, 2022 1:08 PM

To: Terry Grice; Douglas Clinage; Matthew Montgomery

Cc: Carol Diekman; Kevin Ross

Subject: RE: Letter

#### Gentlemen.

Thank you for the excellent service you continue to provide to the residents of Medina County. Your professionalism does not go un-noticed. Your actions during this incident are a true reflection of your attention to detail and your professionalism. Please continue to do the excellent work you do,



Lt. Scott A. Schmoll #107 Medina County Sheriff's Office Dispatch: 330-725-6631

Office: 330-764-3623 Cell: 330-591-5913

From: Terry Grice <tgrice@ohmedinaco.org>

Sent: Friday, September 30, 2022 11:07 AM

To: Douglas Clinage <dclinage@ohmedinaco.org>; @medinaco.org>; Matthew Montgomery

<mmontgomery@medinaco.org>

Cc: Carol Diekman <cdiekman@ohmedinaco.org>; Scott Schmoll <sschmoll@ohmedinaco.org>; Kevin Ross

<kross@ohmedinaco.org>

Subject: Letter

Sgt. Clinage, Dep. Montgomery, and

Please see the attached letter sent from the Metro Parks thanking you for your assistance. Great work! Carol has placed a copy of this in your personnel file.

We appreciate you representing the Office in such a professional manner. Keep up the good work.

Sheriff Terry Grice Medina County Sheriff's Office 555 Independence Dr. Medina, OH 44256 Administrative- (330)764-3637 Dispatch- (330)725-6631



Police Headquarters 4600 Valley Parkway Fairview Park, Ohio 44126 440-331-5530 FAX 440-331-5502 clevelandmetroparks.com

Board of Park Commissioners Debra K. Berry Dan T. Moore Bruce G. Rinker

Chief Executive Officer Brian M. Zimmerman

Chief of Police Kelly J. Stillman 21, September 2022

Terry Grice Sheriff Medina County Sheriff's Office 555 Independence Drive Medina, Ohio 44256

Dear Sheriff Grice,

This letter formally and publicly commends Sergeant Douglas Clinage, Deputies

Matthew Montgomery, and of the Medina County Sheriff's Office for
their exceptional collaboration in providing mutual assistance to the Cleveland

Metroparks police department. On September 8, 2022, Officer Gunkelman of the
Cleveland Metroparks police department was conducting surveillance of the area in the
Hinckley Reservations at Whipp's Ledges due to reports of several incidents regarding
the damage of signs and other park property due to gunshots.

While patrolling the area, he observed a vehicle with four individuals exiting the vehicle and proceeding to open the trunk of the vehicle. From his position at the northwestern corner of the retaining wall, he heard gunshots and placed a call to dispatch for mutual aid. After a series of shots, Officer Gunkelman was able to secure the vehicle and the individuals at gunpoint while waiting for additional units to respond promptly.

Due to the unfortunate incident, our department required additional officers and resources to assist in easing the violent interactions of the four suspects involved in the multi-shots fired at the Hinckley Reservations. Sergeant Clinage's, Deputies Montgomery's, and proactive patrol techniques and professionalism deserve to be recognized for their support and assistance in de-escalating the situation without incident.

The actions of your officers reflect the officers' character, training, and experience, as well as the caliber of personnel employed by the Medina County Sheriff's Office. Please extend our heartfelt congratulations on a job well done. Their commitment to assisting others in challenging times did not go unnoticed.

Respectfully,

Kelly J. Stillman

Chief of Police

Subject: Church at the Lake

From: Kevin Ross < kross@ohmedinaco.org>

Date: 8/23/2021, 12:55 PM

To: Ben Taylor <a href="mailto:ben-taylor@ohmedinaco.org">ben Taylor <a href="mailto:ben-taylor.org">ben Taylor <a href="mailto:ben-taylor.org">ben Taylor <a href="mailto:ben-taylor.org">ben Taylor <a href="mai

Gentlemen,

I received a call from Keith Reidel today. He wanted to let me know what a great job both of you did Friday night, handling the homeless female at the Church on the Lake. Thank you for your Professionalism and Determination to help this young lady in need. Mr. Reidel was impressed with the way you handled this incident. Keep up the great work. This will be placed in your personnel files.

