



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



2022-0310  
Officer Involved Critical Incident – 913 Lebanon Street, Monroe,  
Ohio (L)

**Investigative Activity:** Document Review, Records Received  
**Involves:** Dustin Booth (S)  
**Date of Activity:** 02/24/2022  
**Activity Location:** Monroe Police Department – Business – 601 South Main Street,  
Monroe, OH 45050, Butler County  
**Author:** SA Steven Seitzman

**Narrative:**

On February 24, 2022, Ohio Bureau of Criminal Investigation Special Agent Steven Seitzman (SA Seitzman) received the following documents from Captain Dave Chasteen of the Monroe Police Department ("Monroe PD"):

- Personnel files of: Officer Austin Whitt, Officer Caleb Payne, Officer Fred Doughman, Officer Micah Day, and Officer Skylar Halsey;
- Monroe PD incident report face sheet (two pages); and
- Butler County criminal complaint request packet (three pages).

All documents were reviewed by SA Seitzman and attached to this report.

**Attachments:**

Attachment # 01: Austin Whitt Personnel File Redacted  
Attachment # 02: Fred Mike Doughman Personnel File Redacted  
Attachment # 03: Caleb Payne Personnel File Redacted  
Attachment # 04: Micah Day Personnel File redacted  
Attachment # 05: Skylar Halsey Personnel File Redacted  
Attachment # 06: IncidentReportFaceSheet  
Attachment # 07: CriminalComplaintPacket

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# **Exhibit 1**

PERSONNEL EVALUATIONS

EMPLOYEE: Officer Austin Whitt

SCORE: 44

DATE: 07/31/2021

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Whitt has been the shift OIC for the year 2020 to 2021. Officer Whitt has proven himself a leader for second shift patrol. Officer Whitt leads by example as he has averaged 33 traffic stops and 31 business checks per month this past year, which are both far above the shift expectations set forth to the officers.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

I would encourage Officer Whitt to start directing his career path in a direction he is interested in by finding and requesting training focusing on his personal goals.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

XX YES        NO

COMMENTS:

- 09/06/2020 Recorded demonstration of knowledge by Lt Pelfrey
- 09/29/2020 Supervisor recognition Lt Pelfrey
- 10/24/2020 Supervisor recognition Lt Pelfrey
- 11/10/2020 Supervisor recognition Sgt Payne
- 12/05/2020 Letter of appreciation Lt Pelfrey
- 12/01/2020 Supervisor recognition Sgt Cobaugh
- 02/08/2021 Supervisor recognition Sgt Payne
- 03/11/2021 Supervisor recognition Sgt Caudill

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

Road patrol for the year 2021

RATED BY (NAME AND TITLE)

HB O'Neil #815 07/31/2021  
[Signature] #8-11-21  
Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8/5/21 Employee Signature [Signature] #867

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>4</u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>3.5</u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>3.5</u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>3.5</u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>3</u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>4</u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards 1	Meets minimum standards: But Must show improvement 2	Meets Standards of Performance 3	Exceeds Standards of Performance 4
<p>Attitude toward the public:</p> <p>Score: <u>3.5</u></p>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
<p>Attitude toward supervisors:</p> <p>Score: <u>3.5</u></p>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
<p>Cooperativeness:</p> <p>Score: <u>4</u></p>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
<p>Report writing:</p> <p>Score: <u>3.5</u></p>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
<p>Work load/Productivity:</p> <p>Score: <u>4</u></p>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
<p>Appearance:</p> <p>Score: <u>4</u></p>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

**CITY OF MONROE  
ACKNOWLEDGMENT OF RECEIPT**

I have received a copy of the City of Monroe Personnel Policy Manual. I understand I am responsible for reading it.

Employee Signature: 

Employee Name (print): AUSTIN WHITT

Date: 08/01/2018

# Acknowledgement of Receipt of Auditor of State Fraud Reporting-System Information

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

I, AUSTIN WHETT, 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.

AUSTIN WHETT  
Print Name, Title, and Department

  
Please Sign Name

08/01/2018  
Date

## **124.341 Violation or misuse - whistleblower protection.**

(A) If an employee in the classified or unclassified civil service becomes aware in the course of employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources, and the employee's supervisor or appointing authority has authority to correct the violation or misuse, the employee may file a written report identifying the violation or misuse with the supervisor or appointing authority. In addition to or instead of filing a written report with the supervisor or appointing authority, the employee may file a written report with the office of internal auditing created under section 126.45 of the Revised Code or file a complaint with the auditor of state's fraud-reporting system under section 117.103 of the Revised Code.

If the employee reasonably believes that a violation or misuse of public resources is a criminal offense, the employee, in addition to or instead of filing a written report or complaint with the supervisor, appointing authority, the office of internal auditing, or the auditor of state's fraud-reporting system, may report it to a prosecuting attorney, director of law, village solicitor, or similar chief legal officer of a municipal corporation, to a peace officer, as defined in section 2935.01 of the Revised Code, or, if the violation or misuse of public resources is within the jurisdiction of the inspector general, to the inspector general in accordance with section 121.46 of the Revised Code. In addition to that report, if the employee reasonably believes the violation or misuse is also a violation of Chapter 102., section 2921.42, or section 2921.43 of the Revised Code, the employee may report it to the appropriate ethics commission.

(B) Except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint as authorized by division (A) of this section, including, without limitation, doing any of the following:

- (1) Removing or suspending the employee from employment;
- (2) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;
- (3) Transferring or reassigning the employee;
- (4) Denying the employee promotion that otherwise would have been received;
- (5) Reducing the employee in pay or position.

(C) An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information under division (A) of this section.

(D) If an appointing authority takes any disciplinary or retaliatory action against a classified or unclassified employee as a result of the employee's having filed a report or complaint under division (A) of this section, the employee's sole and exclusive remedy, notwithstanding any other provision of law, is to file an appeal with the state personnel board of review within thirty days after receiving actual notice of the appointing authority's action. If the employee files such an appeal, the board shall immediately notify the employee's appointing authority and shall hear the appeal. The board may affirm or disaffirm the action of the appointing authority or may issue any other order as is appropriate. The order of the board is appealable in accordance with Chapter 119. of the Revised Code.

(E) As used in this section:

(1) "Purposely," "knowingly," and "recklessly" have the same meanings as in section 2901.22 of the Revised Code.

(2) "Appropriate ethics commission" has the same meaning as in section 102.01 of the Revised Code.

(3) "Inspector general" means the inspector general appointed under section 121.48 of the Revised Code.

Amended by 129th General Assembly File No. 73, HB 66, §1, eff. 5/4/2012.

Effective Date: 10-31-1990; 07-01-2007; 2007 HB166 02-14-2008

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For <b>POLICE OFFICER</b>	Date of Application <b>24 MAY 2018</b>
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How Did You Learn About Us?

Advertisement   
  Relative   
  Inquiry  
 Employment Agency   
  Friend   
  Other \_\_\_\_\_

Last Name <b>WHITT</b>	First Name <b>AUSTIN</b>	Middle Name <b>TYLER</b>
---------------------------	-----------------------------	-----------------------------

Address [REDACTED]	Number [REDACTED]	Street [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Telephone Number(s) [REDACTED]	Social Security Number (voluntary) [REDACTED]				

Best time to contact you at home is: ..... **13:00**  AM  PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

Date available for work **01/06/2018** What is your desired salary range? **\$45K-46K**

Are you available to work:   
  Full-Time    (please indicate 1 2 **3** shift)  
 Part-Time    (please indicate Mornings Afternoon Evenings)  
 Temporary    (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School	HARRY RUSSELL ELEMENTARY DR WEST, CARROLLTON OH	GEN ED	5	
High School	WEST CARROLLTON HIGH SCHOOL 5833, STUDENT ST WEST, CARROLLTON OH	GEN ED	4	HIGH SCHOOL DIPLOMA
Undergraduate College	MEADE UNIVERSITY 501 E. HIGH ST OXFORD, OH	APPLIED SOCIAL RESEARCH	4	BACHELOR IN APPLIED SOCIAL RESEARCH
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

- ARMY INFANTRY SCHOOL
- COMBATIVES TRAINING
- ROOM CLEARING
- WEAPON PROFICIENCY
- BATTLE FIELD FIRST RESPONDER
- WORKED ON THE CRISIS HOT LINE FOR WARREN AND CLINTON (COMATIE)

Describe any job-related training received in the United States military.

- ESCALATION OF FORCE TRAINING
- ACTIVE SHOOTER TRAINING
- CLERICAL SKILLS / EXCEL

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer <b>UNITED STATES ARMY</b>	Dates Employed		Work Performed
		From	To	
	Address <b>FT. HOOD TX (CASEARIA EDELE, ITALY)</b>	<b>JUNE 2009</b>	<b>NOV 2013</b>	SERVED AS A MEMBER OF A FIRE TEAM. ONE
	Telephone Number(s) <b>254-449-4517</b>	Hourly Rate/Salary		
	Job Title <b>INFANTRY MAN</b>	Supervisor <b>SSG ROBERT HANCOCK</b>	Starting <b>\$19,000</b>	Final <b>\$29,000</b>
Reason for Leaving <b>HONORABLE DISCHARGE</b>				
2.	Employer <b>MARCOS PIZZA</b>	Dates Employed		Work Performed
		From	To	
	Address <b>2076 S ALEX RD, WEST CARROLLTON OH 45429</b>	<b>FEB 2007</b>	<b>APR 2009</b>	ASSEMBLED PIZZAS TOOK PHONE AND WALK IN ORDERS
	Telephone Number(s) <b>937-865-5200</b>	Hourly Rate/Salary		
	Job Title <b>PIZZA ASSIST</b>	Supervisor <b>BETH NIX</b>	Starting <b>\$13,000</b>	Final <b>\$14,000</b>
Reason for Leaving <b>JOINED THE ARMY</b>				
3.	Employer <b>WENDYS</b>	Dates Employed		Work Performed
		From	To	
	Address <b>731 E CENTRAL AVE, WEST CARROLLTON OH</b>	<b>FEB 2006</b>	<b>JAN 2007</b>	GRILL OPERATOR WORKED AS A CASHIER
	Telephone Number(s) <b>937-859-0976</b>	Hourly Rate/Salary		
	Job Title <b>CREW MEMBER</b>	Supervisor <b>MEL</b>	Starting <b>\$10,000</b>	Final <b>\$11,000</b>
Reason for Leaving <b>BETTER OPPORTUNITY</b>				
4.	Employer <b>DNA</b>	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

° PEOPLE SKILLS

° TIME MANAGEMENT

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WPM <input type="checkbox"/>	WPM <input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	

State any additional information you feel may be helpful to us in considering your application.

I HAVE PROVEN MYSELF IN MANY HIGH STRESS SITUATIONS AND HAVE OBTAINED SKILLS SUCH AS ; ATTENTION TO DETAIL , TEAM WORK , PROBLEM SOLVING AND SITUATIONAL AWARENESS.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES  NO

## REFERENCES

1. ERIC NEWTON	(937) 626-3516
(Name)	Phone #
1775 FOLS RD NEW LEDANON OH, 45345	
(Address)	
2. ALLEN MORRILL	(512) 942-9977
(Name)	Phone #
402 GEYSER AVE, PFLUGERVILLE TX, 78660	
(Address)	
3. TOMMY BAKARA	(937) 543-6606
(Name)	Phone #
725 PARK AVE MANSFIELD OH, 45342	
(Address)	

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

/

/

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.



Signature of Applicant

24 MAY 2018

Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

INTERVIEWER

DATE

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*





## MONROE POLICE DEPARTMENT

233 South Main Street • P.O. Box 330 • Monroe, Ohio 45050-0330

**DATE:** April 30<sup>th</sup>, 2019

**TO:** Patrol Officer Austin Whitt

**FROM:** Chief Buchanan

**RE:** **Completion of Field Training and Assignment to the Patrol Division.**

Officer Whitt,

Upon review of your training files and upon recommendation of the field training supervisor you are hereby released from the field training program and are being assigned to the Monroe Police Patrol Division effective immediately.

I would like to take this opportunity to congratulate you on a job well done. This day marks the final step in your journey to join the ranks of the Monroe Police Department. As you remove the 'Officer In Training' tabs from your uniform collar and replace them with the 'MPD' tabs, please take a moment to reflect on history of our department, the proud ranks that you join, and the excellent job that you have done to get to this point. Your commitment to excellence and your dedication to duty reflect great credit upon yourself, the city of Monroe and the law enforcement profession. Welcome and good luck in your new assignment.

Sincerely,

Chief R. Buchanan

## CONFIRMATION OF SUBMISSION OF NEW HIRE REPORTS



**Ohio New Hire Reporting Center**  
**P.O. Box 15309**  
**Columbus, OH 43215-0309**  
**(614) 221-5330**  
**(888) 872-1490 (toll-free)**

**New Hire Entries for: City of Monroe**  
**Date: 9/5/2018**

SSN	Name	Hire Date	Birth Date	IC	Work State	Address	City	State	Zip	Country
	AUSTIN WHITT	08202018		N	OH		FARMERSVILLE	OH	45325	UNITED STATES

[Print Confirmation Report](#)
[Employer Home](#)
[Logout](#)



July 12, 2018

Austin Whitt



Mr. Whitt,

The City of Monroe would like to extend you a conditional offer of employment for the position of full-time patrol officer with the Monroe Police Department. Your starting salary will be \$45,567 annually.

Your employment will begin on Monday, August 20<sup>th</sup>, 2018, at the Ohio State Highway Patrol Academy. The start time will be determined later. As part of your conditional offer you will be required to pass all pre-entrance testing necessary for admission to the Ohio State Highway Patrol Municipal Academy. This will include any medical or physical testing as may be required at locations determined by the City of Monroe or the Ohio State Highway Patrol. Your conditional offer is also contingent on your successful completion of all training elements of the academy and obtaining certification as a peace officer through the Ohio Peace Officer Training Commission.

This offer is contingent on a negative drug screen, passing of a psychological examination, and medical screening. Your point of contact to coordinate these appointments is Police Administrative Assistant Michelle Payne at 513-539-9234.

We look forward to working with you and are very excited to have you join our team. If you have any questions concerning this offer, please do not hesitate to contact me.

Sincerely,

Kacey L. Waggaman, CPFA, CPFIM  
Assistant City Manager



**PLEASE READ THIS STATEMENT CAREFULLY**

As an applicant with the City of Monroe, my signature below authorizes the Monroe Police Department, or its agent, to obtain a consumer credit report or other information regarding my credit status for the purposes of determining my suitability for employment with the City. I understand that this information will be used only for employment purposes.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I understand that the information obtained from a credit verification check will be used in accordance with the Federal Fair Credit Reporting Act.

WITNESS	APPLICANT
Printed Name:	Printed Name: AUSTIN WHITT
Signature:	Signature: <i>Austin Whitt</i>
Date:	Date of Birth: [REDACTED]
	Social Security Number [REDACTED]

I, AUSTEN WHITT, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

A photocopy of this authorization is to be accepted as an original.

WITNESS	APPLICANT
Printed Name: <u>Michael S. McKinney</u>	Printed Name: <u>AUSTEN WHITT</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Date: <u>2/18/19</u>	Date of Birth: [Redacted]
	Social Security Number: [Redacted]

36. Has any member of your immediate family been the victim of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. Have you ever allowed someone else to use your driver's license for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Have you ever lied to any insurance company about a traffic ticket that you have received or any accident in which you have been involved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. Have you ever been involved in an automobile accident and left the scene without giving your information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. Have you ever driven a motor vehicle when you thought that you had drank too much of an alcoholic beverage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever been stopped, questioned, or tested for driving while under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42. Has there ever been a period in your life when you thought you abused alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43. Have you done anything while under the influence of alcohol that you would not have done if you were sober?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44. Have you ever provided alcohol to a minor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
45. Have you ever used a false ID to purchase alcohol?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46. Have you ever injected any drug, whether prescribed or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47. Have you ever kept a cash overage at the end of a shift you worked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SECTION O  
APPLICANT QUESTIONNAIRE**

**REMARKS/EXPLANATION SECTION**

**INSTRUCTIONS:** IF YOU ANSWERED YES TO ANY OF THE PRECEDING QUESTIONS IN THE APPLICANT QUESTIONNAIRE, EXPLAIN YOUR RESPONSE BELOW. INDICATE THE QUESTION NUMBER PRIOR TO YOUR RESPONSE. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

O, 7 - I WAS DISCIPLINED IN 2010 FOR SMOKING A CIGARETTE IN A GUARD TOWER.

O, 34 - MY BROTHER COREY WHITT HAS BEEN ARRESTED TWICE TO MY KNOWLEDGE. ONCE IN 2008 IN MARIETTA OHIO FOR CRIMINAL TRESPASS. HE WAS ARRESTED AGAIN IN 2013 IN DAYTON OH FOR CHILD SUPPORT.

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

**INSTRUCTIONS:** USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

K,3 - DROVE ONE TIME UNDER THE INFLUENCE OF ALCOHOL IN 2011. I HAD AROUND 6 BEERS AND DROVE HOME WHICH WAS 10 MILES AWAY.

K,4 - I WAS ARRESTED IN 2009 WHICH WAS EXPLAINED IN AN EARLIER SECTION.

K,7 - POSSESSION OF ALCOHOL WHILE UNDERAGE.

L,1 - ARRESTED IN 2009 FOR POSSESSION, CULTIVATION AND PARAPHERNALIA AS WELL AS UNDERAGE ALCOHOL.

L,2 - USED MARIJUANA 4 DIFFERENT TIMES BETWEEN 2006 AND 2009. THE LAST TIME WAS IN 2009. I BOUGHT MARIJUANA 2 TIMES WITHIN THOSE 4 YEARS.

RESIDENCE DATA

C,7 - MARCH 2012 - FEB 2013. 2104 WRIGHT WAY AVE KILLEEN TX 76543. RENTED A HOME WITH LINDSEY BROWN (EX-WIFE).

C,8 - NOV 2011 - MARCH 2012 LIVED IN THE BARRACKS IN KILLEEN TX AT FT HOOD.

C,9 - JUNE 2009 - NOV 2011. LIVED IN THE BARRACKS IN VICENZA, ITALY AS CASERMA FEDERLY.

C,10 - JUNE 2007 - JUNE 2009 - 4413 MADAME STONE DR, MORRIS OH 45439. RENTED A ROOM FROM MY FRIEND JACQ HEMMERGER WHO ALSO LIVED THERE.

**SECTION M  
MISCELLANEOUS  
(Part B)**

**INSTRUCTIONS: EXPLAIN YOUR ANSWER IN SECTION N**

1. Have you ever been addicted to any form of gambling? **NO**
  - a. If so what type of gambling?
  
2. Do you have any of the following that would restrict you from conforming to departmental standards for grooming and/or appearance? **NO**
  - a. Tongue, nose, eye or brow splitting or piercing.
  - b. The complete or transversal implantation of any material other than hair replacement or breast augmentation.
  - c. Abnormal shaping of the ears, eyes, nose or teeth.
  - d. Branding or scarification.
  - e. Dental Alteration or Ornamentation-Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initials, etc. The use of yellow gold, white gold, or platinum caps (permanent or temporary) merely to add ornamentation to the teeth and not required by dental/medical necessity is prohibited.
  - f. Tattoos/body markings that would be visible while working in any authorized uniform or attire.