Respectfully,

Captain Kevin J. Ross

#### **RE: Outside Employment**

Terry Grice <tgrice@ohmedinaco.org>

Fri 7/5/2024 2:30 PM

To @ohmedinaco.org> Cc:Jodi Mitchell <jmitchell@ohmedinaco.org>

Dep.

These are all approved. I will ask Jodi to place this in your file.

Thanks.

Sheriff Terry Grice Medina County Sheriff's Office 555 Independence Dr. Medina, OH 44256

From: @ohmedinaco.org>

Sent: Thursday, July 4, 2024 12:09 AM
To: Terry Grice <tgrice@ohmedinaco.org>

Subject: Outside Employment

Sheriff,

Following our conversation in person, my outside employments are as follows.

Trailer repair, service and sales.

Ice Cream Consession sales

I also have a few investment properties. Let me know if those need specified.

With respect,

Patrol Division Medina County Sheriff's Office 330-725-6631

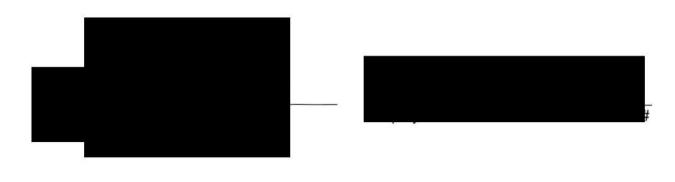
Sent via the Samsung Galaxy Note10+ 5G, an AT&T 5G smartphone Get <u>Outlook for Android</u>

# Medina County Sheriff's Office COUNTY SELF-INSURED WORKERS' COMPENSATION

TO: All MCSO Employees

The Medina County Commissioners have implemented a County Self-Insured Workers' Compensation Program.

If you are injured on the job, your supervisor will provide you with an *Injury Reporting Kit* with includes a *Workers' Compensation Identification Card*. You will also find an *INSTANT ACCESS Card* in the kit, this card is to be used for initial medications prescribed for your workers compensation injury.



Date

Copy to Employee Original to Personnel File 7-13-201

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

#### Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- · for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care:
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition, or
- for a serious health condition that makes the employee unable to perform the employee's job.

#### Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service-member during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*, or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".

#### Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave

#### Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

\*Special hours of service eligibility requirements apply to airline flight crew employees.

#### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

#### Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

#### Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

#### **Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

#### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

#### Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA, and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

#### Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.





## Acknowledgement of Receipt of Auditor of State

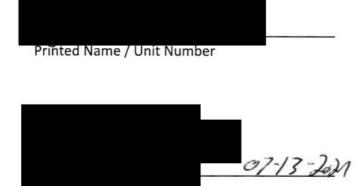
#### Fraud Reporting System Information

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

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

By signing below you are acknowledging the **Medina County Sheriff's Office** has provided you information about the Fraud-Reporting System as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging that you have received and read the information regarding Section 124.341 of the Revise Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned Fraud Reporting System.

have read the information provided by my employer regarding the Fraud-Reporting System operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.



# Medina County Network Use Policy Including Network, Internet, & Email Access

A copy of this document is available at: http://intraweb.medinaco.net/listings/email/internet\_email\_policy.pdf

Medina County strongly recommends to all department heads, supervisors, and elected officials that their departments and offices use a County email address for all County business. As outlined in the document below, Medina County has implemented a retention policy which adheres to the Public Records Act in effect as of September 29, 2007.

Medina County provides computer equipment, software, and internet access to its employees for governmental purposes only. Users of equipment must adhere to strict guidelines, outlined in the following document. Medina County may modify these regulations at any time, providing proper notification to all users.

#### 1) On-Line Conduct / Use of the System

- The user agrees not to publish on or over the system any information which violates or infringes upon
  the rights of any other person, or any information which would be abusive, profane, or sexually offensive
  to the reasonable person.
- The user agrees not to publish any advertising or solicitation of other members to use goods or services.
- The user agrees not to use the facilities and capabilities of the system to conduct any business or solicit
  the performance of any activity which is prohibited by law or which is contrary to this or any other County
  policy.
- Internet access shall not be used for the solicitation of money for religious or political purposes.
- The user will not seek to benefit personally or permit others to benefit personally by any confidential information which has come to said user by virtue of his/her position in the County.
- Internet access is for County business only. The user is granted permission to utilize the County's internet/Intranet access account only on County-owned equipment, for County purposes.
- Internet access shall not be used for recreational purposes, including computer games.
- Medina County does not condone the use of objectionable materials. The user therefore specifically
  agrees not to submit, publish, or display any defamatory, inaccurate, abusive, obscene, profane,
  sexually oriented, threatening, racially offensive, or otherwise illegal materials.
- The user will not encourage the use, sale, or distribution of controlled substances.
- Transmission of material, information, or software in violation of any local, state, or federal law is also prohibited.
- The user agrees to indemnify Medina County for any losses, costs, or damages, including attorney fees
  incurred relating to, or arising out of, any breach of this agreement by said user.
- System administrators, office holders, and department heads reserve the right to monitor all activity on County-owned computers.
- All requests to monitor web usage must be submitted via the form located at: <a href="http://intraweb.medinaco.net/backbone/request.html">http://intraweb.medinaco.net/backbone/request.html</a>.
- System administrators, office holders, and department heads reserve the right to immediately terminate
  the account of a user who misuses the system.
- All requests to terminate/block any account must be submitted via the form located at: <a href="http://intraweb.medinaco.net/backbone/request.html">http://intraweb.medinaco.net/backbone/request.html</a>.

#### 2) Electronic Discovery and E-mail Retention

- Please refer all questions pertaining to Records Retention to your Office's appointed Public Records Officer.
- All employees handling County records, including electronic records, must be mindful of legal standards imposed upon their office in matters of records retention and electronic discovery.
- Any County public official or County employee who reasonably anticipates the office, or any of its
  officials or employees becoming a party or who is a party to a lawsuit "must suspend [the office's] routine
  document retention/destruction policy [in as far as it pertains to the employee and/or official] and put in

place a 'litigation hold' to ensure the preservation of **relevant documents**," even where such documents may be of benefit to an adversary in the pending or threatened litigation. Zubulake IV. The appropriate County official should contact the email administrator immediately to facilitate the 'litigation hold' on email, at <a href="mailto:mail

- Accessible archives to relevant electronic evidence (i.e., actively used for information retrieval) should be subject to the litigation hold. Zubulake IV.
- Any archives containing the documents of a key player to existing or threatened litigation must be preserved and accessible. Zubulake IV.
- Since the penalties for the wrongful destruction of relevant evidence in pending or threatened litigation, including electronic evidence, can be sizable, any employee who violates this policy by wrongfully destroying electronic evidence which may be subject to pending or anticipated litigation may be subject to disciplinary action in addition to any penalties imposed by a court of law for the wrongful spoliation (destruction) of evidence.
- Medina County will automatically archive a copy of every incoming and outgoing email transmitted on/via
  the County email system for a minimum period of two years. At yearly intervals the email archives will be
  purged after consulting both the County Commissioner's and County Prosecutor's Offices in order to
  preserve any archives under 'litigation hold'.
- All County Departments and/or individuals not utilizing the County email system must make similar
  arrangements with their email service provider to provide access to all sent and received email for a
  minimum period of two years, and beyond according to the applicable statute of limitations. To obtain
  verification of whether a particular email address utilizes the County email system please visit:
  <a href="http://intraweb.medinaco.net/listings/email/new\_email.htm">http://intraweb.medinaco.net/listings/email/new\_email.htm</a> or email <a href="mail.addmin@medinaco.org">mail.addmin@medinaco.org</a>.
- All email not falling under the categories of "Unsolicited Unrelated to office functions" or "Personal -Unrelated to office functions" must be retained for a minimum of two years.