(Note) Visible tattoos, body piercings or alterations must also be surgically repaired, returning the body alteration to a normal/acceptable condition as a condition of employment.

**3. PAST LAW ENFORCEMENT EXPERIENCE QUESTIONS**

Yes  N/A

**This section is to only be completed if you have worked in a Law Enforcement Career in the past. If this section does not apply to you, indicate N/A and continue.**

1) Have you ever kept or forgotten to turn in property or evidence that you have collected? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever taken illegal drugs off someone and kept it for your personal usage or gave it to someone else for their use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION E**  
**Drug History**

- I. These questions are concerning your entire lifetime and not just when you were an adult.
- II. Have you ever used, sold, or assisted in the use or selling of any of the following narcotics? Please answer each and if to the positive, give a detailed account of when, how many times, and the last time you used with dates as close as possible in Section N.

1. Have you ever had contact with the police for a drug violation?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever used, bought, or sold (Illegal use only): (If YES, indicate which you have done)				
a) Marijuana?	<input checked="" type="checkbox"/> Used	<input checked="" type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Hashish/Hash?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) Uppers?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) Downers?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e) Cocaine?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f) Crack?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g) Heroin?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h) LSD?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i) Angel Dust?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j) Methamphetamine?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k) Ecstasy?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l) Oxycontin or Oxycodone?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m) Hallucigenic Mushrooms?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
n) PCP?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
o) Prescription drugs not prescribed to you?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
p) Steroids?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
q) Any other illegal or abused drug not listed above?	<input type="checkbox"/> Used	<input type="checkbox"/> Bought	<input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
r) Forged a doctor's prescription?	<input type="checkbox"/> Used	<input type="checkbox"/> Made		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N

3. Do you regularly associate with known drug users or sellers?

*NO*

- a. If so, what is your relationship to them?

*NA*

SECTION N  
FINANCIAL DATA

Use Section N for any questions requiring written explanation. Be sure to reference the relevant section and question number with your answer (example, J 6).

1. DO YOU PRESENTLY HOLD ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
2. DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY WAGE GARNISHMENTS OF YOUR SALARY?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
3. HAVE YOU EVER BEEN FOUND DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
4. HAVE YOU EVER HAD A COURT ORDERED FINANCIAL JUDGEMENT AGAINST YOU?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
5. DO YOU PRESENTLY HAVE A FINANCIAL JUDGEMENT PENDING IN COURT?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
6. ARE YOU CURRENTLY DELINQUENT ON ANY FINANCIAL OBLIGATIONS OR OWE ANY MONIES BECAUSE OF AN ILLEGAL TRANSACTION? (Example: Gambling, prostitution, drug deal)		
6.(Part B) DO YOU RECEIVE CALLS FROM COLLECTION AGENCY ON DEBT?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
7. HAVE YOU EVER HAD ANY REAL OR PERSONAL PROPERTY REPOSSESSED?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
8. HAVE YOU EVER FILED BANKRUPTCY?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain and give dates:		
9. CURRENT INCOME		
YOUR INCOME	Source of Income	Amount of Monthly Income
	VA DISABILITY	\$ 836.00
YOUR SPOUSE'S INCOME	Source of Income	Amount of Monthly Income
	KETTERING HEALTH NETWORK	\$ 3,000
	JOURNEYLITE	\$ 600

## SECTION 1 MOTOR VEHICLE OPERATION

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES  NO If YES, give the date, location, and reason: 2009, WEST CARRINGTON OH, DRIVING W/O INSURANCE

2. LIST BELOW ANY STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE AND INDICATE THE STATUS:

OHIO - ACTIVE

3. HAS YOUR VEHICLE REGISTRATION EVER BEEN SUSPENDED, REFUSED, OR REVOKED?

YES  NO If YES, give the date, location, and reason:

4. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?

YES  NO

5. INDICATE YOUR AUTO INSURANCE CARRIER AND THE TYPE OF INSURANCE CARRIED:

Name of Insurer	Type of Coverage
USAA	<input checked="" type="checkbox"/> Liability <input type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input type="checkbox"/> Comprehensive
PROGRESSIVE	<input checked="" type="checkbox"/> Liability <input checked="" type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Comprehensive

6. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED AS AN ADULT OR JUVENILE:

Date	Violation/Charge	Location (City/State)	Police Agency	Final Disposition	Fine Amount
FEB 2017	SPEEDING	VILLAGE OF NEW MEAMS / OH	NEW MEAMS	PAID FINE	\$95.00
2009	DRIVING W/O INSURANCE	WEST CARRINGTON / OH	WEST CARRINGTON	LICENSE SUSPENDED	NA
2009	SEAT BELT VIOLATION	WEST CARRINGTON / OH	WEST CARRINGTON	PAID FINE	\$100
2006	FAILURE TO CONTROL	MEAMS TOWNSHIP / OH	MEAMS TOWNSHIP	PAID FINE	\$200
NA	NA	NA	NA	NA	NA

7. LIST BELOW ALL MOTOR VEHICLES OWNED/OPERATED BY YOU:

Year	Make	Model	License Number	State of License	Insured?
1994	FORD	BRUNCO	[REDACTED]	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1991	FORD	F150	[REDACTED]	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2005	HONDA	VTX 1300	[REDACTED]	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #4					<input type="checkbox"/> YES <input type="checkbox"/> NO

8. AUTOMOBILE CRASHES

A. Since you started driving, in how many automobile crashes have you been involved? 2

B. In how many were you found at fault? 2

C. List below all automobile crashes in which you have been involved. Include dates, locations, and who was at fault:

2006, MEAMS TOWNSHIP OH, I WAS AT FAULT.

2012, KILLEEN.TX, I WAS AT FAULT



SECTION E  
EMPLOYMENT EXPERIENCE (CONTINUED)

<b>F. PREVIOUS EMPLOYER</b>					
Name of Employer			Employment Status		
NA			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
NA					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
NA	NA	NA			
Name of Supervisor			Name of Co-Worker		
NA			NA		
Briefly Describe Your Duties Below:				Reason for Leaving	
NA				NA	

<b>G. PREVIOUS EMPLOYER</b>					
Name of Employer			Employment Status		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
Name of Supervisor			Name of Co-Worker		
Briefly Describe Your Duties Below:				Reason for Leaving	

<b>H. PREVIOUS EMPLOYER</b>					
Name of Employer			Employment Status		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
Name of Supervisor			Name of Co-Worker		
Briefly Describe Your Duties Below:				Reason for Leaving	

SECTION 1  
**EMPLOYMENT EXPERIENCE**

1. ARE YOU CURRENTLY IN THE APPLICATION PROCESS WITH ANY OTHER LAW ENFORCEMENT AGENCY?  
 YES  NO If YES, list the agency name and status of your application:

2. HAVE YOU EVER APPLIED WITH ANOTHER LAW ENFORCEMENT AGENCY AND NOT BEEN HIRED?  
 YES  NO If YES, list the agency name, date of application, and reason not hired (if known):  
 CENTERVILLE POLICE DEPT, APRIL 2018, FORGOT TO PROVIDE INFO ON UNDERAGE ALCOHOL CHANGE FROM 2009

3. HAVE YOU EVER HAD AN EXTENDED WORK ABSENCE FOR REASONS OTHER THAN EARNED VACATION?  
 YES  NO If YES, explain:

4. EMPLOYMENT HISTORY – Beginning with your present or most recent job, list all employment that you have held for the last TEN years, including part-time, temporary, or seasonal employment. Be sure to list all periods of active military duty (for more than fifteen days) and all periods of unemployment.

**A. PRESENT OR MOST RECENT EMPLOYER**

Name of Employer		Employment Status			
MIAMI UNIVERSITY		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY		
Your Job Title/Position		<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK		
STUDENT		<input checked="" type="checkbox"/> FULLTIME STUDENT	<input type="checkbox"/> UNEMPLOYED		
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip Phone
JAN 2016	MAY 2018	501 E HIGH ST	OXFORD	OH	45056 513-529-1809
Name of Supervisor			Name of Co-Worker		
NA			NA		
Briefly Describe Your Duties Below:					Reason for Leaving
FULL TIME STUDENT ON THE GI BILL.					GRADUATED
WILL CONTACT WITH THIS EMPLOYER BE HARMFUL TO YOU? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:					

**B. PREVIOUS EMPLOYER**

Name of Employer		Employment Status			
SINCLAIR COMMUNITY COLLEGE		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY		
Your Job Title/Position		<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK		
STUDENT		<input checked="" type="checkbox"/> FULL TIME STUDENT	<input type="checkbox"/> UNEMPLOYED		
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip Phone
JAN 2014	JAN 2016	444 W. THIRD ST	DAYTON	OH	45402 937-512-3000
Name of Supervisor			Name of Co-Worker		
NA			NA		
Briefly Describe Your Duties Below:					Reason for Leaving
FULL TIME STUDENT ON GI BILL					GRADUATED

SECTION C  
RESIDENCE DATA (CONTINUED)

4. PREVIOUS ADDRESS					
From	To	Location of Residence			
		Address	City	State	Zip
MARCH 2014	JULY 2014	550 MT ZION RD APT#006	FLORENCE	KY	41042
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER – If other, list name(s) below:					
Name			Relationship		
LINDSEY BROWN			EX-WIFE		
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:					
Name		Address		City State Zip Phone	
WOOD SPRING APARTMENTS		550 MT ZION RD		FLORENCE KY 41042 859-647-7771	
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:					
GOING THROUGH DIVORCE					

5. PREVIOUS ADDRESS					
From	To	Location of Residence			
		Address	City	State	Zip
OCT 2013	MARCH 2014	3460 TRAIL-ON RD	MORAINE	OH	45439
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER – If other, list name(s) below:					
Name			Relationship		
LINDSEY BROWN			EX WIFE		
DAN & DIANE BROWN			EX IN-LAWS		
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:					
Name		Address		City State Zip Phone	
DAN BROWN		3460 TRAIL-ON RD		MORAINE OH 45439 937-974-3103	
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:					
MOVED TO AN APARTMENT					

6. PREVIOUS ADDRESS					
From	To	Location of Residence			
		Address	City	State	Zip
FEB 2013	OCT 2013	3509 LOGSDON	COPPERAS COVE	TX	76522
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER – If other, list name(s) below:					
Name			Relationship		
JACOB WILSON			FRIEND		
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:					
Name		Address		City State Zip Phone	
JACOB WILSON		3509 LOGSDON		COPPERAS COVE TX 76522 512-525-5499	
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:					
DISCHARGED FROM THE ARMY					

SECTION B  
FAMILY/REFERENCE DATA (CONTINUED)

8. DO YOU HAVE ANY DEPENDENTS OTHER THAN THOSE LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
Name	Address			Relationship	
9. FATHER <input type="checkbox"/> DECEASED					
Name	Address	City	State	Zip	Phone
JOHN WHITT		SPENCER	IN	47460	
10. MOTHER <input type="checkbox"/> DECEASED					
Name	Address	City	State	Zip	Phone
MARY WHITT		DAYTON	OH	45403	
11. WERE YOU RAISED BY ANYONE OTHER THAN YOUR PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
Name	Address	City	State	Zip	Phone
PERSON'S RELATIONSHIP TO YOU:					
12. ARE YOU RECEIVING COURT ORDERED CHILD SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
FROM WHOM:		FREQUENCY PAID:		AMOUNT RECEIVED:	
13. ARE YOU RESPONSIBLE FOR PAYING COURT ORDERED CHILD SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
TO WHOM:		FREQUENCY PAID:		AMOUNT PAID:	
14. ADDITIONAL REFERENCE - List below the name of one additional personal reference other than those listed on your application. Do not list the name of a relative, a person for whom you have worked, or a person listed elsewhere in this packet. This person must have known you for at least five years.					
Name					
DAVE MILLER					
Address		City	State	Zip	Home Phone
3651 CHARLOTTE MILL DR		MORaine	OH	45459	(937) 262-8611
Years Known	Person's Occupation	Person's Place of Employment			
15	PARMS & REC DIRECTOR	PAYNE REC CENTER			
15. FRIENDS/ACQUAINTANCES - List below the names of two persons with whom you have associated closely or seen frequently during the last three years. Do not list relatives, persons for whom you have worked, or persons listed elsewhere in this packet.					
A. Name					
ERIK NEWTON					
Address		City	State	Zip	Home Phone
1775 FOLS RD		NEW LEBANON	OH	45345	(937) 626-3516
Years Known	Person's Occupation	Person's Place of Employment			
17	EQUIPMENT OPERATOR	KT GRANT INC			
B. Name					
TOMMY BAKARA					
Address		City	State	Zip	Home Phone
725 PARK AVE		MIAMI SBURG	OH	45342	(937) 543-6606
Years Known	Person's Occupation	Person's Place of Employment			
15	FLOOR FINISHER	ALL ABOUT HARD WOOD			

**SECTION A  
APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY

<b>1. YOUR NAME</b>				
Last	First	Middle	Suffix	
WHITT	AUSTIN	TYLER		
<b>2. DO YOU HAVE ANY ALIASES?</b> If YES, list all other names below:				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>3. HAS YOUR NAME EVER BEEN LEGALLY CHANGED?</b> If YES, list name, date of change, and location of change:				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>4. CURRENT ADDRESS</b>				
Street	City	State	Zip	
[REDACTED]	FARMERSVILLE	OH	45325	
<b>5. LEGAL RESIDENCE</b>				
Street	City	State	Zip	
[REDACTED]	FARMERSVILLE	OH	45325	
<b>6. HOME PHONE (include area code and indicate hours during which you can be reached here)</b>				
[REDACTED]	Hours	09:00 - 2300		
<b>7. WORK PHONE (include area code and indicate hours during which you can be reached here)</b>				
( ) - N/A	Hours	N/A		
<b>8. OTHER PHONE NUMBERS (specify type, pager or cell phone)</b>				
( ) - N/A	( ) - N/A			
<b>9. DATE OF BIRTH</b>		<b>10. SOCIAL SECURITY NUMBER</b>		
Month/Day/Year		[REDACTED]		
<b>11. PHYSICAL DESCRIPTORS</b>				
Height	Weight	Eye Color	Hair Color	Scars, Marks, Tattoos
5'11	196	BLUE	BROWN	CHEST TATTOO OF A CROSS. SCAR ON RIGHT EYE BROW
<b>12. CITIZENSHIP</b>				
Are you a United States Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION If NO, what country?				
<b>13. PLACE OF BIRTH</b>				
City	County	State	Country	
DAYTON	MONTGOMERY	OH	UNITED STATES	
<b>14. RESIDENCY</b>				
Are you an Ohio Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, what state?				
<b>15. DRIVER'S LICENSE</b>				
Number	State	Expiration		
[REDACTED]	OH	07/25/2019		

## INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will assist in determining your eligibility for employment with the Monroe Police Department.

- HONESTY IS VERY IMPORTANT! You must provide as much information as possible and should be as detailed as possible. Take your time and make sure your responses are accurate and complete. If you have doubt as to whether you should include certain information, then, most probably you should include it.
- The Personal History Statement MUST be completed by you, the applicant.
- YOUR PERSONAL HISTORY STATEMENT MUST BE PRINTED LEGIBLY IN INK OR TYPED.
- If a question is not applicable to you, enter N/A in the space provided. Do not leave any questions blank.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification. Your local library should provide free internet access or may have a directory service or the ability to obtain addresses for you. Be sure to provide the complete address including zip code.
- If there is insufficient space on the form for you to include all information required, use the remarks section (SECTION L) for the additional information. Be sure to reference the relevant section and question number with your answer (i.e. A5: .....).
- An accurate and complete form will help expedite your investigation. **Deliberate omissions or falsifications will result in disqualification from further consideration.**
- Your Personal History Statement must be signed by you and NOTARIZED on the appropriate page at the end of the packet. Your statement is not complete until you have it notarized. You may have your statement notarized at the police station for free or by another commissioned notary public.

# Sinclair Community College

Dayton, Ohio

The Board of Trustees of Montgomery County Community College District  
upon the recommendation of the Faculty

herby confers upon

**Austin D. Mhitt**

the degree of

**Associate of Arts**

**Sociology**

together with all rights, privileges and responsibilities appertaining thereto.

This diploma, bearing the seal of Sinclair Community College and the  
signatures of its representatives, gives testimony of fulfillment of  
all requirements of this degree.

Given this month of August, two thousand and sixteen

*Robert M. Andy*  
Chairman, Board of Trustees



*Stan Lee Johnson*  
President



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) WHITT		First Name (Given Name) AUSTIN		Middle Initial T	Other Last Names Used (If any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town FARMERSVILLE	State OH	ZIP Code 45325
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]	Employee's E-mail Address [REDACTED]			Employee's Telephone Number [REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee 	Today's Date (mm/dd/yyyy) 08/01/2018
---------------------------	---

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

STOP | Employer Completes Next Page | STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A
OR
List B
AND
List C  
 Identity and Employment Authorization      Identity      Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Additional Information <div style="float: right; border: 1px solid black; padding: 5px; width: fit-content;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

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

The employee's first day of employment (mm/dd/yyyy): 08-20-2018 (See Instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
<u>Heena England</u>	<u>08-02-2018</u>	<u>Executive Assistant</u>	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
<u>England</u>	<u>Heena</u>	<u>CITY OF Monroe</u>	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
<u>233. S. Main Street</u>	<u>Monroe</u>	<u>LA</u>	<u>70505</u>

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



## Specimen Result Certificate

Attention: KACEY WAGGAMAN CITY OF MONROE 233 S. MAIN STREET MONROE, OH 45050	Verification Date 7/23/2018 07:50 AM
Collection Site: 9727 - Excel Corporate Care	Medical Review Officer: Dr's. MacGregor, Buring, & Kahkonen 4220 Grand Avenue Middletown, OH 45044 513-420-4700

Donor Name: whitt, austin t	Donor SSN: [REDACTED]
Date Of Test: 7/20/2018	Donor ID: oh
ID Number: 32294182	Reason for Test: Pre-employment
Laboratory: ALERE	Regulation: Non-DOT
	Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
[REDACTED]							

Final Result Disposition: **Negative**

Remarks:

**Notice to Employee**

- 1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- 2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

- 3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Employee's Withholding Exemption Certificate**

IT 4  
Rev. 5/07

Print full name test AUSTIN TYLER WHITT Social Security number [REDACTED]

Home address and ZIP code [REDACTED]

Public school district of residence VALLEY VIEW SCHOOL DISTRICT School district no. 5713

- 1. Personal exemption for yourself, enter "1" if claimed .....
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) .....
- 3. Exemptions for dependents .....
- 4. Add the exemptions that you have claimed above and enter total .....
- 5. Additional withholding per pay period under agreement with employer ..... \$ .....