#### 3) Licensed Software / Copyrighted Materials

- The user shall not install, upload, or download any software on County equipment without prior approval
  of the elected official or department head.
- Copyrighted materials, not owned or licensed by the County must not be placed on any computer or system without authorization from the elected official or department head. All copyright laws must be observed. Any violation of applicable copyright law is an express violation of this policy.

#### 4) Additional Allowances for Email and Messaging Services

- County computers and their software are owned or licensed by the County, including the words written with them and time spent using them.
- Email transmissions can and will be monitored by the elected official, department head, or other appropriate government official.
- Any request for the monitoring of email must be submitted via the form located at: http://intraweb.medinaco.net/backbone/request.html.
- Any request for the retrieval of email archives must be submitted via the form located at:
   <a href="http://intraweb.medinaco.net/backbone/request.html">http://intraweb.medinaco.net/backbone/request.html</a>

   All retrieved archives, excluding those for monitoring purposes, will be forwarded to the County employee who was the originator or intended recipient of the original email for review against this policy. It is the responsibility of the employee to forward any pertinent correspondence to other parties.
- The Email system will be administered according to the policies developed by the Computer Department, County Engineer's Office in cooperation with the Medina County Commissioner's Office and Medina County Data Processing Board.

#### 5) Additional Allowances for Mobile Systems Including Laptop Computers

- Any access to the Medina County Network is restricted to County owned equipment only, including any and all remote access to County network services.
- · All County supplied laptop computers must also be configured as such to comply with the stipulations of

Department

the Medina County Telecommuting Policy, available at <a href="http://intraweb.medinaco.net/listings/remote\_access/R-A\_Policy.pdf">http://intraweb.medinaco.net/listings/remote\_access/R-A\_Policy.pdf</a>, as such devices are easily removed and used beyond the reach of the implemented County network security and protection.

Any computer system capable of connecting to a wireless network must also have a County Data Board
approved client installed and properly configured to prevent communication on both wired and wireless
networks concurrently, such as, "Cisco Secure Services". While it is not the intent of Medina County to
provide wireless access, the existence of wireless networks external to the County mandates this step.
The installation and configuration of the software will be performed by the current network support
contractor for a per-incident charge.

#### 6) Alternate Internet Access Provision

- In an attempt to provide Internet access to conduct County business for devices owned by entities
  outside of Medina County or by persons not employed by Medina County. The Alternate Internet Access
  connection is not for public use.
- · Access is for individuals not employed by Medina County.
- All use must be for the purposes of daily County business and requires adherence to the current Network Use Policy, excluding sections 2, 4, 5, & 7.
- Any wireless access point and client connections must adhere to the current Medina County Data Board Wireless Access Policy or WPA2 16 random character PSK changed quarterly.
- Any connection must be by way of a network switch port that is properly provisioned for Alternate Internet Access.
- All network traffic utilizing Alternate Internet Access will share a limited, maximum bandwidth of 10% of the current County Internet connection or 2Mb/s, whichever is less.
- The Alternate Internet Access connection is for Internet access only, all other access is prohibited.
- · All connections may be subject to monitoring without further notice.

7) VIOLATIONS OF THE POLICY MAY RESULT IN DISCIPLINARY ACTION!

Employee Printed Name

Employee Signature

Elected Official / Dept Supervisor

Enter Supervisor Signature

Supervisor Signature

Date

Supervisor Signature

Date

## MEDINA COUNTY COMMISSIONERS Human Resources Department



#### NOTICE OF STATE LAW CHANGE

To: All Employees

From: Holly Muren, HR Director

Date: September 2, 2016

Re: Medical Marijuana & Medina County Alcohol and Drug Policy

On June 8, 2016, Ohio Sub HB 523 was enacted, which authorizes certain health providers to prescribe limited types of medicinal marijuana to qualifying patients. Ohio's medical marijuana law that takes effect on September 8, 2016. Medina County has established and maintains an Alcohol and Drug Policy that is unaffected by the Ohio Sub HB 523 or Ohio's medical marijuana law taking effect.