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature [Signature] Date 08/01/2018

*Handwritten notes:*  
12/13  
9/6/18



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Narcan eLearning Course***

***Completed on: 2/12/2019 6:06:56 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Responding to Human Trafficking***

***Completed on: 2/20/2019 3:36:04 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Ohio Human Trafficking***

***Completed on: 2/20/2019 3:42:59 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Awareness of Human Trafficking***

***Completed on: 2/20/2019 4:04:51 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Stalking Laws***

***Completed on: 2/20/2019 3:53:28 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Protection Order Laws***

***Completed on: 2/20/2019 6:09:22 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Crisis Intervention***

***Completed on: 2/18/2019 4:40:03 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Companion Animal Encounters***

***Completed on: 2/17/2019 10:42:23 PM***



OHIO



eOPOTA

*This is to certify that*

***AWhitt25936 awhitt25936***

***has completed the Ohio Attorney General's online training course on***

***Missing Persons***

***Completed on: 2/18/2019 4:14:14 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Missing Children Investigation***

***Completed on: 2/18/2019 4:01:35 PM***



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Child Abuse and Neglect***

***Completed on: 2/18/2019 3:11:07 PM***



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

This is to certify that

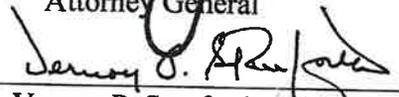
**Austin Tyler Whitt**

**has completed the Ohio  
Peace Officer Basic Training Program**

Conducted by  
**Ohio State Highway Patrol Academy**

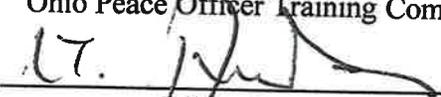
Awarded on  
**January 22, 2019**

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



  
\_\_\_\_\_  
Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

  
\_\_\_\_\_  
School Commander

**BAS18-051 190172**

# PAYROLL CHANGE NOTICE

*note made*

#1233

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

*Austin Whitt*

DEPARTMENT

*Police*

EFFECTIVE DATE

*4-30-19*

## THE CHANGE(S):

All Applicable Boxes

FROM

TO

DEPARTMENT

JOB

SHIFT

RATE

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

*Step 1*  
*\$45,567.00*

*Step 2*  
*\$49,964.00*

## THE REASON FOR THE CHANGE(S):

- HIRED
- RE-HIRED
- PROMOTION
- DEMOTION
- TRANSFER
- MERIT INCREASE
- UNION SCALE
- LEAVE OF ABSENCE FROM \_\_\_\_\_ (DATE) UNTIL \_\_\_\_\_ (DATE)
- OTHER (Explain) \_\_\_\_\_ (DATE) UNTIL \_\_\_\_\_ (DATE)
- PROBATIONARY PERIOD COMPLETED
- LENGTH OF SERVICE INCREASE
- RE-EVALUATION OF EXISTING JOB
- RESIGNATION
- RETIREMENT
- LAYOFF
- DISCHARGE

*11/19*

*5/7/19*

*Completion of Field Training*

## AUTHORIZATION:

RECOMMENDED BY <i>[Signature]</i>	DATE <i>5-7-19</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>5-7-19</i>

# PAYROLL CHANGE NOTICE

*Note Made*

#1233

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME <i>Austin Whitt</i>	
DEPARTMENT <i>Police Department - Patrol Officer</i>	EFFECTIVE DATE <i>8-20-2018</i>

**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>step 1</i>	<i>\$ 45,567.00</i>
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

**THE REASON FOR THE CHANGE(S):**

<input checked="" type="checkbox"/> HIRED <input type="checkbox"/> RE-HIRED <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> UNION SCALE <input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE) <input type="checkbox"/> OTHER (Explain) _____ _____ _____	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED <input type="checkbox"/> LENGTH OF SERVICE INCREASE <input type="checkbox"/> RE-EVALUATION OF EXISTING JOB <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE
---	---

**ENTERED**  
*kw*  
*8/13/18*  
*8/16/18*

**AUTHORIZATION:**

RECOMMENDED BY <i>[Signature]</i>	DATE <i>7-17-18</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>7-26-18</i>

# PAYROLL CHANGE NOTICE

*note made*

#1233

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

*Austin Whitt*

DEPARTMENT

*Police*

EFFECTIVE DATE

*4-30-19*

## THE CHANGE(S):

All Applicable Boxes

FROM

TO

DEPARTMENT

JOB

SHIFT

RATE

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

*Step 1*  
*\$45,567.00*

*Step 2*  
*\$49,964.00*

## THE REASON FOR THE CHANGE(S):

- HIRED
- RE-HIRED
- PROMOTION
- DEMOTION
- TRANSFER
- MERIT INCREASE
- UNION SCALE
- LEAVE OF ABSENCE FROM \_\_\_\_\_ (DATE) UNTIL \_\_\_\_\_ (DATE)
- OTHER (Explain) \_\_\_\_\_ (DATE) UNTIL \_\_\_\_\_ (DATE)
- PROBATIONARY PERIOD COMPLETED
- LENGTH OF SERVICE INCREASE
- RE-EVALUATION OF EXISTING JOB
- RESIGNATION
- RETIREMENT
- LAYOFF
- DISCHARGE

*160*

*5/16/19*

*Completion of Field Training*

## AUTHORIZATION:

RECOMMENDED BY <i>[Signature]</i>	DATE <i>5-7-19</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>5-7-19</i>

-Orig Mailed 9/10/18  
w/ medical records



Ohio Police & Fire Pension Fund  
140 East Town Street  
Columbus, OH 43215  
Phone: 1-888-864-8363  
www.op-f.org

FILE COPY

## PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre-employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

**The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.**

Section A: Employee information			
Name: First, MI, Last, suffix (Jr. III, etc.) <b>AUSTEN T. WHITE</b>		<input checked="" type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Street Address / Post office box [REDACTED]		Social Security number [REDACTED]	
City, State, ZIP code <b>FARMERSVILLE, OH, 45325</b>		Date of Birth [REDACTED]	
Home phone [REDACTED]	<input checked="" type="checkbox"/> New	Alternate phone [REDACTED]	<input type="checkbox"/> New
Email address [REDACTED]		<input checked="" type="checkbox"/> New	

**Section B: Marital and dependent information**

**Current spouse**

Name: MOLLIE SANNER Gender:  Male  Female

Marriage date: 10 28 2017 Social Security number: [REDACTED] Birth date: [REDACTED]

**Dependent information (excluding current spouse)**

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18				
Children, 18-22 if unmarried and a student				
Children, any age if dependent and disabled				

**Section C: Multiple Ohio retirement system membership**

Yes  No Are you **currently receiving**, or eligible to receive in the future, an age/service retirement benefit or disability benefit from any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

Yes  No Are you **currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

Yes  No Have you **received a refund of contributions** for full-time service from any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

Yes  No Do you have **contributions on deposit for full-time service, but are not currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

**Section D: Out-of-state, federal or military employment information**

Yes  No Have you ever been employed full-time by an **out-of-state public employer** or as a **civil employee of the federal government**? If yes, please provide your employer's name, address, date of hire and termination date.

Yes  No Do you have previous active duty service in the **Armed Forces**? If yes, please provide your branch and dates of service.

U.S. ARMY JUNE 2009 - NOV 2013

**Section E: Employee signature and acknowledgement**

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.

Signature



Date of signature

08/01/2018

**Section F: Notary public requirement**

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of Butler, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this 1 day of August, 2018.

Affix seal here



MICHELLE L. PAYNE  
Notary Public, State of Ohio  
My Comm. Expires 10-07-2020

Notary's signature



Print name

Michelle L. Payne

My commission expires

10/7/2020

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

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

Section G: Employer Information		
Employer name <i>City of Monroe</i>	Employer Code <i>0717</i>	Check one: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire
Street address / Post office box <i>233 S. Main St.</i>	Employer phone <i>(513) 539-7374 x108</i>	Employer fax <i>(513) 539-6460</i>
City, State, ZIP code <i>Monroe, OH 45050</i>	Employer e-mail address: <i>wagerske@monroehio.org</i>	

**Section H: Certification of membership eligibility**

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

Yes  No The employee received an original appointment as a full-time, regular **police officer**.  
Check one of the following:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Yes  No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

*8/20/2018*  
(month/day/year) Date employee began contributing a percentage of his/her salary to OP&F (first date that compensation was earned as a full-time police officer or firefighter).

*8/20/2018*  
(month/day/year) Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**

*\$45,567*  
(per year) Member's initial salary rate (starting annual salary).

*8/2018*  
(month/year) Date pension contributions will first appear on the *Report of Retirement Deductions*.

*A*  
(A, B, C or D) Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions*.

**Section I: Employer certification**

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature <i>Kim Wagers</i>	Date of signature <i>9/6/2018</i>
Print name <i>Kim Wagers</i>	Title <i>Payroll</i>

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

OP&F USE ONLY Entered/Date: Reviewed/Date:



## MONROE POLICE DEPARTMENT

233SouthMainStreet•P.O.Box330•Monroe,Ohio 45050-0330

July 16, 2018

To: Chief Buchanan  
From: Det. Josh Robertson  
Re: Austin Whitt

Sir,

A background investigation has been completed on Austin Whitt. Austin has no police experience and has not attended a police academy. Austin is in the process of enrolling in the Greene County Police Academy if he is not hired at Monroe PD.

In March of 2009 Austin was arrested during the execution of a search warrant. Austin was initially charged with Manufacturing of Illegal Drugs, Drug Paraphernalia, and Illegal Alcohol possession. Prosecution denied the manufacturing charge, and Austin ultimately plead to the underage possession of alcohol. There has been no other law enforcement contact with Austin.

After graduating high school, Austin enlisted into the Army. Austin completed four years, which included one tour in the Middle East. Austin's discharge is classified as Honorable.

After the Army, Austin enrolled in Sinclair Community College. Austin graduated with an honors Associates degree in Sociology. Austin continued his education at Miami University where he graduated Suma Cum Laude with a Bachelor's degree in Applied Social Science.

According to Austin's references, he would make an excellent police officer. When asked, Austin's references stated that they would be relieved that if they needed the police, and Austin showed up to the call.

I completed a CVSA exam of Austin. The PHQ that was completed by Austin was reviewed with him once again, and he was given the CVSA. I detected no deception during the exam.

I also conducted a home visit with Austin and his Wife. We discussed several aspects of law enforcement, with special focus on Austin having to attend the police academy at OSP. Austin appeared to have the full support of his Wife. Both Austin and his Wife expressed a strong interest in working for Monroe.

After reviewing the background investigation that had been completed I have found nothing that would hinder Austin from moving forward in the process.

A handwritten signature in black ink, appearing to read "Det. Josh Robertson". The signature is stylized and cursive.

Det. Josh Robertson

**MONROE POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT  
BACKGROUND PACKET**



**Bob Buchanan  
Chief of Police**

**MONROE POLICE DEPARTMENT  
233 SOUTH MAIN STREET  
MONROE, OHIO 45050  
(513) 539-9234**

## INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will assist in determining your eligibility for employment with the Monroe Police Department.

- HONESTY IS VERY IMPORTANT! You must provide as much information as possible and should be as detailed as possible. Take your time and make sure your responses are accurate and complete. If you have doubt as to whether you should include certain information, then, most probably you should include it.
- The Personal History Statement MUST be completed by you, the applicant.
- YOUR PERSONAL HISTORY STATEMENT MUST BE PRINTED LEGIBLY IN INK OR TYPED.
- If a question is not applicable to you, enter N/A in the space provided. Do not leave any questions blank.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification. Your local library should provide free internet access or may have a directory service or the ability to obtain addresses for you. Be sure to provide the complete address including zip code.
- If there is insufficient space on the form for you to include all information required, use the remarks section (SECTION L) for the additional information. Be sure to reference the relevant section and question number with your answer (i.e. A5: .....).
- An accurate and complete form will help expedite your investigation. **Deliberate omissions or falsifications will result in disqualification from further consideration.**
- Your Personal History Statement must be signed by you and NOTARIZED on the appropriate page at the end of the packet. Your statement is not complete until you have it notarized. You may have your statement notarized at the police station for free or by another commissioned notary public.

## SECTION A APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY

<b>1. YOUR NAME</b>				
Last	First	Middle	Suffix	
WHITT	AUSTIN	TYLER		
<b>2. DO YOU HAVE ANY ALIASES?</b> If YES, list all other names below:				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>3. HAS YOUR NAME EVER BEEN LEGALLY CHANGED?</b> If YES, list name, date of change, and location of change:				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>4. CURRENT ADDRESS</b>				
Street	City	State	Zip	
[REDACTED]	FARMERSVILLE	OH	45325	
<b>5. LEGAL RESIDENCE</b>				
Street	City	State	Zip	
[REDACTED]	FARMERSVILLE	OH	45325	
<b>6. HOME PHONE</b> (include area code and indicate hours during which you can be reached here)				
[REDACTED]	Hours	09:00 - 2300		
<b>7. WORK PHONE</b> (include area code and indicate hours during which you can be reached here)				
( ) - N/A	Hours	N/A		
<b>8. OTHER PHONE NUMBERS</b> (specify type, pager or cell phone)				
( ) - N/A	( ) - N/A			
<b>9. DATE OF BIRTH</b>		<b>10. SOCIAL SECURITY NUMBER</b>		
Month/Day/Year		[REDACTED]		
<b>11. PHYSICAL DESCRIPTORS</b>				
Height	Weight	Eye Color	Hair Color	Scars, Marks, Tattoos
5'11	196	BLUE	BROWN	CHEST TATTOO OF A CROSS. SCAR ON RIGHT EYE BROW
<b>12. CITIZENSHIP</b>				
Are you a United States Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION If NO, what country?				
<b>13. PLACE OF BIRTH</b>				
City	County	State	Country	
DAYTON	MONTGOMERY	OH	UNITED STATES	
<b>14. RESIDENCY</b>				
Are you an Ohio Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, what state?				
<b>15. DRIVER'S LICENSE</b>				
Number	State	Expiration		
[REDACTED]	OH	07/25/2019		

**SECTION D  
FAMILY/REFERENCE DATA**

<b>1. MARITAL STATUS</b>					
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
<b>2. SPOUSE</b>					
Name		Maiden Name		Social Security Number	
MOLLIE		SANNER		[REDACTED]	
<b>3. SPOUSE'S EMPLOYMENT</b>					
Company Name		Address		Phone	
KETTERING HEALTH NETWORK		450-B WASHINGTON JACKSON RD EATON, OH 45320		(937) 456-8376	
<b>4. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE OR FORMER SPOUSES?</b>					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>5. MARRIAGE DATA – List all marriages, starting with most recent</b>					
Date of Marriage	Date of Divorce	Name of Spouse	Address	Phone	
10/28/2017	NA	MOLLIE SANNER	5104 S CLAYTON RD FARMERSVILLE	[REDACTED]	
2/18/2012	04/02/2015	LENSEY BLOWN	NA	[REDACTED]	
<b>6. DO YOU HAVE ANY CHILDREN?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO    If yes, list each child below:</b>					
Name of Child	Date of Birth	Place of Birth	Adopted?	Current Address	Phone
A.			<input type="checkbox"/>		
B.			<input type="checkbox"/>		
C.			<input type="checkbox"/>		
D.			<input type="checkbox"/>		
E.			<input type="checkbox"/>		
F.			<input type="checkbox"/>		
G.			<input type="checkbox"/>		
H.			<input type="checkbox"/>		
<b>7. INDICATE BELOW THE REQUESTED INFORMATION ABOUT THE CHILDREN LISTED ABOVE:</b>					
Other Parent of Each Child (if different than current spouse)			Legal Guardian of Each Child (if different than yourself)		
A.			A.		
B.			B.		
C.			C.		
D.			D.		
E.			E.		
F.			F.		
G.			G.		
H.			H.		

SECTION B  
FAMILY/REFERENCE DATA (CONTINUED)

8. DO YOU HAVE ANY DEPENDENTS OTHER THAN THOSE LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
Name	Address			Relationship	
9. FATHER <input type="checkbox"/> DECEASED					
Name	Address	City	State	Zip	Phone
JOHN WHITT	[REDACTED]				
10. MOTHER <input type="checkbox"/> DECEASED					
Name	Address	City	State	Zip	Phone
MARY WHITT	[REDACTED]				
11. WERE YOU RAISED BY ANYONE OTHER THAN YOUR PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
Name	Address	City	State	Zip	Phone
PERSON'S RELATIONSHIP TO YOU:					
12. ARE YOU RECEIVING COURT ORDERED CHILD SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
FROM WHOM:		FREQUENCY PAID:		AMOUNT RECEIVED:	
13. ARE YOU RESPONSIBLE FOR PAYING COURT ORDERED CHILD SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:					
TO WHOM:		FREQUENCY PAID:		AMOUNT PAID:	
14. ADDITIONAL REFERENCE – List below the name of one additional personal reference other than those listed on your application. Do not list the name of a relative, a person for whom you have worked, or a person listed elsewhere in this packet. This person must have known you for at least five years.					
Name					
DAVE MILLER					
Address		City	State	Zip	Home Phone
3651 CHARLOTTE MILL DR		MORaine	OH	45439	(937) 262-8611
Years Known	Person's Occupation		Person's Place of Employment		
15	PARTS & REC DIRECTOR		PAYNE REC CENTER		
15. FRIENDS/ACQUAINTANCES – List below the names of two persons with whom you have associated closely or seen frequently during the last three years. Do not list relatives, persons for whom you have worked, or persons listed elsewhere in this packet.					
A. Name					
ERIK NEWTON					
Address		City	State	Zip	Home Phone
1775 FULS RD		NEW LEBANON	OH	45345	(937) 626-3516
Years Known	Person's Occupation		Person's Place of Employment		
17	EQUIPMENT OPERATOR		KT GRANT INC		
B. Name					
TOMMY BAKARA					
Address		City	State	Zip	Home Phone
725 PARK AVE		MIAMISBURG	OH	45342	(937) 543-6606
Years Known	Person's Occupation		Person's Place of Employment		
15	FLOOR FINISHER		ALL ABOUT HARD WOOD		

SECTION C  
**RESIDENCE DATA**

**INSTRUCTIONS:** LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE LAST TEN YEARS. BEGIN WITH YOUR PRESENT ADDRESS. LIST THE MONTH AND YEAR FOR DATES AND INCLUDE APARTMENT NUMBERS IF YOU LIVED IN AN APARTMENT. INCLUDE YOUR MAILING AND/OR STREET ADDRESS DURING ANY PERIODS OF MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, USE THE REMARKS SECTION.

1. PRESENT ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
OCT 2015	PRESENT	3104 S CLAYTON RD	FARMERSVILLE	OH	45325	
DO YOU RESIDE WITH: <input type="checkbox"/> SELF <input checked="" type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
DO YOU: <input checked="" type="checkbox"/> OWN <input type="checkbox"/> RENT If you rent this residence, list the landlord/owner information below:						
Name		Address	City	State	Zip	Phone

2. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
JAN 2015	OCT 2015	7565 NORTHAM DR	CENTERVILLE	OH	45459	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input checked="" type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name		Address	City	State	Zip	Phone
WASHINGTON PARK APARTMENTS		7605 WASHINGTON VILLAGE DR	DAYTON	OH	45459	937-428-7750
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
WE BOUGHT A HOUSE.						

3. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
JULY 2014	JANUARY 2015	14 GLOXINIA CT	WEST CARROLLTON	OH	45449	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
MIKE MORRIS			FRIEND			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name		Address	City	State	Zip	Phone
MIKE MORRIS		14 GLOXINIA CT	WEST CARROLLTON	OH	45449	937-239-7025
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
MOVED IN WITH CURRENT WIFE.						

SECTION C  
RESIDENCE DATA (CONTINUED)

4. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
MARCH 2014	JULY 2014	550 MIZION RD APT#006	FLORENCE	KY	41042	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
LINDSEY BROWN			EX-WIFE			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name		Address	City	State	Zip	Phone
WOOD SPRING APARTMENTS		550 MIZION RD	FLORENCE	KY	41042	859-647-7771
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
GOING THROUGH DIVORCE						

5. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
OCT 2013	MARCH 2014	3460 TRAIL-ON RD	MORAINE	OH	45439	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
LINDSEY BROWN			EX WIFE			
DAN & DIANE BROWN			EX IN-LAWS			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name		Address	City	State	Zip	Phone
DAN BROWN		3460 TRAIL-ON RD	MORAINE	OH	45439	937-974-3103
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
MOVED TO AN APARTMENT						

6. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
FEB 2013	OCT 2013	3509 LOGSDON	COPPERAS COVE	TX	76522	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
JACOB WILSON			FRIEND			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name		Address	City	State	Zip	Phone
JACOB WILSON		3509 LOGSDON	COPPERAS COVE	TX	76522	512-525-5499
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
DISCHARGED FROM THE ARMY						

SECTION 4  
**EDUCATIONAL HISTORY**

1. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA?						
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
2. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU TAKE AND PASS THE G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT) TEST?						
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A						
3. HIGH SCHOOL EDUCATION						
Name of School		Address		City	State	Zip      Phone
WEST CARROLLTON HIGH SCHOOL		5833 STUDENT ST		WEST CARROLLTON	OH	45449    937-859-5121
Dates of Attendance		HIGHEST GRADE COMPLETED:		DID YOU GRADUATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
From	To	12 <sup>TH</sup>				
AUG 2005	JUNE 2009					
4. OTHER SCHOOLS – List below any schools that you have attended since high school. Be sure to include colleges, universities, business, and trade schools. Begin with the most recent. If you need additional space, use the remarks section.						
A. SCHOOL						
Name of School		Address		City	State	Zip      Phone
SENECA COMMUNITY COLLEGE		444 W. THIRD ST		DAYTON	OH	45402    937-512-3000
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):				
From	To	SOCIOLOGY				
JAN 2014	JAN 2016					
DID YOU GRADUATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE RECEIVED (if any): ASSOCIATE				
B. SCHOOL						
Name of School		Address		City	State	Zip      Phone
MIAMI UNIVERSITY		501 E. HIGH ST		OXFORD	OH	45056    513-529-1809
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):				
From	To	APPLIED SOCIAL RESEARCH				
JAN 2016	MAY 2018					
DID YOU GRADUATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE RECEIVED (if any): BACHELOR				
C. SCHOOL						
Name of School		Address		City	State	Zip      Phone
NA						
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):				
From	To					
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE RECEIVED (if any):				
D. SCHOOL						
Name of School		Address		City	State	Zip      Phone
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):				
From	To					
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE RECEIVED (if any):				
5. HAVE YOU EVER BEEN DISMISSED, EXPELLED, OR PLACED ON PROBATION FOR ANY ACADEMIC OR DISCIPLINARY REASON WHILE ATTENDING ANY SCHOOL?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    If YES, explain:						

SECTION 1  
**EMPLOYMENT EXPERIENCE**

1. ARE YOU CURRENTLY IN THE APPLICATION PROCESS WITH ANY OTHER LAW ENFORCEMENT AGENCY?

YES  NO If YES, list the agency name and status of your application:

---

2. HAVE YOU EVER APPLIED WITH ANOTHER LAW ENFORCEMENT AGENCY AND NOT BEEN HIRED?

YES  NO If YES, list the agency name, date of application, and reason not hired (if known):  
 CENTERVILLE POLICE DEPT, APRIL 2018, FORGOT TO PROVIDE INFO ON UNDERAGE ALCOHOL CHANGE FROM 2009

---

3. HAVE YOU EVER HAD AN EXTENDED WORK ABSENCE FOR REASONS OTHER THAN EARNED VACATION?

YES  NO If YES, explain:

---

4. EMPLOYMENT HISTORY – Beginning with your present or most recent job, list all employment that you have held for the last TEN years, including part-time, temporary, or seasonal employment. Be sure to list all periods of active military duty (for more than fifteen days) and all periods of unemployment.

**A. PRESENT OR MOST RECENT EMPLOYER**

Name of Employer		Employment Status				
MIAMI UNIVERSITY		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY			
Your Job Title/Position		<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK			
STUDENT		<input checked="" type="checkbox"/> FULLTIME STUDENT	<input type="checkbox"/> UNEMPLOYED			
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
JAN 2016	MAY 2018	501 E HIGH ST	OXFORD	OH	45056	513-529-1809
Name of Supervisor			Name of Co-Worker			
NA			NA			
Briefly Describe Your Duties Below:					Reason for Leaving	
FULL TIME STUDENT ON THE GI BILL.					GRADUATED	

WILL CONTACT WITH THIS EMPLOYER BE HARMFUL TO YOU?  YES  NO If YES, explain:

**B. PREVIOUS EMPLOYER**

Name of Employer		Employment Status				
SINCLAIR COMMUNITY COLLEGE		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY			
Your Job Title/Position		<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK			
STUDENT		<input checked="" type="checkbox"/> FULL TIME STUDENT	<input type="checkbox"/> UNEMPLOYED			
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
JAN 2014	JAN 2016	444 W. THIRD ST	DAYTON	OH	45402	937-512-3000
Name of Supervisor			Name of Co-Worker			
NA			NA			
Briefly Describe Your Duties Below:					Reason for Leaving	
FULL TIME STUDENT ON GI BILL					GRADUATED	

SECTION 1  
EMPLOYMENT EXPERIENCE (CONTINUED)

C. PREVIOUS EMPLOYER						
Name of Employer				Employment Status		
NA				<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input checked="" type="checkbox"/> UNEMPLOYED		
Your Job Title/Position						
UNEMPLOYED						
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
NOV 2013	JAN 2014	3460 TRAIL-ON RD	MORGENTHAU	OH	45439	NA
Name of Supervisor			Name of Co-Worker			
NA			NA			
Briefly Describe Your Duties Below:					Reason for Leaving	
TRANSITION FROM THE ARMY TO SCHOOL					STARTED SCHOOL	

D. PREVIOUS EMPLOYER						
Name of Employer				Employment Status		
UNITED STATES ARMY				<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position						
INFANTRY MAN						
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
JUNE 2009	NOV 2013	CASEPARK EORRY FT HOOD	VICENZA KELLEN	ITALY TX	76544	
Name of Supervisor			Name of Co-Worker			
SSG ROBERT HANCOCK			SGT ALLEN MORRILL			
Briefly Describe Your Duties Below:					Reason for Leaving	
SERVED AS A MEMBER OF A FERR TEAM, TO SERVE, PROTECT AND DEFEND THE UNITED STATES.					HONORABLE DISCHARGE	

E. PREVIOUS EMPLOYER						
Name of Employer				Employment Status		
MARCO PIZZA				<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position						
PIZZA ARTIST						
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
FEB 2007	APRIL 2009	2076 SALEX RD	WEST CARROLLTON	OH	45449	937-865-5200
Name of Supervisor			Name of Co-Worker			
BETH NIX			TIM BEAL			
Briefly Describe Your Duties Below:					Reason for Leaving	
ASSEMBLE PIZZA & TAKE ORDERS					JOINED THE ARMY	

SECTION 1  
EMPLOYMENT EXPERIENCE (CONTINUED)

<b>F. PREVIOUS EMPLOYER</b>					
Name of Employer			Employment Status		
NA			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
NA					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
NA	NA	NA			
Name of Supervisor			Name of Co-Worker		
NA			NA		
Briefly Describe Your Duties Below:				Reason for Leaving	
NA				NA	

<b>G. PREVIOUS EMPLOYER</b>					
Name of Employer			Employment Status		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
Name of Supervisor			Name of Co-Worker		
Briefly Describe Your Duties Below:				Reason for Leaving	

<b>H. PREVIOUS EMPLOYER</b>					
Name of Employer			Employment Status		
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
Name of Supervisor			Name of Co-Worker		
Briefly Describe Your Duties Below:				Reason for Leaving	

APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE E, 1). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1. 1. Have you ever been terminated by an employer? a. If so, please list all employers that you were terminated from and the exact reason for your termination.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been suspended or faced a disciplinary hearing or action from an employer? a. If so, please list all incidents below with the exact nature of the suspension or disciplinary action.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever filed a false workers compensation claim? a. If so, please list the exact nature of the false claim and all details regarding such.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been asked to resign by an employer? a. If so, please list all employers that you have been asked to resign from and the exact reason for your forced resignation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever presented a falsified or altered Doctor's Work Excuse to an Employer? a. If so, please list the exact circumstances and the reason you did so.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever stolen anything over \$25.00 in value from an employer? a. If so, list the employer, date of the incident, and item(s) involved.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever used an illegal narcotic or a prescription drug you were not prescribed while at an employer? a. If so, please list the employer, type of drug(s), dates of use.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever stolen any cash from an employer or while working for an employer? a. If so, please list the employer, dates of incidents, and exact amount of money taken.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever taken a Polygraph or CVSA as part of a job hiring process or in reference to an internal or criminal investigation? a. If so, please list everywhere you have taken one of the examinations, when it was given, results if known, and the exact nature of the examination.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever falsified a time sheet or other means of calculating actual time worked? a. If so, please list the employer, circumstances, and dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever reported off sick for work when you were actually not sick at all? a. If so, please list the employer, dates, and circumstances of the call off.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION F  
MILITARY EXPERIENCE

1. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   If YES, complete the following questions. Otherwise proceed to SECTION G.			
2. INDICATE YOUR MILITARY SERVICE (list additional periods of military service in the remarks section)			
Dates of Active Duty		Branch of Service	Unit Designation
From	To		
JUNE 2009	NOV 2013	ARMY	173RD AIRBORNE 3RD CAVALRY
What was your primary MOS (MILITARY OCCUPATIONAL SPECIALITY)?			
11B INFANTRY			
Highest Rank Held	Rank at Discharge	Type of Discharge	
SPC	SPC	HONORABLE	
3. WHAT IS YOUR PRESENT MILITARY STATUS?			
<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input checked="" type="checkbox"/> INACTIVE			
4. WERE YOU EVER REDUCED IN RANK?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, why?			
5. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   If NO, why?			
6. WERE YOU EVER AWOL (ABSENT WITHOUT LEAVE)?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, how many times?			
7. HAVE YOU EVER RECEIVED A DISCHARGE FROM MILITARY SERVICE THAT WAS OTHER THAN HONORABLE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:			
8. WERE YOU EVER SUBJECTED TO DISCIPLINARY ACTIONS WHILE SERVING IN THE MILITARY?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, complete question 10			
9. WERE YOU EVER THE SUBJECT OF A CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ALLEGED MISCONDUCT ON YOUR PART?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, complete question 10			
10. IF YOU ANSWERED YES TO QUESTIONS 8 OR 9, GIVE DETAILS BELOW REGARDING YOUR ACTIONS:			
Date	Investigating Agency	Charge	Disposition
11. DO YOU STILL HAVE A MILITARY OBLIGATION (RESERVE OR NATIONAL GUARD)?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, indicate the type of service and when the obligation is scheduled to terminate:			



SECTION II  
**MOTOR VEHICLE OPERATION**

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES  NO If YES, give the date, location, and reason: 2009, WEST CARROLLTON OH, DRIVING W/O INSURANCE

2. LIST BELOW ANY STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE AND INDICATE THE STATUS:

OHIO - ACTIVE

3. HAS YOUR VEHICLE REGISTRATION EVER BEEN SUSPENDED, REFUSED, OR REVOKED?

YES  NO If YES, give the date, location, and reason:

4. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?

YES  NO

5. INDICATE YOUR AUTO INSURANCE CARRIER AND THE TYPE OF INSURANCE CARRIED:

Name of Insurer	Type of Coverage
USAA	<input checked="" type="checkbox"/> Liability <input type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input type="checkbox"/> Comprehensive
PROGRESSIVE	<input checked="" type="checkbox"/> Liability <input checked="" type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Comprehensive

6. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED AS AN ADULT OR JUVENILE:

Date	Violation/Charge	Location (City/State)	Police Agency	Final Disposition	Fine Amount
FEB 2017	SPEEDING	VILLAGE OF NEW MEAMS / OH	NEW MEAMS	PAID FINE	\$95.00
2009	DRIVING W/O INSURANCE	WEST CARROLLTON / OH	WEST CARROLLTON	LICENSE SUSPENDED	NA
2009	SEAT BELT VIOLATION	WEST CARROLLTON / OH	WEST CARROLLTON	PAID FINE	\$100
2006	FAILURE TO CONTROL	MEAMS TOWNSHIP / OH	MEAMS TOWNSHIP	PAID FINE	\$200
NA	NA	NA	NA	NA	NA

7. LIST BELOW ALL MOTOR VEHICLES OWNED/OPERATED BY YOU:

	Year	Make	Model	License Number	State of License	Insured?
Vehicle #1	1994	FORD	BRUNCO	[REDACTED]	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #2	1991	FORD	F150		OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #3	2005	HONDA	VTX 1300		OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #4						<input type="checkbox"/> YES <input type="checkbox"/> NO

8. AUTOMOBILE CRASHES

A. Since you started driving, in how many automobile crashes have you been involved? 2

B. In how many were you found at fault? 2

C. List below all automobile crashes in which you have been involved. Include dates, locations, and who was at fault:

2006, MEAMS TOWNSHIP OH, I WAS AT FAULT.

2012, KILLEEN, TX, I WAS AT FAULT

SECTION 1  
LEGAL

1. HAVE YOU EVER BEEN:

A. Arrested?  YES  NO

B. Charged by a law enforcement authority?  YES  NO

C. Convicted of any offense against the law?  YES  NO

D. Detained by a law enforcement official?  YES  NO

E. Placed on probation?  YES  NO

F. Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?  
 YES  NO

G. Summoned into court as the defendant in a case?  YES  NO

If you answered YES to any of the above questions, give complete details to include crime charged, investigating agency, date of offense, and disposition:

IN 2009 MURKIN POLICE DEPARTMENT RAIDED MY FRIENDS HOUSE, WHICH I HAD BEEN STAYING. I WAS ARRESTED AND CHARGED WITH: POSSESSION, CULTIVATION, PARAPHERNALIA AND UNDER AGE ALCOHOL POSSESSION. I WAS ONLY CONVICTED OF THE UNDER AGE ALCOHOL CHARGE AND THE OTHERS WERE DROPPED. I HAD TO PAY A FINE AND COURT FEES.

2. DO YOU HAVE ANY CHARGES PENDING AGAINST YOU FROM A LAW ENFORCEMENT AGENCY?

YES  NO If YES, explain:

3. HAVE YOU EVER BEEN A PARTY IN A CIVIL LITIGATION?

YES  NO If YES, give details:

3. HAS YOUR SPOUSE EVER BEEN A PARTY IN A CIVIL LITIGATION?

YES  NO If YES, give details:

SECTION N  
FINANCIAL DATA

Use Section N for any questions requiring written explanation. Be sure to reference the relevant section and question number with your answer (example, J 6).

1. DO YOU PRESENTLY HOLD ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
2. DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY WAGE GARNISHMENTS OF YOUR SALARY?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
3. HAVE YOU EVER BEEN FOUND DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
4. HAVE YOU EVER HAD A COURT ORDERED FINANCIAL JUDGEMENT AGAINST YOU?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
5. DO YOU PRESENTLY HAVE A FINANCIAL JUDGEMENT PENDING IN COURT?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
6. ARE YOU CURRENTLY DELINQUENT ON ANY FINANCIAL OBLIGATIONS OR OWE ANY MONIES BECAUSE OF AN ILLEGAL TRANSACTION? (Example: Gambling, prostitution, drug deal)		
6.(Part B) DO YOU RECEIVE CALLS FROM COLLECTION AGENCY ON DEBT?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
7. HAVE YOU EVER HAD ANY REAL OR PERSONAL PROPERTY REPOSSESSED?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
8. HAVE YOU EVER FILED BANKRUPTCY?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain and give dates:		
9. CURRENT INCOME		
YOUR INCOME	Source of Income	Amount of Monthly Income
	VA DISABILITY	\$ 836.00
YOUR SPOUSE'S INCOME	Source of Income	Amount of Monthly Income
	KETTERING HEALTH NETWORK	\$ 3,000
	JOURNEY LITE	\$ 600

SECTION K  
**CRIMINAL HISTORY**

**\*\*Please Note:** All crime related history questions, unless otherwise noted, are to be answered considering the following points:

- I. These questions are concerning your **entire lifetime** and not just when you were an adult!
- II. It is not relevant if you committed offences and were never caught, prosecuted, or charged. If you committed a criminal act then it needs to be written down.
- III. If you are unsure about whether to write down an act or not, it probably needs to be written down.
- IV. The most important thing in this section is to be completely honest. All answers will be verified and weighed later. **Dishonesty disqualifies.**
- V. You are required to record "yes" or "no" and explain when necessary.

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE K, 4). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

<p>1. Have you ever committed a serious felony crime? Examples of a serious crime would be Aggravated Murder, Murder, Burglary, Breaking and Entering, Forgery, Felonious Assault, Arson, Kidnapping, Robbery, Theft over \$500, Vandalism, Rape, GSI, Unlawful Sexual Conduct with a Minor, Tampering with Records, Perjury, etc...</p> <p>a. If so, please list all incidents with dates and circumstances.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Have you ever committed a theft offense?</p> <p>a. List all theft offenses with as much detail as possible including dates, exact item(s) taken and all the details of the incident.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Have you ever driven under the influence of drugs and/or alcohol? _____</p> <p>a. List the amount of times and dates you have driven under the influence.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Have you ever been arrested or detained by the police, Loss Prevention Personnel, Security etc..?</p> <p>a. List all times you have been arrested or detained.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Have you ever been questioned by police for any crime?</p> <p>a. List all times you were questioned by the police for any crime.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Have you ever used a gun, knife, or any other weapon against another person?</p> <p>a. List all times you have used a gun, knife, or any other weapon.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7. Have you ever committed any of the following Misdemeanor Crimes?</p> <p>a. Criminal Damaging or Mischief?</p> <p>b. Criminal Trespass?</p> <p>c. Receiving or Purchasing Stolen Property?</p> <p>d. Passing a Bad Check?</p> <p>e. Contributing to the Delinquency of a Minor?</p> <p>f. Prostitution-either buying or selling a sex act?</p> <p>g. Assault?</p> <p>h. Any other Misdemeanor crimes not listed?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Have you ever committed an act of Domestic Violence, or have been accused of Domestic Violence?</p> <p>a. If so, explain in detail and the name of the police agency involved.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Have you ever filed a false police report?</p> <p>a. If so, explain in detail and the name of the police agency involved.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**SECTION E**  
**Drug History**

- I. These questions are concerning your **entire lifetime** and not just when you were an adult.
- II. Have you ever used, sold, or assisted in the use or selling of any of the following narcotics? Please answer each and if to the positive, give a detailed account of when, how many times, and the last time you used with dates as close as possible in Section N.