Medina County has a zero-tolerance policy for employees who are under the influence of illegal drugs or alcohol while at work. Employees who are using marijuana with a valid prescription or authorized by Ohio law are not exempt from this policy in any way. The use of marijuana with or without a valid prescription or as authorized by law will be treated the same as the use of all other illegal drugs or the abuse of legal drugs. Employees using illegal drugs, including marijuana for any purpose including medicinal, are still subject to all provisions of this policy and may be terminated for such use.

Employees are advised of the following:

- Medina County does not permit or accommodate an employee's use, possession, or distribution of medical marijuana;
- Medina County may refuse to hire or may discharge, discipline or take other action against an individual because of that person's use, possession, or distribution of medical marijuana;
- 3. An employee who tests positive for or refuses to submit to a drug test may be disqualified for compensation and benefits under the Ohio Workers' Compensation Act;
- 4. Because use, possession or distribution of marijuana is a violation of the Alcohol and Drug Policy, employees who are discharged for those reasons will be considered to have been discharged for just cause for purpose of unemployment compensation or other post-termination pay or benefits.

The Alcohol and Drug Policy continues to apply regardless of whether the employee's use, possession, or distribution of marijuana was obtained/conducted in Ohio or other states.

#### ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand this Memorandum regarding Medical Marijuana & the Alcohol and Drug Policy. I also reaffirm my acknowledgement of the Alcohol and Drug Policy and agree

Signature

Date

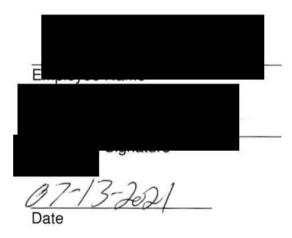
01/3-10

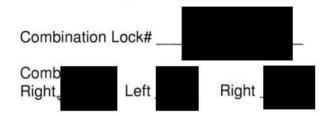
# Medina County Sheriff's Office

# LOCKER ISSUE AND RECEIPT

l, \_\_\_\_hereby acknowledge the receipt of locker number \_\_ issued to me by the Medina County Sheriff's Office.

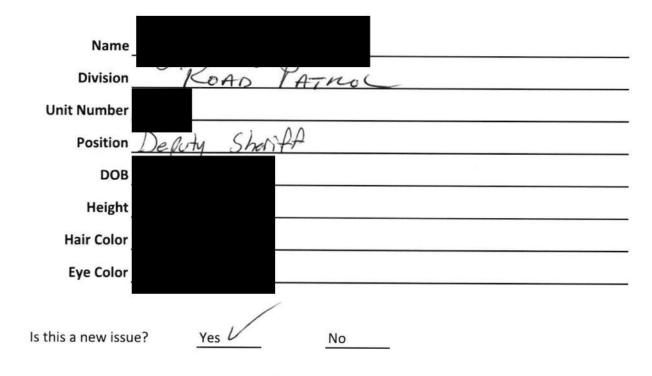
I understand that lockers are the property of the Medina County Sheriff's Office and that the lockers and their contents are subject to inspections.





### Application for Medina County Sheriff's Office Photo ID

Please complete the following:



If you are applying for a replacement card, please turn in your old card at the time of the photo taking. Please return this form to administration, and they will schedule you time for your ID to be processed.

Thank you,

The Administration



# Office of Ohio Attorney General Ohio Peace Officer Training Academy Officer Record



OPOTA London Campus 1650 State Route 56 SW P.O. Box 309 London, OH 43140 Phone: 740-845-2700

Medina County Sheriff's Office, ID

#### Appointment History\*

| Agency                         | <b>Employee Status</b> | Start Date | End Date | Separation Reason |
|--------------------------------|------------------------|------------|----------|-------------------|
| Medina County Sheriff's Office | Full-time              |            |          |                   |

#### **Basic Academy Records**

| School Number  | School | Start Date | End Date | Exam Date | Certificate<br>Number | Certificate<br>Date               | Appointed By | Appointed<br>Date |
|--|--------|------------|----------|-----------|-----------------------|-----------------------------------|--------------|-------------------|
| Medina County Law<br>Enforcement Training<br>Academy |        |            |          |           |                       | Medina County Sheriff's<br>Office |              |                   |