1. Have you ever had contact with the police for a drug violation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever used, bought, or sold ( Illegal use only): (If YES, indicate which you have done)	
a) Marijuana?	<input checked="" type="checkbox"/> Used <input checked="" type="checkbox"/> Bought <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Hashish/Hash?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) Uppers?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) Downers?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e) Cocaine?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f) Crack?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g) Heroin?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h) LSD?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i) Angel Dust?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j) Methamphetamine?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k) Ecstasy?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l) Oxycontin or Oxycodone?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m) Hallucigenic Mushrooms?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
n) PCP?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
o) Prescription drugs not prescribed to you?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
p) Steroids?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
q) Any other illegal or abused drug not listed above?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
r) Forged a doctor's prescription?	<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N

3. Do you regularly associate with known drug users or sellers?

NO

a. If so, what is your relationship to them?

NA



**SECTION M  
MISCELLANEOUS  
(Part B)**

**INSTRUCTIONS: EXPLAIN YOUR ANSWER IN SECTION N**

1. Have you ever been addicted to any form of gambling? **NO**
  - a. If so what type of gambling?
  
2. Do you have any of the following that would restrict you from conforming to departmental standards for grooming and/or appearance? **NO**
  - a. Tongue, nose, eye or brow splitting or piercing.
  - b. The complete or transversal implantation of any material other than hair replacement or breast augmentation.
  - c. Abnormal shaping of the ears, eyes, nose or teeth.
  - d. Branding or scarification.
  - e. Dental Alteration or Ornamentation-Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initials, etc. The use of yellow gold, white gold, or platinum caps (permanent or temporary) merely to add ornamentation to the teeth and not required by dental/medical necessity is prohibited.
  - f. Tattoos/body markings that would be visible while working in any authorized uniform or attire.

(Note) Visible tattoos, body piercings or alterations must also be surgically repaired, returning the body alteration to a normal/acceptable condition as a condition of employment.

**3. PAST LAW ENFORCEMENT EXPERIENCE QUESTIONS**

Yes  N/A

**This section is to only be completed if you have worked in a Law Enforcement Career in the past. If this section does not apply to you, indicate N/A and continue.**

1) Have you ever kept or forgotten to turn in property or evidence that you have collected? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever taken illegal drugs off someone and kept it for your personal usage or gave it to someone else for their use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

a. If so, please give all details.	
3) Have you ever planted evidence onto a known criminal? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have you ever been paid or given something of value to forget something happened, lie in court, or let someone know of a pending raid? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have you ever covered up something for a friend or relative relating to a crime? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Have you ever covered up an incident of false arrest for a fellow officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason? a. If please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Have you ever stopped an attractive person just to talk or learn their identity? a. If please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Have you ever had sexual contact or conduct with yourself or another while working as a Law Enforcement Officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Have you ever knowingly lied in any court proceeding? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Have you ever used your position to intimidate someone outside of your official duties? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Have you ever falsified an official report? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Do you have an active or pending internal investigations or discipline? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14) Have you ever struck a handcuffed prisoner? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15) Have you ever been investigated for or been accused of using excessive force? a. If so, please give all details	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Have you ever asked for a phone number or other information from a person on a traffic stop or call for service in order to ask them out on a date? a. If so, please give all details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

INSTRUCTIONS: USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

K,3 - DROVE ONE TIME UNDER THE INFLUENCE OF ALCOHOL IN 2011, I HAD AROUND 6 BEERS AND DROVE HOME WHICH WAS 10 MILES AWAY.

K,4 - I WAS ARRESTED IN 2009 WHICH WAS EXPAINED IN AN EARLIER SECTION.

K,7 - POSSESSION OF ALCOHOL WHILE UNDER AGE.

L,1 - ARRESTED IN 2009 FOR POSSESSION, CULTIVATION AND PARAPHERNALIA AS WELL AS UNDER AGE ALCOHOL.

L,2 - USED MARIJUANA 4 DIFFERENT TIMES BETWEEN 2006 AND 2009. THE LAST TIME WAS IN 2009. I BOUGHT MARIJUANA 2 TIMES WITHIN THOSE 4 YEARS.

RESIDENCE DATA

C,7 - MARCH 2012 - FEB 2013. 2104 WRIGHT WAY AVE KILGREN TX 76543. RENTED A HOME WITH LINDSEY BROWN (EX-WIFE).

C,8 - NOV 2011 - MARCH 2012 LIVED IN THE BARNACKS IN KILGREN TX AT FT HOOD.

C,9 - JUNE 2009 - NOV 2011. LIVED IN THE BARNACKS IN VICENZA, ITALY AS CAJERMA FEDERLY.

C,10 - JUNE 2007 - JUNE 2009 - 4413 MADAME STANES DR, MORNING OH 45439. RENTED A ROOM FROM MY FRIEND JANE HEMMERGER WHO ALSO LIVED THERE.

## SECTION O APPLICANT QUESTIONNAIRE

**INSTRUCTIONS:** ANSWER THE FOLLOWING QUESTIONS BY INDICATING YOUR RESPONSE IN THE APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1. Have you ever used a date or place of birth different from either listed on your birth certificate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever intentionally altered your name, address, or date of birth on any official document?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever lied about your name, age, or address?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been asked to resign from any job or position?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever quit any job without giving notice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been disciplined, reprimanded, or counseled at any job for any reason?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Would any of your previous employers refuse to rehire you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do you have any racial, ethnic, religious, sexual or other prejudices that will affect your performance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever been warned, counseled, or spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preference?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever called in sick to work when you were not sick?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Have you ever called in sick because you were too hung over or too drunk to go to work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you ever intentionally violated any employer's rule(s) but not been caught?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Have you ever been accused of stealing money from an employer, whether you did it or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Have you ever used your position for personal gain in any way?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Have you ever been the subject of a disciplinary investigation at work, in the military, school, or as a volunteer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Have you ever been suspended from employment for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Have you ever received a "less than satisfactory" performance evaluation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Have you ever been involved in a traffic accident while in an employer's vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. Have you ever lied concerning your actions as an employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. Have you ever served in the armed forces of another nation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Have you ever been denied entrance into the armed forces for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. Have you ever intentionally written a bad check?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Do you have any creditors that are demanding payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Have you ever been delinquent on Federal or State income taxes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. Have you ever been evicted from a residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. Have you ever broken a lease agreement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28. Have you ever been suspended, expelled, or placed on academic probation at any school?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. Have you ever misrepresented your educational level?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Has your spouse or domestic partner ever called the police on you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Has your spouse or domestic partner ever accused you of abuse in a report or discussion with anyone else?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
32. Has anyone ever claimed that you have beaten, abused, mistreated, or sexually assaulted a child?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. Have the police ever been called to your home by you or anyone else?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. Have any members of your immediate family (spouse, parents, children, siblings) ever been arrested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever been the victim of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

36. Has any member of your immediate family been the victim of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. Have you ever allowed someone else to use your driver's license for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Have you ever lied to any insurance company about a traffic ticket that you have received or any accident in which you have been involved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. Have you ever been involved in an automobile accident and left the scene without giving your information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. Have you ever driven a motor vehicle when you thought that you had drank too much of an alcoholic beverage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever been stopped, questioned, or tested for driving while under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42. Has there ever been a period in your life when you thought you abused alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43. Have you done anything while under the influence of alcohol that you would not have done if you were sober?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44. Have you ever provided alcohol to a minor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
45. Have you ever used a false ID to purchase alcohol?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46. Have you ever injected any drug, whether prescribed or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47. Have you ever kept a cash overage at the end of a shift you worked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SECTION O  
APPLICANT QUESTIONNAIRE**

**REMARKS/EXPLANATION SECTION**

**INSTRUCTIONS:** IF YOU ANSWERED YES TO ANY OF THE PRECEDING QUESTIONS IN THE APPLICANT QUESTIONNAIRE, EXPLAIN YOUR RESPONSE BELOW. INDICATE THE QUESTION NUMBER PRIOR TO YOUR RESPONSE. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

Q, 7 - I WAS DISCIPLINED IN 2010 FOR SMOKING A CIGARETTE IN A GUARD TOWER.

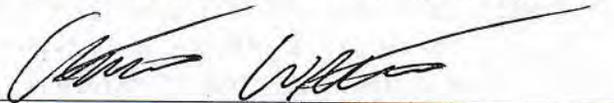
Q, 34 - MY BROTHER COREY WHITT HAS BEEN ARRESTED TWICE TO MY KNOWLEDGE. ONCE IN 2008 IN MORaine OHIO FOR CLEVELAND TRESPASS. HE WAS ARRESTED AGAIN IN 2013 IN DAYTON OH FOR CHILD SUPPORT.

**CERTIFICATION**

I, the undersigned, do hereby attest that the information I have provided in the preceding pages is truthful and complete to the best of my ability and does not knowingly contain any material misrepresentation of fact. I understand that the information collected is for the purposes of conducting a background investigation to determine my eligibility for employment with the Monroe Police Department and that if I refuse to provide the requested information I may be disqualified from further consideration.

I affirm that I have read and understand the job requirements and job descriptions of the position for which I have applied.

I also understand that I will be disqualified from further consideration at any point in the application process or will be dismissed from the department after appointment for providing false information or for deliberately omitting or concealing information from my background.

  
\_\_\_\_\_  
APPLICANT SIGNATURE

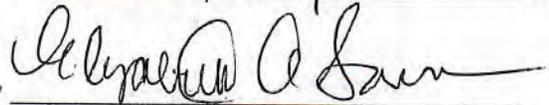
06/17/2018  
\_\_\_\_\_  
DATE

**NOTARY**

Subscribed and duly sworn before me according to law by the above named individual on

the 15<sup>th</sup> day of June, 2018 at 2:25 PM

in the County of Montgomery, State of OHIO.

Signature of Notary 

(affix seal below)

Official Title Notary Public

Commission Expiration Date August 31, 2021

## INTEROFFICE MEMO

**To:** Austin Whitt  
**From:** Kacey Waggaman, Assistant City Manager  
**Date:** 3/18/21  
**Re:** Sergeant Promotional Process

This is to serve as formal notification that you have been disqualified from the promotional process for the position of Sergeant. Per the Non-Disclosure and Unauthorized Use of Materials Agreement signed on 3/6/21, you attested that you would "...not use any external materials or assistance without the expressed authorization of the Lead Consultant." The internal investigation completed on 3/14/21 by Lt. Rosenbalm concluded that external materials were used without authorization.

We believe that this was a lack of attention to detail on your part and consider this matter closed, but please understand that any similar actions in the future may result in additional disciplinary measures.

**Cc:** Personnel File  
Chief Robert Buchanan  
William Brock, City Manager

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

---

Employee Name AUSTIN WHITTEmployee ID# Employer Name CITY OF MONROEEmployer ID# 0712

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

**Windfall Elimination Provision**

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

**Government Pension Offset Provision**

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

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

**For More Information**

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

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

Signature of Employee Date 08/01/2018

# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	1
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	
C	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	0
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	0
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	
F	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	F	
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	G	
H	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	H	1

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2017</span>
1 Your first name and middle initial AUSTIN T	Last name WHITT	2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED] City or town, state, and ZIP code FARMERSVILLE, OH, 45325		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 0
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 EXEMPT
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶ 08/01/2018
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

**Shift Trade**  
**Monroe Police Department**

I / We, Officers PTL Harner 860 and PTL With 867

Wish to make the following trade of shifts in accordance with and pursuant to Article 16, Sec. 16.6 of the labor agreement between the City of Monroe and the Ohio Patrolmen's Benevolent Association. We understand that by making this trade that we will be responsible for working the shift for which we have traded.

Officer	<u>PTL Harner 860</u>	will work	<u>1st</u>	<u>11/03/2019</u>	
			Shift	Day	Date
Officer	<u>PTL With 867</u>	will work	<u>2nd</u>	<u>11/03/2019</u>	
			Shift	Day	Date

Signed	<u>PTL Harner 860</u>	Signed	<u>[Signature] 867</u>
Date	<u>10/28/2019</u>	Date	<u>10/29/19</u>

Approved  Disapproved  Captain Curtis 11/2/2019

A Beacock 10-29-19  
Chief of Police or Supervisor Date

# PAYROLL CHANGE NOTICE

TO: PAYROLL DEPARTMENT



ENTERED  
SP

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

*Austin Whitt*

DEPARTMENT

*Police Dept.*

EFFECTIVE DATE

*8-20-20*

## THE CHANGE(S):

All Applicable Boxes

FROM

TO

DEPARTMENT

JOB

SHIFT

RATE

*Step 3*

*Step 4*

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

## THE REASON FOR THE CHANGE(S):

HIRED

RE-HIRED

PROMOTION

DEMOTION

TRANSFER

MERIT INCREASE

UNION SCALE

LEAVE OF ABSENCE FROM \_\_\_\_\_

OTHER (Explain) \_\_\_\_\_

PROBATIONARY PERIOD COMPLETED

LENGTH OF SERVICE INCREASE

RE-EVALUATION OF EXISTING JOB

RESIGNATION

RETIREMENT

LAYOFF

DISCHARGE

UNTIL \_\_\_\_\_

(DATE)

## AUTHORIZATION:

RECOMMENDED BY

*[Signature]*

DATE

*8-19-20*

AUTHORIZED BY

*[Signature]*

DATE

*8-24-20*



## MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

To: Officer Austin Whitt

Date: March 3, 2020

Ref: Letter of Commendation

I would like to recognize you for your detailed work as a patrol officer. Recently you had contact with a suspect who was disorderly. During your investigation, you treated the person with respect and developed rapport. After the encounter, you contacted investigators and passed along complete information to them. The investigators developed more information and they recovered a large amount of narcotics with your detailed report.

Your hard work and attention to detail in this case is a direct reflection of our Department's guiding principles.

Austin, your efforts are greatly appreciated.

Captain Brian D. Curlis

PERSONNEL EVALUATIONS

EMPLOYEE: Officer Austin Whitt

SCORE: 34

DATE: 08/14/2020

COMMENTS ON PRINCIPAL STRENGTHS:

Sgt Cobaugh was consulted and completed a field review on Officer Whitt for his annual evaluation. Sgt Cobaugh noted that Officer Whitt is very professional and respectful in the field, that he is helpful with his fellow Officers, and requires minimal supervisory assistance. Sgt Cobaugh also notes that Officer Whitt always presents professionally in his uniform and that he is confident of him operating as the Officer In Charge during his absence.

Officer Whitt has done well as a young Officer. He stays active and has a drive to seek out criminal activity. Officer Whitt has a very promising future with the Monroe Police Department.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Sgt Cobaugh did not note any signs of negatively habitual issues. Officer Whitt is a new Officer and his background suits him well for this profession. Officer Whitt should be encouraged to continue his approach as it is working well for him.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

                   YES

                   NO

COMMENTS:

- 1/28 Public Recognition by Sgt Cobaugh for his investigation of a traffic crash.
- 2/8 Supervisor Recognition by Sgt Payne for a narcotics investigation.
- 3/4 Commended by Captain Curlis for a narcotics investigation.
- 5/30 Supervisor Recognition by Lt Beacock for a homicide investigation.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

Officer Whitt should take the time to decide what direction he wants to see his career go and begin focusing his training toward that goal.

RATED BY (NAME AND TITLE)

Lt B. O. [Signature] 8-15  
[Signature] 8-19-20  
 Approved By

Completion of this section by employee is optional and subject to the police of your organization	I have reviewed this evaluation and I completely understand it contents.
---	--

---

Date: 8/17/20 Employee Signature 

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# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    3    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently to roll call  His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public:  Score: <u>    3    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image. Spends adequate time with juvenile complaints/contacts. Relates personal experiences when applicable.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors:  Score: <u>    3.5    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness:  Score: <u>    3    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing:  Score: <u>    3    </u>	Officer consistently submits reports which a vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity:  Score: <u>    3    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training. Officer goes on patrol and only answers calls for service. Has little initiative for self generated activity.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance:  Score: <u>    3.5    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.



*This is to certify that*

***AWhitt25936 awhitt25936***

*has completed the Ohio Attorney General's online training course on*

***Narcan eLearning Course***

***Completed on: 2/12/2019 6:06:56 PM***



## MONROE POLICE DEPARTMENT

233 South Main Street • P.O. Box 330 • Monroe, Ohio 45050-0330

**COPY**

**DATE:** January 23<sup>rd</sup>, 2020

**TO:** Patrol Officer Austin Whitt

**FROM:** Chief Robert Buchanan

**RE: Release from Probationary Status.**

Officer Whitt,

Today marks the one-year anniversary of your assignment as police officer with the Monroe Police Department. I have had the opportunity to review your work throughout this year, as well as the recommendations of your shift sergeant and lieutenant. Each had nothing but positive remarks about your performance.

I would like to take this opportunity to congratulate you on a job well done. You are hereby released from a probationary status with the department. Your commitment to excellence and your dedication to duty reflect great credit upon yourself, the city of Monroe and the law enforcement profession. Thank you for your hard work.

Sincerely,

Chief R. Buchanan

**Certificate of Course Completion**

**This is to verify that**

**Austin Whitt**

has completed

**Sexual Harassment Prevention in the Workplace**

**on**

**3/19/2020**

# PAYROLL CHANGE NOTICE

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

*Austin Whitt*

DEPARTMENT

*Police Dept.*

EFFECTIVE DATE

*8-20-19*

## THE CHANGE(S):

All Applicable Boxes

FROM

TO

DEPARTMENT

JOB

SHIFT

RATE

OTHER

OTHER

*24.749*

*27.1375*

*step 2*

*step 3*

## THE REASON FOR THE CHANGE(S):

HIRED

RE-HIRED

PROMOTION

DEMOTION

TRANSFER

MERIT INCREASE

UNION SCALE

LEAVE OF ABSENCE FROM

OTHER (Explain)

PROBATIONARY PERIOD COMPLETED

LENGTH OF SERVICE INCREASE

RE-EVALUATION OF EXISTING JOB

RESIGNATION

RETIREMENT

LAYOFF

DISCHARGE

*Ventred Racey*

## AUTHORIZATION:

RECOMMENDED BY

*[Signature]*

DATE

*1-15-20*

AUTHORIZED BY

*[Signature]*

DATE

*1-16-20*

## **Exhibit 2**

PERSONNEL EVALUATIONS

EMPLOYEE: PTL M. DOUGHMAN #824

SCORE: 44

DATE: 08/10/21

COMMENTS ON PRINCIPAL STRENGTHS:

As usual, Doughman has done an excellent job as a K9 handler. Doughman has a great rapport with other officers on his shift, and he is always eager to assist them as needed. Doughman also has an excellent rapport with the community. 855

Officer Doughman in the last year has gotten a new k-9 partner and has been working with his new partner. Officer Doughman is a senior officer and others ask him questions from other shifts. He also performs OIC duties on the shift upon occasion. He maintains software with training records for his partner and attends training every month.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

I would like Officer Doughman to increase his traffic stops and contacts.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES        NO

COMMENTS: I reviewed all of Officer Doughmans critical incidents since his last evaluation. All were within policy. He received one complaint that all of the allegations were unfounded. Officer Doughman was given an eval note about his hadge number identification.

He was recognized by his supervisors for bis work on spotting a suspect vehicle around a recently burglarized residence. The resulting traffic stop of the vehicle led to the recovery of a stolen vehicle and a stolen license plate. He also was recognized with coordination of a felony stop with another officer.

Officer Doughman has been asked to review the k-9 policy for updates in the future.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

FTO

SGT C. PAYNE #855

k-9 team certification with k-9 association

Lt. A. Beacock #819

J. A. Beacock #819  
Approved By [Signature] 8-22-21

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8-10-2021

Employee Signature

[Signature] 824

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
<b>Punctuality and Attendance:</b>  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
<b>Job Knowledge</b>  Score: <u>    4    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
<b>Work Accuracy:</b>  Score: <u>    3.5    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
<b>Consistency of Work:</b>  Score: <u>    4    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
<b>Judgment:</b>  Score: <u>    4    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
<b>Work Effort and Initiative:</b>  Score: <u>    4    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
<p>Attitude toward the public:</p> <p>Score: <u>    3    </u></p>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
<p>Attitude toward supervisors:</p> <p>Score: <u>    4    </u></p>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
<p>Cooperativeness:</p> <p>Score: <u>    3.5    </u></p>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
<p>Report writing:</p> <p>Score: <u>    3.5    </u></p>	Officer consistently submits reports which a vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
<p>Work load/Productivity:</p> <p>Score: <u>    3.5    </u></p>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
<p>Appearance:</p> <p>Score: <u>    3    </u></p>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

# APPLICATION FOR EMPLOYMENT

*\$10 testing Fee Required*

We consider applicants for all positions without regard to race, color, religion, sex, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

FOR POLICE TEST FROM FRED DOUGHMAN  
 TEST DATE: 08/16/06 8:27 AM BL274110  
 06

Position(s) Applied For: Patrol Officer Date of Application: \_\_\_\_\_

How Did You Learn About Us?  
 Advertisement     Relative     Inquiry  
 Employment Agency     Friend     Other Michelle Doughman

Last Name: DOUGHMAN JR First Name: FRED Middle Name: MICHAEL  
 Address: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best time to contact you at home is: ..... AFTER: 3:00 AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes     No

Have you ever filed an application with us before? .....  Yes     No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes     No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes     No

Are you currently employed? .....  Yes     No

May we contact your present employer? .....  Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes     No

Date available for work 08/17/06 What is your desired salary range? NEGOTIABLE

Are you available to work:     Full-Time    (please indicate 1 2 3 shift)  
     Part-Time    (please indicate Mornings Afternoon Evenings)  
     Temporary    (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes     No

Can you travel if a job requires it? .....  Yes     No

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School	HOLBROOK ELEMENTARY. SCHOOL IS NO LONGER PRESENT.		8	
High School	LEBANON HIGH SCHOOL 1916 DRAKE RD. LEBANON, OH 45036	COLLEGE PREP	4	DIPLOMA
Undergraduate College	UNIVERSITY OF CINCINNATI 9555 PLAINFIELD RD BUEHLER, OH 45236	CRIMINAL JUSTICE	3	ASSOCIATE'S DEGREE
Graduate Professional				
Other (Specify)	BUTLER POLICE OFFICER ACADEMY 3603 HAMILTON MIDDLETON ACADEMY FAIRFIELD TOWNSHIP, OH 45011	OHIO POLICE OFFICER ACADEMY	6 MONTHS	OHIO POLICE OFFICER CERTIFICATE

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

FOR THE PAST TWO HALF YEARS I HAVE BEEN A CADET WITH THE WARREN COUNTY SHERIFF DEPARTMENT. HOWEVER RECENTLY I WAS PROMOTED TO A SPECIAL DEPUTY WITH THE COMPLETION OF THE POLICE ACADEMY. THE TIME THAT I HAVE BEEN WITH WARREN COUNTY SHERIFF DEPARTMENT I HAVE GOT A HUGE AMOUNT OF EXPERIENCE THAT PERTAINS TO THE JOB.

MY EXPERIENCE RANGES FROM WORKING AND DEALING WITH THE PUBLIC AND ANSWERING CALLS FOR SERVICE. I HAVE ALSO HAD THE CHANCE TO BE EXPOSED TO THE PAPERWORK SIDE OF THE JOB AS WELL, AND LEARNED JUST HOW IMPORTANT IT CAN BE.

Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	THE HOME DEPOT	From	To	
	Address	10/02		ALL MERCHANDISE FOR CUSTOMERS AND GATHER MERCHANDISE FOR DELIVERIES.
	1889 DEERFIELD RD LEANON OH 45036	Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
513.228.0170				
Job Title	Supervisor			
SALES	BRYAN KRUCHNER			
Reason for Leaving		9.00 HR	CURRENT 12.98	
— PRESENTLY THERE				
2.	Employer	Dates Employed		Work Performed
	POFF'S LAWN AND LANDSCAPE	From	To	
	Address	06/98	10/02	COMMERCIAL LANDSCAPING & COMMERCIAL MOWING
	2542 KATE DR. LEANON OH 45036	Hourly Rate/Salary		
	Telephone Number(s)	Starting	Final	
513.932.1319				
Job Title	Supervisor			
COMMERCIAL LANDSCAPER	MARK POFF			
Reason for Leaving		7.00 HR	9.00 HR	
FULL TIME EMPLOYMENT PRESENTED ITSELF				
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

WARREN COUNTY COAST PROGRAM WITH THE WARREN COUNTY SHERIFF DEPARTMENT FOR (2 YEARS)

WARREN COUNTY SPECIAL DEPUTY FOR THE PAST (3 MONTHS)

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Fred Michael Doughman Jr.

Signature of Applicant

08 17 2006

Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

INTERVIEWER DATE

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*

# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

JOB-RELATED SKILLS ACQUIRED FROM WORKING AT HOME DEPOT ARE DEALING WITH THE PUBLIC DAY IN AND DAY OUT, AND ALSO BEING ABLE TO THINK ON MY FEET WHEN PROBLEMS CUSTOMER RELATIONS ARISE.

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Terminal	<input checked="" type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input checked="" type="checkbox"/> Word Processing	LPG	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	REACH TRUCK	
WPM ____	WPM ____		

State any additional information you feel may be helpful to us in considering your application.

AS MY EXPERIENCES SHOW I AM ABLE TO DEAL WITH THE PUBLIC AND ANY SITUATIONS WHICH MAY ARISE WHILE PERFORMING THE JOB AND DUTIES OF A OHIO PEACE OFFICER.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  YES  NO

## REFERENCES

1. JOHN SMITH

(Name)

Phone #

(Address)

2. STEVE CLARK

(Name)

Phone #

(Address)

3. RON MAAC

(Name)

Phone #

(Address)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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

FILE

This is to certify that

**Fred M. Doughman, Jr. & Helix**

have completed the

**Special Purpose Canine Unit Evaluation**

for the following specialties:

**Tracking, Article Search, Marijuana, Cocaine, Heroin,  
Methamphetamines and their derivatives**

Awarded on

**December 19, 2018**

Dave Yost  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: 109520  
RENEWAL DUE DATE: 12/27/19



# Warren County Combined Training Team



FILE

THIS IS TO CERTIFY THAT

**Mike Doughman**

HAS COMPLETED 4 HOURS TRAINING IN

**2018 Combined Training Event**

(Active Shooter, Incident Command, TacMed)

**9/24/2018**

Chief Jeffrey Kruthoff

Springboro Police Department

Sergeant Randy Asencio

Warren County Sheriff's Office



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Ethics and Professionalism***

***Completed on: 11/9/2018 11:47:30 PM***

FILE

# Monroe Police Department Officer in Training Report Log

**Ptl. M. Doughman #824**

---

Officer in Training Name and Badge Number

Report Number	Type of Report	Date
07-3231	Sig 30/ involving a Midd PD cruiser	11/21/2007
07-3233	Sig 30/ involving non- english speaking subjects	11/21/2007
07-3239	Menacing	11/21/2007
07-3296	Menacing	11/29/2007
07-3302	Theft	11/30/2007
07--3310	Lost/Missing Property (Unauthorized Use - motor vehicle)	12/01/2007
07-3311	Theft	12/01/2007
07-3312	Public Disturbance/Juvenile Involvement	12/01/2007
07-3321	Warrant Arrest/MMC	12/02/2007

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 12 Date Of Report 12/02/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>				X							
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>								X			
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners				X							
<b>20. Control of Conflict: Voice Command</b>				X							
21. Control of Conflict: Physical Skill				X							
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
27. With Citizens in General					X						
28. With Ethnic Groups Other Than Own					X						
29. With Other Officers					X						

The most acceptable area of performance today was \_\_\_\_\_  
Dealt with another department on his own and took custody of a prisoner, transported them back to the PD and did the booking.

---

The least acceptable area of performance today was \_\_\_\_\_

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---



Officer in Training Signature



Field Training Officer signature



Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 12 Date Of Report 12/01/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress				X							
<b>10. Orientation Skill/Response Time to Calls</b>				X							
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>				X							
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners				X							
<b>20. Control of Conflict: Voice Command</b>				X							
21. Control of Conflict: Physical Skill				X							
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_  
3<sup>rd</sup> Night of being Shadowed. Busy night and Ptl. Doughman had one call to Krogers at the corner  
were a suspect was fighting the Loss Prevention people. I arrived about a minute and a half after Ptl.  
Doughman. On my arrival, Doughman already had the suspect in custody and out at his cruiser  
searching him.

---

The least acceptable area of performance today was \_\_\_\_\_

Still just minor issues with radio traffic and report narritives. Still improving.

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

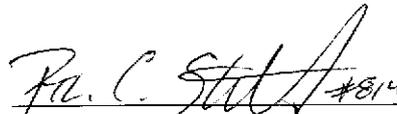
---

Other comments on performance:

Believe Ptl. Doughman will be able to be a positive member to the squad. Also spoke with other  
FTO, Ptl Beacock who advised she too thought he is ready to be on his own.

---

  
\_\_\_\_\_  
Officer in Training Signature

  
\_\_\_\_\_  
Field Training Officer signature

  
\_\_\_\_\_  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 12 Date Of Report 11/30/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

	Not Acceptable			Acceptable		Superior		N/O	NR	RE	TIME
	1	2	3	4	5	6	7				
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>											
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>											
11. Reports: Accuracy/Completeness/Selection				X							
12. Reports: Organizational Skills				X							
13. Reports: Grammar/Spelling/Neatness				X							
14. Report Writing: Time Needed				X							
<b>15. Field Performance: Non-Stress Conditions</b>											
<b>16. Field Performance: Stress Conditions</b>											
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>											
19. Officer Safety: With Suspects/Prisoners					X						
<b>20. Control of Conflict: Voice Command</b>											
21. Control of Conflict: Physical Skill				X							
<b>22. Problem Solving/Decision Making</b>											
23. Radio: Appropriate Use of Codes				X							
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>											
				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>											
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>											
					X						

The most acceptable area of performance today was \_\_\_\_\_  
2<sup>nd</sup> night being shadowed. Made two trips to the Middletown City Jail; One arrest and one transport.  
Knows his way around his beat.

---

The least acceptable area of performance today was \_\_\_\_\_

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

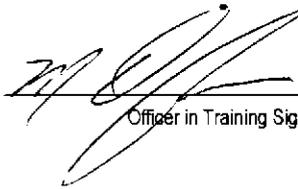
Comment:

---

Other comments on performance:

Minor issues with report writing but nothing major. Recommend an additional Report Writing Class.

---

  
\_\_\_\_\_  
Officer in Training Signature

  
\_\_\_\_\_  
Field Training Officer signature

  
\_\_\_\_\_  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 12 Date Of Report 11/29/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>											
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>											
11. Reports: Accuracy/Completeness/Selection				X							
12. Reports: Organizational Skills				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>											
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>											
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>											
19. Officer Safety: With Suspects/Prisoners								X			
<b>20. Control of Conflict: Voice Command</b>											
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>											
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>											
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>											
27. With Citizens in General					X						
28. With Ethnic Groups Other Than Own					X						
29. With Other Officers					X						

The most acceptable area of performance today was \_\_\_\_\_  
1st night on the road being shadowed. Knows where he is going and get's there in an acceptable amount of time.

---

The least acceptable area of performance today was \_\_\_\_\_

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

  
Officer in Training Signature

  
Field Training Officer signature

  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 12 Date Of Report 11/21/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

	Not Acceptable			Acceptable		Superior		N/O	NR	RE	TIME
	1	2	3	4	5	6	7				
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>											
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>											
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>											
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>											
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>											
17. Self Initiated Field Activities								X			
<b>18. Officer Safety: General</b>											
19. Officer Safety: With Suspects/Prisoners			X								
<b>20. Control of Conflict: Voice Command</b>											
21. Control of Conflict: Physical Skill				X				X			
<b>22. Problem Solving/Decision Making</b>											
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>											
25. Radio: Articulation of Transmissions			X								
<b>26. Investigative Skills</b>											
27. With Citizens in General					X						
28. With Ethnic Groups Other Than Own					X						
29. With Other Officers					X						

The most acceptable area of performance today was \_\_\_\_\_  
Good job handling accident involving a Middletown Police cruiser and another accident involving a non-english speaking juvenile.

---

The least acceptable area of performance today was \_\_\_\_\_  
On an alarm where there were several suspicious vehicles leaving the lot, pulled up nose to nose with suspect vehicles instead of getting behind them.

---

Remedial Training/Total number of minutes this date 5 minutes

Comment:

Radio transmissions: Over thinks what he wants to say. NOT a major problem.

---

Other comments on performance:

Ptl. Dougman is close to being transferred from training to patrol.

---

  
Officer in Training Signature

  
Field Training Officer signature

  
Initials of Program Commander



# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 11 Date Of Report 11/12/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	Not Acceptable			Acceptable			Superior			N/O	NR	RE	TIME
	1	2	3	4	5	6	7						
<b>APPEARANCE AND PUNCTUALITY</b>													
1. General Appearance					X								
2. Punctuality					X								
<b>ATTITUDE</b>													
3. Acceptance of Criticism/Response					X								
4. Attitude Toward Public Service				X									
<b>KNOWLEDGE</b>													
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>													
Reflected by Verbal/Written Simulated Testing									X				
Reflected in Field Performance				X									
<b>6. STATE AND CITY CODES</b>													
Reflected by Verbal/Written Simulated Testing									X				
Reflected in Field Performance				X									
<b>7. TRAFFIC CODE</b>													
Reflected by Verbal/Written Simulated Testing									X				
Reflected in Field Performance				X									
<b>PERFORMANCE</b>													
<b>8. Driving Skills: Normal Conditions</b>													
9. Driving Skills: Moderate and High Stress									X				
10. Orientation Skill/Response Time to Calls				X									
11. Reports: Accuracy/Completeness/Selection				X									
<b>12. Reports: Organizational Skills</b>													
13. Reports: Grammar/Spelling/Neatness				X									
<b>14. Report Writing: Time Needed</b>													
15. Field Performance: Non-Stress Conditions				X									
<b>16. Field Performance: Stress Conditions</b>													
17. Self Initiated Field Activities				X						X			
<b>18. Officer Safety: General</b>													
19. Officer Safety: With Suspects/Prisoners				X									
<b>20. Control of Conflict: Voice Command</b>													
21. Control of Conflict: Physical Skill									X				
<b>22. Problem Solving/Decision Making</b>													
23. Radio: Appropriate Use of Codes				X									
<b>24. Radio: Listens to/Comprehends Transmissions</b>													
25. Radio: Articulation of Transmissions				X									
<b>26. Investigative Skills</b>													
									X				
<b>RELATIONSHIPS</b>													
<b>27. With Citizens in General</b>													
28. With Ethnic Groups Other Than Own					X								
29. With Other Officers					X								

The most acceptable area of performance today was \_\_\_\_\_

Good patrol techniques / knows his area and not afraid to ask questions. \_\_\_\_\_

The least acceptable area of performance today was \_\_\_\_\_

Should have checked ID's on two subjects sitting in a vehicle on a noise complaint. \_\_\_\_\_

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

*Officer M. D. [Signature] #824*  
Officer in Training Signature

*Officer C. [Signature] #814*  
Field Training Officer signature

*801 [Signature]*  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 11 Date Of Report 11/13/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress				X							
<b>10. Orientation Skill/Response Time to Calls</b>				X							
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>				X							
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners					X						
<b>20. Control of Conflict: Voice Command</b>					X						
21. Control of Conflict: Physical Skill					X						
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own								X			
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_  
Outstanding job on getting subject from Rochester Hills who is known for driving DUS. Subject tried to flee but stopped after about a block and a half.

---

The least acceptable area of performance today was \_\_\_\_\_

Officer Doughman should have waited to cuff subject until I was in a position to cover.

---

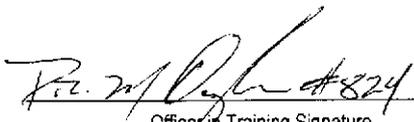
Remedial Training/Total number of minutes this date 20 minutes

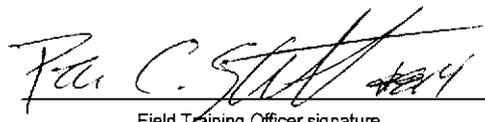
Comment:  
Officer Doughman acknowledge the mistake prior to me saying anything and advised he would be more cautious in the future.

---

Other comments on performance:

---

  
Officer in Training Signature

  
Field Training Officer signature

801   
Initials of Program Commander



The most acceptable area of performance today was \_\_\_\_\_  
Outstanding job on getting subject living at 402 Old St. Suspect had a warrant through Middleotwn PD. When the suspect in question answered the door (known to run), Officer Doughman took control and took him into custody without incident.

---

The least acceptable area of performance today was \_\_\_\_\_

On slower shifts, may add a few traffic stops/business checks just for self-initiation

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

  
\_\_\_\_\_  
Officer in Training Signature

  
\_\_\_\_\_  
Field Training Officer signature

8019B  
\_\_\_\_\_  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 11 Date Of Report 11/17/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
5. DEPARTMENT POLICIES & PROCEDURES											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
6. STATE AND CITY CODES											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
7. TRAFFIC CODE											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
8. Driving Skills: Normal Conditions				X							
9. Driving Skills: Moderate and High Stress								X			
10. Orientation Skill/Response Time to Calls				X							
11. Reports: Accuracy/Completeness/Selection				X							
12. Reports: Organizational Skills				X							
13. Reports: Grammar/Spelling/Neatness				X							
14. Report Writing: Time Needed				X							
15. Field Performance: Non-Stress Conditions				X							
16. Field Performance: Stress Conditions								X			
17. Self Initiated Field Activities								X			
18. Officer Safety: General					X						
19. Officer Safety: With Suspects/Prisoners								X			
20. Control of Conflict: Voice Command								X			
21. Control of Conflict: Physical Skill								X			
22. Problem Solving/Decision Making				X							
23. Radio: Appropriate Use of Codes				X							
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions			X								
26. Investigative Skills				X							
<b>RELATIONSHIPS</b>											
27. With Citizens in General					X						
28. With Ethnic Groups Other Than Own								X			
29. With Other Officers					X						

The most acceptable area of performance today was \_\_\_\_\_  
Handling of juveniles while interviewing them (made sure parent or guardian present) about a theft  
from a vehicle at the Hampton Inn.