#### **OPOTA Advanced Training Records\*\***

| Course Title | Start Date       | End Date |  |
|--------------|------------------|----------|--|
|              | No Records Found |          |  |

#### **LMS Training Records**

| Date Completed | Course Title   | Officer Number | Officer |
|----------------|--|----------------|---------|
| 6/12/2024      | NIBIN Overview   |                |         |
| 6/5/2023       | Part 3 - Legal Updates 2023  |                |         |
| 6/4/2023       | Part 2 - Legal Updates 2023  |                |         |
| 6/4/2023       | National Center for Missing & Exploited Children Harnessing<br>Resources Seminar |                |         |

| <b>Date Completed</b> | Course Title  | Officer Number | Officer |  |
|-----------------------|---|----------------|---------|--|
| 6/4/2023              | Response to Mass Violence and Mass Protest Seminar                  |                |         |  |
| 6/3/2023              | Arrest, Search, and Seizure 2023                                    |                |         |  |
| 6/3/2023              | Part 1 - Legal Updates 2023   |                |         |  |
| 2/27/2023             | Ohio School Threat Assessment                                       |                |         |  |
| 12/15/2022            | Vicarious Trauma  |                |         |  |
| 11/28/2022            | Effective Communication and Safe Interaction with Persons in Crisis |                |         |  |
| 10/26/2022            | Mental Health Response  |                |         |  |
| 10/3/2022             | Ohio Public Records Law   |                |         |  |
| 10/3/2022             | Domestic Violence Legal Updates                                     |                |         |  |
| 10/3/2022             | New and Updated Criminal Charges                                    |                |         |  |
| 9/27/2022             | Ohio Forfeiture Laws  |                |         |  |
| 9/27/2022             | Medical Marijuana   |                |         |  |
| 9/27/2022             | Hazing  |                |         |  |
| 9/27/2022             | Hate Crimes   |                |         |  |
| 9/17/2022             | Use of Restraints   |                |         |  |
| 9/17/2022             | Custodial Interrogation   |                |         |  |
| 9/17/2022             | Concealed Firearm Carry Changes                                     |                |         |  |
| 9/4/2022              | Officer Wellness Seminar  |                |         |  |
| 8/31/2022             | Use of Deadly Force and Legal Guidelines                            |                |         |  |
| 8/31/2022             | Trauma and the Brain  |                |         |  |
| 8/31/2022             | Qualified Immunity  |                |         |  |
| 8/26/2022             | Objective Reasonableness  |                |         |  |
| 8/25/2022             | Critical Thinking in Use of Force Situations                        |                |         |  |
| 8/21/2022             | BCI Lethal Use of Force and OIS Investigations                      |                |         |  |

| Date Completed | Course Title                                       | Officer Number | Officer |
|----------------|--|----------------|---------|
| 8/2/2022       | Sexual Assault Investigations                      |                |         |
| 8/2/2022       | Responding to Sexual Assault                       |                |         |
| 7/29/2022      | Crisis Intervention                                |                |         |
| 7/29/2022      | Biological Evidence Collection for Sexual Assaults |                |         |

#### Training Records

| Certificate Date | Unit | Certificate Type | Specialty   | Renewal Date |
|------------------|------|------------------|---|--------------|
|                  |      | Patrol Related   | Criminal Apprehension,  | 11/1/2024    |
|                  |      | Special Purpose  | Tracking, Article Search, Cocaine,<br>Heroin, Methamphetamines and<br>their derivatives | 11/1/2024    |

<sup>\*</sup>The appointment records listed above reflect the appointed and separation information reported to OPOTC pursuant to section 109.761 of the Revised Code. Neither OPOTC, nor its staff, has independent knowledge of the information contained in these records.

<sup>\*\*</sup>The advanced training records listed above reflect ONLY THOSE trainings the peace officer scheduled through OPOTA. Records reflecting advanced training conducted by the peace officer's agency, or conducted by another organization, are not maintained by OPOTC. Requests for any such records should be directed to the peace officer's employing agency or the organization who conducted the training.