---

The least acceptable area of performance today was \_\_\_\_\_  
Over thinks what he wants to say on the radio. Occasional problem but not one he can't over come  
with time.

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

  
Officer in Training Signature

  
Field Training Officer signature

  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 11 Date Of Report 11/18/2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

APPEARANCE AND PUNCTUALITY	
1. General Appearance	
2. Punctuality	
ATTITUDE	
3. Acceptance of Criticism/Response	
4. Attitude Toward Public Service	
KNOWLEDGE	
5. DEPARTMENT POLICIES & PROCEDURES	
Reflected by Verbal/Written Simulated Testing	
Reflected in Field Performance	
6. STATE AND CITY CODES	
Reflected by Verbal/Written Simulated Testing	
Reflected in Field Performance	
7. TRAFFIC CODE	
Reflected by Verbal/Written Simulated Testing	
Reflected in Field Performance	
PERFORMANCE	
8. Driving Skills: Normal Conditions	
9. Driving Skills: Moderate and High Stress	
10. Orientation Skill/Response Time to Calls	
11. Reports: Accuracy/Completeness/Selection	
12. Reports: Organizational Skills	
13. Reports: Grammar/Spelling/Neatness	
14. Report Writing: Time Needed	
15. Field Performance: Non-Stress Conditions	
16. Field Performance: Stress Conditions	
17. Self Initiated Field Activities	
18. Officer Safety: General	
19. Officer Safety: With Suspects/Prisoners	
20. Control of Conflict: Voice Command	
21. Control of Conflict: Physical Skill	
22. Problem Solving/Decision Making	
23. Radio: Appropriate Use of Codes	
24. Radio: Listens to/Comprehends Transmissions	
25. Radio: Articulation of Transmissions	
26. Investigative Skills	
RELATIONSHIPS	
27. With Citizens in General	
28. With Ethnic Groups Other Than Own	
29. With Other Officers	

1	2	3	4	5	6	7	N/O	NR	RE	TIME
				X						
				X						
				X						
				X						
							X			
			X							
							X			
			X							
							X			
			X							
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			X							
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							X			
							X			
			X							
			X							
			X							
			X							
				X						
				X						
				X						

The most acceptable area of performance today was \_\_\_\_\_

Getting better at the accident reports (computer portion) ODPS

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

Slow shift, good patrol tech through the neighborhoods. Systematically/Unsystematic

*[Handwritten Signature]*  
Officer in Training Signature

*[Handwritten Signature]*  
Field Training Officer signature

801 *[Handwritten Initials]*  
Initials of Program Commander



The most acceptable area of performance today was \_\_\_\_\_  
Handled himself well on traffic stop where he stopped one vehicle and the vehicle behind it pulled over behind him. Was able to sort through stories to ensure everyone on the up and up. Did issue a "Child Restraint" citation.

---

The least acceptable area of performance today was \_\_\_\_\_

Cruiser placement on traffic stops. Needs to get cruiser further off the roadway.

---

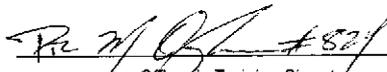
Remedial Training/Total number of minutes this date \_\_\_\_\_

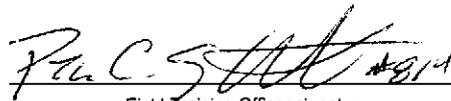
Comment:

---

Other comments on performance:

---

  
\_\_\_\_\_  
Officer in Training Signature

  
\_\_\_\_\_  
Field Training Officer signature

  
\_\_\_\_\_  
Initials of Program Commander

## Officer In Training Weekly Evaluation

OIT's name: Beacock      Week #: 9      Shift: 11-7  
 Unit #: 819      FTO's name: Doughman      Unit #: 824

Rate the observed behavior with reference to the scale below and correspond behavior anchors. Documentation is necessary for a "Superior" or "Needs Remedial Training" rating.

OIT's initials	General	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>FMD</u>	1. Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	2. Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	A toward citizens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	toward other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	B police officers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	acceptance of	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	C feedback	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	use of common	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	sense and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	D good judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: likes dealing with people

OIT's initials	General Knowledge	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>FMD</u>	1. Of departmental policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	2. Criminal Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FMD</u>	3. Traffic Offense Code	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: knows traffic violations 3 proper forms

# Skills (Critical) continued

Comments: \_\_\_\_\_

Has the OIT been counseled or received remedial training  YES  NO

Describe the remedial training plan: \_\_\_\_\_

Significant strengths: very observant, good controlling situation, and searches.

Significant weaknesses: work on car position and radio traffic

<u>Alicia Beacock</u>	<u>819</u>
OIT's Signature	Unit #
<u>[Signature]</u>	<u>824</u>
FTO's Signature	Unit #
<u>[Signature]</u>	<u>801</u>
Reviewing Supervisor's Signature	Unit #

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 9 Days Date Of Report 10-27-07

OIT Name Doughman

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance				X							
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response				X							
4. Attitude Toward Public Service				X	X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress				X	X						
<b>10. Orientation Skill/Response Time to Calls</b>				X							
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>				X	X						
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners				X							
<b>20. Control of Conflict: Voice Command</b>				X							
21. Control of Conflict: Physical Skill				X							
<b>22. Problem Solving/Decision Making</b>				X				X			
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X				X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>				X							
28. With Ethnic Groups Other Than Own				X	X						
<b>29. With Other Officers</b>				X	X						

The most acceptable area of performance today was noticed wrong way  
driver on 63, subject was entered missing

The least acceptable area of performance today was worked on traffic  
stops / approach.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

handled several intoxicated subjects

Other comments on performance:

dealt well with elderly subject.

[Signature]  
Officer in Training Signature

Alicia Beacock  
Field Training Officer signature

[Initials]  
Initials of Program Commander



The most acceptable area of performance today was did building  
search and cleared area

The least acceptable area of performance today was get subjects identification  
over juveniles

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:  
checked subject on bike

Other comments on performance:  
most of narratives are accurate, minor  
errors in grammar

[Signature]  
Officer in Training Signature

Alicia Blackock  
Field Training Officer signature

[Initials]  
Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 9 Day 3 Date Of Report 10-29-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 11p-7a

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	NO	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response				X							
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>				X							
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>								X			
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners					X						
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
27. With Citizens in General					X						
28. With Ethnic Groups Other Than Own								X			
29. With Other Officers					X						

The most acceptable area of performance today was \_\_\_\_\_

Handled a DUS/Expired Plates traffic stop with no assistance from FTO other than the tow sheet

The least acceptable area of performance today was \_\_\_\_\_

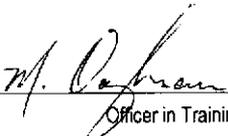
When initiating the above traffic stop, called out on SR4 but then got hung up on a street when he could have given landmark as easily (ie. Parkside Inn)

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

Knows a majority of his streets and paper work

  
\_\_\_\_\_  
Officer in Training Signature

  
\_\_\_\_\_  
Field Training Officer signature

  
\_\_\_\_\_  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 9 Day 4 Date Of Report 10-30-2007

OIT Name Ptl Doughman Unit # 824

FTO Name Ptl Pelfrey Unit # 815 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>								X			
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>					X						
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>					X			X			
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>					X						
11. Reports: Accuracy/Completeness/Selection					X						
<b>12. Reports: Organizational Skills</b>					X						
13. Reports: Grammar/Spelling/Neatness					X						
<b>14. Report Writing: Time Needed</b>					X						
15. Field Performance: Non-Stress Conditions					X						
<b>16. Field Performance: Stress Conditions</b>								X			
17. Self Initiated Field Activities					X						
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners								X			
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>					X						
23. Radio: Appropriate Use of Codes					X						
<b>24. Radio: Listens to/Comprehends Transmissions</b>					X						
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own								X			
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

#2 Ptl Doughman was on time and ready for his tour of duty

---

The least acceptable area of performance today was \_\_\_\_\_

#25 Ptl Doughman stumbled on his communications and did not relay a vehicle description on a traffic stop.

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

*Mr. Doff # 827*  
\_\_\_\_\_  
Officer in Training Signature

*DHB QTS 1825*  
\_\_\_\_\_  
Field Training Officer signature

*(Signature)*  
\_\_\_\_\_  
Initials of Program Commander



The most acceptable area of performance today was handled unruly  
call, good voice command

The least acceptable area of performance today was stumbled on  
some radio traffic for stops/jumped out  
before you location

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

good signal & driving

Other comments on performance:

did all paperwork except tow ticket

[Signature]  
Officer in Training Signature

Alicia Beacock  
Field Training Officer signature

[Initials]  
Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 9 Dayle Date Of Report 11-1-07

OIT Name Doughman

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

**APPEARANCE AND PUNCTUALITY**

1. General Appearance

2. Punctuality

**ATTITUDE**

3. Acceptance of Criticism/Response

4. Attitude Toward Public Service

**KNOWLEDGE**

**5. DEPARTMENT POLICIES & PROCEDURES**

Reflected by Verbal/Written Simulated Testing

Reflected in Field Performance

**6. STATE AND CITY CODES**

Reflected by Verbal/Written Simulated Testing

Reflected in Field Performance

**7. TRAFFIC CODE**

Reflected by Verbal/Written Simulated Testing

Reflected in Field Performance

**PERFORMANCE**

8. Driving Skills: Normal Conditions

9. Driving Skills: Moderate and High Stress

**10. Orientation Skill/Response Time to Calls**

11. Reports: Accuracy/Completeness/Selection

**12. Reports: Organizational Skills**

13. Reports: Grammar/Spelling/Neatness

**14. Report Writing: Time Needed**

15. Field Performance: Non-Stress Conditions

**16. Field Performance: Stress Conditions**

17. Self Initiated Field Activities

**18. Officer Safety: General**

19. Officer Safety: With Suspects/Prisoners

**20. Control of Conflict: Voice Command**

21. Control of Conflict: Physical Skill

**22. Problem Solving/Decision Making**

23. Radio: Appropriate Use of Codes

**24. Radio: Listens to/Comprehends Transmissions**

25. Radio: Articulation of Transmissions

**26. Investigative Skills**

**RELATIONSHIPS**

27. With Citizens in General

28. With Ethnic Groups Other Than Own

29. With Other Officers

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
1. General Appearance					X						
2. Punctuality					X						
3. Acceptance of Criticism/Response				X							
4. Attitude Toward Public Service					X						
5. DEPARTMENT POLICIES & PROCEDURES											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
6. STATE AND CITY CODES											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
7. TRAFFIC CODE											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
PERFORMANCE											
8. Driving Skills: Normal Conditions				X							
9. Driving Skills: Moderate and High Stress					X						
10. Orientation Skill/Response Time to Calls				X							
11. Reports: Accuracy/Completeness/Selection				X							
12. Reports: Organizational Skills				X							
13. Reports: Grammar/Spelling/Neatness				X							
14. Report Writing: Time Needed				X							
15. Field Performance: Non-Stress Conditions				X							
16. Field Performance: Stress Conditions				X							
17. Self Initiated Field Activities				X							
18. Officer Safety: General				X							
19. Officer Safety: With Suspects/Prisoners				X							
20. Control of Conflict: Voice Command				X				X			
21. Control of Conflict: Physical Skill								X			
22. Problem Solving/Decision Making				X							
23. Radio: Appropriate Use of Codes				X							
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions				X							
26. Investigative Skills				X							
RELATIONSHIPS											
27. With Citizens in General				X							
28. With Ethnic Groups Other Than Own				X							
29. With Other Officers				X							

The most acceptable area of performance today was good building

search of Dollar General

The least acceptable area of performance today was listen where

officers are going to calls at

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

Alicia Blacoh

Officer in Training Signature

[Signature]

Field Training Officer signature

[Initials]

Initials of Program Commander

## Officer In Training Weekly Evaluation

Week #: 8 Shift: 11-7  
 OIT's name: Doughman Unit #: 824 FTO's name: Beacock Unit #: 819

Rate the observed behavior with reference to the scale below and correspond behavior anchors. Documentation is necessary for a "Superior" or "Needs Remedial Training" rating.

OIT's initials	General	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	A toward citizens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	toward other police officers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	C acceptance of feedback	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	D use of common sense and good judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: does well with hispanics attempting to communicate

OIT's initials	General Knowledge	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Of departmental policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Criminal Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	3. Traffic Offense Code	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: knows common traffic codes

# Skills (Critical) continued

Comments: good driving to emergency calls

Has the OIT been counseled or received remedial training  YES  NO

Describe the remedial training plan: \_\_\_\_\_

Significant strengths: very observant, knows most paperwork

Significant weaknesses: needs to work on tactics and officer awareness

<u></u>	<u>824</u>
OIT's Signature	Unit #
<u>Alicia Beacock</u>	<u>819</u>
FTO's Signature	Unit #
<u>T.A. Butler</u>	<u>801</u>
Reviewing Supervisor's Signature	Unit #

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 8 Day 1 Date Of Report 10-20-2007

OIT Name Ptl Doughman Unit # 824

FTO Name Ptl Pelfrey Unit # 815 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>								X			
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>					X						
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>					X						
11. Reports: Accuracy/Completeness/Selection								X			
<b>12. Reports: Organizational Skills</b>								X			
13. Reports: Grammar/Spelling/Neatness								X			
<b>14. Report Writing: Time Needed</b>								X			
15. Field Performance: Non-Stress Conditions					X						
<b>16. Field Performance: Stress Conditions</b>								X			
17. Self Initiated Field Activities			X								
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners								X			
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>								X			
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

Orientaition. Officer Doughman seemed to be aware of street locations.

The least acceptable area of performance today was \_\_\_\_\_

Self Initiation. Officer Doughman needs to build confidence to self initiate traffic stops.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

*Mr. M. P. H. #1014*  
Officer in Training Signature

*Det. B. O. P. #815*  
Field Training Officer Signature

*VP*  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 8 Day 2 Date Of Report 10-20-07

OIT Name Dough Man

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response				X							
4. Attitude Toward Public Service				X							
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X				X			
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress				X				X			
<b>10. Orientation Skill/Response Time to Calls</b>				X				X			
11. Reports: Accuracy/Completeness/Selection								X			
<b>12. Reports: Organizational Skills</b>								X			
13. Reports: Grammar/Spelling/Neatness								X			
<b>14. Report Writing: Time Needed</b>								X			
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>				X				X			
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners				X				X			
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>								X			
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>				X							
28. With Ethnic Groups Other Than Own				X				X			
<b>29. With Other Officers</b>				X							

The most acceptable area of performance today was located vehicle  
left parked in last

The least acceptable area of performance today was didn't know  
some streets by locust

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

proowler complaint

Other comments on performance:

[Signature]

Officer in Training Signature

Alicia Beacak

Field Training Officer signature

[Initials]

Initials of Program Commander



The most acceptable area of performance today was handled dealing  
with hispanic subject well.

The least acceptable area of performance today was turned ~~around~~  
wrong direction enroute to call

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:  
checked suspicious vehicle

Other comments on performance:  
put hispanics handle on trunk lid for  
a pat down

M. Hughes  
Officer in Training Signature

Cynthia Beacock  
Field Training Officer signature

[Signature]  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 8 Day 4 Date Of Report 10-22-07

OIT Name Doughman Unit # 824

FTO Name Bealock Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	NO	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>PERFORMANCE</b>											
8. Driving Skills: Normal Conditions				X							
9. Driving Skills: Moderate and High Stress					X						
10. Orientation Skill/Response Time to Calls				X							
11. Reports: Accuracy/Completeness/Selection				X							
12. Reports: Organizational Skills				X							
13. Reports: Grammar/Spelling/Neatness				X							
14. Report Writing: Time Needed				X							
15. Field Performance: Non-Stress Conditions				X							
16. Field Performance: Stress Conditions				X							
17. Self Initiated Field Activities								X			
18. Officer Safety: General				X							
19. Officer Safety: With Suspects/Prisoners								X			
20. Control of Conflict: Voice Command								X			
21. Control of Conflict: Physical Skill								X			
22. Problem Solving/Decision Making				X							
23. Radio: Appropriate Use of Codes				X							
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions				X							
26. Investigative Skills								X			
<b>RELATIONSHIPS</b>											
27. With Citizens in General				X							
28. With Ethnic Groups Other Than Own								X			
29. With Other Officers				X							

The most acceptable area of performance today was good driving to  
emergency call in bad weather

The least acceptable area of performance today was started to move  
vehicle with door open

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

issued summons for barking dog

Other comments on performance:

M. Doughman  
Officer in Training Signature

Alicia Beards  
Field Training Officer signature

JP  
Initials of Program Commander



The most acceptable area of performance today was remembered to see  
if summons had been served.

The least acceptable area of performance today was approach of  
disabled vehicle

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

worked on approaches to a vehicle

Other comments on performance:

worked on residential building search

M. Duffman  
Officer in Training Signature

Alicia Beacok  
Field Training Officer signature

RP  
Initials of Program Commander



The most acceptable area of performance today was logged evidence  
for suicide case.

The least acceptable area of performance today was did not stay  
by FTO when told

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

good dealing w/ hispanics

Other comments on performance:

did narrative for suicide call 3 interview  
partially.

[Signature]

Officer in Training Signature

Alicia Bealock

Field Training Officer signature

[Signature]

Initials of Program Commander

# Officer In Training Weekly Evaluation

Week #: 7 Shift: 11-7  
Doughman 824 Beacock 819  
OIT's name Unit # FTO's name Unit #

Rate the observed behavior with reference to the scale below and correspond behavior anchors. Documentation is necessary for a "Superior" or "Needs Remedial Training" rating.

OIT's initials	General	Making Progress				Not Observed	Needs Remedial Training
		Superior	Acceptable	Unacceptable	Observed		
<u>MD</u>	1. Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	A toward citizens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	B toward other police officers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	C acceptance of feedback	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	D use of common sense and good judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: likes to learn, and enjoys helping others

OIT's initials	General Knowledge	Making Progress				Not Observed	Needs Remedial Training
		Superior	Acceptable	Unacceptable	Observed		
<u>MD</u>	1. Of departmental policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Criminal Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	3. Traffic Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: learning how to apply knowledge

## Skills (Critical) continued

Comments: good on assault call, and handled  
driving sig 5 well

Has the OIT been counseled or received remedial training  YES  NO

Describe the remedial training plan: \_\_\_\_\_

Significant strengths: doing good at spotting  
violators 3 out of place items for the area

Significant weaknesses: forgets to call out on radio  
needs to wash violators hands

Celicia Blackock  
OIT's Signature

819  
Unit #

M. Dushman  
FTO's Signature

824  
Unit #

S.A. Riley  
Reviewing Supervisor's Signature

801  
Unit #

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 7 Day 1 Date Of Report 10/11/07

OIT Name Doughman

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
8. Driving Skills: Normal Conditions				X							
9. Driving Skills: Moderate and High Stress				X				X			
10. Orientation Skill/Response Time to Calls				X							
11. Reports: Accuracy/Completeness/Selection								X			
12. Reports: Organizational Skills								X			
13. Reports: Grammar/Spelling/Neatness								X			
14. Report Writing: Time Needed								X			
15. Field Performance: Non-Stress Conditions				X							
16. Field Performance: Stress Conditions				X				X			
17. Self Initiated Field Activities				X							
18. Officer Safety: General				X							
19. Officer Safety: With Suspects/Prisoners				X							
20. Control of Conflict: Voice Command								X			
21. Control of Conflict: Physical Skill								X			
22. Problem Solving/Decision Making				X							
23. Radio: Appropriate Use of Codes				X							
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions				X							
26. Investigative Skills								X			
<b>RELATIONSHIPS</b>											
27. With Citizens in General				X							
28. With Ethnic Groups Other Than Own								X			
29. With Other Officers					X						

The most acceptable area of performance today was did looking  
for Mayor's Court warrant / put down deer

The least acceptable area of performance today was learning streets  
1/2 policy

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:  
went over several sections of policy

Other comments on performance:  
\_\_\_\_\_

M. Dehman  
Officer in Training Signature

Alicia Beacock  
Field Training Officer signature

(AB)  
Initials of Program Commander



The most acceptable area of performance today was noticed vehicle  
off side of road in tree line

The least acceptable area of performance today was told to call out  
stop & clear a stop

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

minor ~~was~~ change on report narrative

Other comments on performance:

good voice command with "45" subject

M. Pughman

Officer in Training Signature

Alicia Black

Field Training Officer signature

SA

Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 7 Day 3 Date Of Report 10/13/07

OIT Name Doughman Unit # 824  
 FTO Name Beacock Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

		Not Acceptable			Acceptable		Superior		N/O	NR	RE	TIME
		1	2	3	4	5	6	7				
<b>APPEARANCE AND PUNCTUALITY</b>												
1. General Appearance						X						
2. Punctuality						X						
<b>ATTITUDE</b>												
3. Acceptance of Criticism/Response						X						
4. Attitude Toward Public Service						X						
<b>KNOWLEDGE</b>												
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>												
Reflected by Verbal/Written Simulated Testing									X			
Reflected in Field Performance									X			
<b>6. STATE AND CITY CODES</b>												
Reflected by Verbal/Written Simulated Testing									X			
Reflected in Field Performance									X			
<b>7. TRAFFIC CODE</b>												
Reflected by Verbal/Written Simulated Testing									X			
Reflected in Field Performance					X							
<b>PERFORMANCE</b>												
<b>8. Driving Skills: Normal Conditions</b>												
9. Driving Skills: Moderate and High Stress					X							
<b>10. Orientation Skill/Response Time to Calls</b>												
11. Reports: Accuracy/Completeness/Selection					X							
<b>12. Reports: Organizational Skills</b>												
13. Reports: Grammar/Spelling/Neatness					X							
<b>14. Report Writing: Time Needed</b>												
15. Field Performance: Non-Stress Conditions					X							
<b>16. Field Performance: Stress Conditions</b>												
17. Self Initiated Field Activities					X							
<b>18. Officer Safety: General</b>												
19. Officer Safety: With Suspects/Prisoners					X							
<b>20. Control of Conflict: Voice Command</b>												
21. Control of Conflict: Physical Skill					X							
<b>22. Problem Solving/Decision Making</b>												
23. Radio: Appropriate Use of Codes					X							
24. Radio: Listens to/Comprehends Transmissions					X							
25. Radio: Articulation of Transmissions					X							
<b>26. Investigative Skills</b>												
									X			
<b>RELATIONSHIPS</b>												
<b>27. With Citizens in General</b>												
28. With Ethnic Groups Other Than Own					X				X			
<b>29. With Other Officers</b>												
						X						

<b>APPEARANCE AND PUNCTUALITY</b>
1. General Appearance
2. Punctuality
<b>ATTITUDE</b>
3. Acceptance of Criticism/Response
4. Attitude Toward Public Service
<b>KNOWLEDGE</b>
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>
Reflected by Verbal/Written Simulated Testing
Reflected in Field Performance
<b>6. STATE AND CITY CODES</b>
Reflected by Verbal/Written Simulated Testing
Reflected in Field Performance
<b>7. TRAFFIC CODE</b>
Reflected by Verbal/Written Simulated Testing
Reflected in Field Performance
<b>PERFORMANCE</b>
<b>8. Driving Skills: Normal Conditions</b>
9. Driving Skills: Moderate and High Stress
<b>10. Orientation Skill/Response Time to Calls</b>
11. Reports: Accuracy/Completeness/Selection
<b>12. Reports: Organizational Skills</b>
13. Reports: Grammar/Spelling/Neatness
<b>14. Report Writing: Time Needed</b>
15. Field Performance: Non-Stress Conditions
<b>16. Field Performance: Stress Conditions</b>
17. Self Initiated Field Activities
<b>18. Officer Safety: General</b>
19. Officer Safety: With Suspects/Prisoners
<b>20. Control of Conflict: Voice Command</b>
21. Control of Conflict: Physical Skill
<b>22. Problem Solving/Decision Making</b>
23. Radio: Appropriate Use of Codes
24. Radio: Listens to/Comprehends Transmissions
25. Radio: Articulation of Transmissions
<b>26. Investigative Skills</b>
<b>RELATIONSHIPS</b>
<b>27. With Citizens in General</b>
28. With Ethnic Groups Other Than Own
<b>29. With Other Officers</b>

The most acceptable area of performance today was good response and handling of assault suspect

The least acceptable area of performance today was didn't call out on radio for on scene 3 clear jail

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

wrote subject for speed

Other comments on performance:

located knife on suspect

M. Rushman

Officer in Training Signature

Alicia Beacok

Field Training Officer signature

AB

Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 7 Day 4 Date Of Report 10/14/07

OIT Name Doughman Unit # 824  
FTO Name Beacock Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service				X							
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>											
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>											
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>											
17. Self Initiated Field Activities					X						
<b>18. Officer Safety: General</b>											
19. Officer Safety: With Suspects/Prisoners				X							
<b>20. Control of Conflict: Voice Command</b>											
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>											
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>				X							
28. With Ethnic Groups Other Than Own								X			
<b>29. With Other Officers</b>				X							

The most acceptable area of performance today was

initiated traffic stop  
for minor violation, subject had felony warrant.

The least acceptable area of performance today was

did not know why  
I advised subjects to make a report with  
another agency. Incident occurred out of our area

Remedial Training/Total number of minutes this date

Comment:

attempted warrant, located stolen vehicle in  
parking lot.

Other comments on performance:

M. C. [Signature]

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

(TB)

Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 7 Day 5 Date Of Report 10/15/07

OIT Name Doughman

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response				X							
4. Attitude Toward Public Service				X							
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing			X								
Reflected in Field Performance								X			
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>											
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>											
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>								X			
17. Self Initiated Field Activities					X						
<b>18. Officer Safety: General</b>											
19. Officer Safety: With Suspects/Prisoners				X							
<b>20. Control of Conflict: Voice Command</b>											
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>								X			
23. Radio: Appropriate Use of Codes								X			
<b>24. Radio: Listens to/Comprehends Transmissions</b>											
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>				X							
28. With Ethnic Groups Other Than Own								X			
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was made several

traffic stops

The least acceptable area of performance today was went over several

crime scenarios, wasn't sure what charge  
but knew crime had occurred

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

located vehicle with drunk open

Other comments on performance:

\_\_\_\_\_

M. Pughman

Officer in Training Signature

Alicia Black

Field Training Officer signature

JB

Initials of Program Commander



The most acceptable area of performance today was stopped vehicle  
that had driver w/ 2 warrants

The least acceptable area of performance today was did not watch  
subjects hands, stood in front of door.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

went over pursuit policy, did not know  
criteria for stop striking vehicle

Other comments on performance:

M. Daghman  
Officer in Training Signature

Alicia Black  
Field Training Officer signature

TA  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 8 Date Of Report 10-20-2007

OIT Name Ptl Doughman Unit # 824

FTO Name Ptl Pelfrey Unit # 815 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>								X			
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>					X						
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>					X						
11. Reports: Accuracy/Completeness/Selection								X			
<b>12. Reports: Organizational Skills</b>								X			
13. Reports: Grammar/Spelling/Neatness								X			
<b>14. Report Writing: Time Needed</b>								X			
15. Field Performance: Non-Stress Conditions					X						
<b>16. Field Performance: Stress Conditions</b>								X			
17. Self Initiated Field Activities			X								
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners								X			
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>								X			
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

Orientaition. Officer Doughman seemed to be aware of street locations.

The least acceptable area of performance today was \_\_\_\_\_

Self Initiation. Officer Doughman needs to build confidence to self initiate traffic stops.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

*[Handwritten Signature]*  
Officer in Training Signature

*[Handwritten Signature]* #875  
Field Training Officer signature

\_\_\_\_\_  
Initials of Program Commander

## Officer In Training Weekly Evaluation

OIT's name: Doughman      Week #: 6      Shift: 11-7  
 Unit #: 824      FTO's name: Beacock      Unit #: 819

Rate the observed behavior with reference to the scale below and correspond behavior anchors. Documentation is necessary for a "Superior" or "Needs Remedial Training" rating.

OIT's initials	General	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MB</u>	A toward citizens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	B toward other police officers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MB</u>	C acceptance of feedback	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	D use of common sense and good judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: always looking forward to doing new things

OIT's initials	General Knowledge	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Of departmental policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Criminal Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	3. Traffic Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: going over policy, asking about codes

**Skills (Critical) continued**

Comments: very observant

Has the OIT been counseled or received remedial training  YES  NO

Describe the remedial training plan: \_\_\_\_\_

Significant strengths: enthusiastic about the job  
good voice command

Significant weaknesses: still learning how to  
call out information, speak with violators

M. Pughmar  
OIT's Signature

824  
Unit #

Alisa Black  
FTO's Signature

819  
Unit #

T.A. Bishop  
Reviewing Supervisor's Signature

801  
Unit #



The most acceptable area of performance today was located item that  
was struck at a vehicle accident

The least acceptable area of performance today was: listen to other  
officers on radio

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

observed field sobriety tests/went over items  
for policy

Other comments on performance:

asks questions, proactive

Pr. M. Coughlan

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

AP

Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 6 Day 2 Date Of Report 10/4/07

OIT Name Doughman

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

		Not Acceptable			Acceptable		Superior		N/O	NR	RE	TIME
		1	2	3	4	5	6	7				
<b>APPEARANCE AND PUNCTUALITY</b>												
1. General Appearance						X						
2. Punctuality						X						
<b>ATTITUDE</b>												
3. Acceptance of Criticism/Response					X							
4. Attitude Toward Public Service						X						
<b>KNOWLEDGE</b>												
5. DEPARTMENT POLICIES & PROCEDURES												
Reflected by Verbal/Written Simulated Testing									X			
Reflected in Field Performance									X			
6. STATE AND CITY CODES												
Reflected by Verbal/Written Simulated Testing									X			
Reflected in Field Performance					X							
7. TRAFFIC CODE												
Reflected by Verbal/Written Simulated Testing									X			
Reflected in Field Performance									X			
<b>PERFORMANCE</b>												
8. Driving Skills: Normal Conditions					X							
9. Driving Skills: Moderate and High Stress									X			
10. Orientation Skill/Response Time to Calls					X							
11. Reports: Accuracy/Completeness/Selection					X							
12. Reports: Organizational Skills					X							
13. Reports: Grammar/Spelling/Neatness					X							
14. Report Writing: Time Needed					X							
15. Field Performance: Non-Stress Conditions					X							
16. Field Performance: Stress Conditions					X							
17. Self Initiated Field Activities						X						
18. Officer Safety: General					X							
19. Officer Safety: With Suspects/Prisoners					X							
20. Control of Conflict: Voice Command									X			
21. Control of Conflict: Physical Skill									X			
22. Problem Solving/Decision Making					X							
23. Radio: Appropriate Use of Codes					X							
24. Radio: Listens to/Comprehends Transmissions					X							
25. Radio: Articulation of Transmissions					X							
26. Investigative Skills									X			
<b>RELATIONSHIPS</b>												
27. With Citizens in General					X							
28. With Ethnic Groups Other Than Own					X							
29. With Other Officers						X						

The most acceptable area of performance today was was good with  
elderly victim.

The least acceptable area of performance today was could check driver  
physical before wanting to stop

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:  
stopped vehicle with warrant attached

Other comments on performance:  
out with underage drinking, issued summons  
for first time.

Mr. M. Doughman  
Officer in Training Signature

Alicia Beacock  
Field Training Officer signature

(TA)  
Initials of Program Commander



The most acceptable area of performance today was spoke with subjects  
at menacing call, asked good questions

The least acceptable area of performance today was make sure narrative  
has the same language used by victim for  
specific statements.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

went to squad call with child.

Other comments on performance:

M. Cozman  
Officer-in-Training Signature

Celicia Black  
Field Training Officer signature

CB  
Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 6 Day 4 Date Of Report 10/6/07

OIT Name Poughman

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response				X							
4. Attitude Toward Public Service				X							
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance								X			
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>											
8. Driving Skills: Normal Conditions				X							
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>											
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>											
13. Reports: Grammar/Spelling/Neatness				X							
14. Report Writing: Time Needed				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>											
17. Self Initiated Field Activities					X			X			
<b>18. Officer Safety: General</b>											
19. Officer Safety: With Suspects/Prisoners				X							
<b>20. Control of Conflict: Voice Command</b>											
21. Control of Conflict: Physical Skill					X						
<b>22. Problem Solving/Decision Making</b>											
23. Radio: Appropriate Use of Codes				X							
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>											
26. Investigative Skills								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>											
28. With Ethnic Groups Other Than Own				X							
<b>29. With Other Officers</b>											
29. With Other Officers					X						

The most acceptable area of performance today was good traffic stop  
with hispanic subjects

The least acceptable area of performance today was missed subject in  
a vehicle

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

did traffic stop, drove shift and knew  
his location.

Other comments on performance:

used good voice command of intoxicated  
subject

M. Coughlin

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

AB

Initials of Program Commander



The most acceptable area of performance today was

driving.

good defensive

The least acceptable area of performance today was

streets still

learning some

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

M. Coughman

Officer in Training Signature

Alicia Blackock

Field Training Officer signature

TP

Initials of Program Commander



The most acceptable area of performance today was

good traffic stop  
approachs

The least acceptable area of performance today was

try to get violators  
do be more social to violator

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

looked for violators and stopped several

Other comments on performance:

M. Rouhman

Officer in Training Signature

Celicio Beasock

Field Training Officer signature

TP

Initials of Program Commander

## Officer In Training Weekly Evaluation

Week #: 5 Shift: 11-7  
Doughman 824 Beacock 819  
OIT's name Unit # FTO's name Unit #

with 828 on 9/25/07 no DOR

Rate the observed behavior with reference to the scale below and correspond behavior anchors. Documentation is necessary for a "Superior" or "Needs Remedial Training" rating.

OIT's initials	General	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MA</u>	1. Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	2. Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	A toward citizens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	toward other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	B police officers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	acceptance of	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	C feedback	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	use of common	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	sense and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	D good judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: interested in job 3 department

OIT's initials	General Knowledge	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MA</u>	1. Of departmental policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	2. Criminal Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MA</u>	3. Traffic Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: still learning 3 asking questions

# Skills (Critical) continued

Comments: \_\_\_\_\_

Has the OIT been counseled or received remedial training  YES  NO

Describe the remedial training plan: \_\_\_\_\_

Significant strengths: did well stopping vehicles & typing narratives

Significant weaknesses: still learning ~~to~~ how to apply laws, understanding other officers on radio

M. Oughman  
OIT's Signature

824  
Unit #

Alicia Beacock  
FTO's Signature

819  
Unit #

T.A. Riley  
Reviewing Supervisor's Signature

801  
Unit #



The most acceptable area of performance today was \_\_\_\_\_

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

\_\_\_\_\_  
Officer in Training Signature

\_\_\_\_\_  
Field Training Officer signature

\_\_\_\_\_  
Initials of Program Commander



The most acceptable area of performance today was \_\_\_\_\_

---

The least acceptable area of performance today was \_\_\_\_\_

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

---

Officer in Training Signature

---

Field Training Officer signature

---

Initials of Program Commander



The most acceptable area of performance today was noticed light were  
on parked school bus.

The least acceptable area of performance today was quizzed on Domestic  
Violence call, knew crime had occurred but not  
DV went over section  
Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

fixed report from working w/ 828

Other comments on performance:

knew where he was when asked

M. Dugan

Officer in Training Signature

C. Bigrock

Field Training Officer signature

JA

Initials of Program Commander



The most acceptable area of performance today was followed up at  
Stoney Ridge with prior report

The least acceptable area of performance today was Did not hear  
other officers dispatched for disturbance.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

asked questions, while taking theft report, entered  
property in Remo

Other comments on performance:

assisted 806 w/ OVI stop

M. Coughman

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

(Signature)

Initials of Program Commander



The most acceptable area of performance today was stopped three  
vehicles, two stops had warrants

The least acceptable area of performance today was get closer to car  
before turning on lights for stop

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

noticed subjects on side of road wanting  
assistance/drove most of drift.

Other comments on performance:

located brass knuckles on subject

M. Dougherty

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

AB

Initials of Program Commander

## Officer In Training Weekly Evaluation

OIT's name: Doughman      Week #: 4      Shift: 11-7  
 Unit #: 824      FTO's name: Beacock      Unit #: 819

Rate the observed behavior with reference to the scale below and correspond behavior anchors. Documentation is necessary for a "Superior" or "Needs Remedial Training" rating.

OIT's initials	General	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	A toward citizens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	B toward other police officers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	C acceptance of feedback	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	D use of common sense and good judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Always receptive toward others

OIT's initials	General Knowledge	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Of departmental policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Criminal Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	3. Traffic Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Asks questions and learning

# Skills (Critical) continued

Comments: working on procedures and  
rim reports.

Has the OIT been counseled or received remedial training  YES  NO

Describe the remedial training plan: \_\_\_\_\_

Significant strengths: filling out charge forms and  
paperwork, calm

Significant weaknesses: worked on least 1 streets

<u>M. Cashman</u>	<u>824</u>
OIT's Signature	Unit #
<u>A. Beacock</u>	<u>819</u>
FTO's Signature	Unit #
<u>T.A. Bailey</u>	<u>801</u>
Reviewing Supervisor's Signature	Unit #



The most acceptable area of performance today was calm on B3E helped  
check area, noticed subject in a vehicle

The least acceptable area of performance today was still learning streets

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

worked on city ordinances, and proper  
paperwork  
Other comments on performance:

M. Doughman.

Officer in Training Signature

Alicia Black

Field Training Officer signature

AB

Initials of Program Commander



The most acceptable area of performance today was handled domestic  
well with a poor environment present. Used  
verbal commands when necessary.  
The least acceptable area of performance today was still learning  
streets

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:  
witnessed DUF tests by Post 9.

Other comments on performance:  
noticed environment child was in (garbage, roaches)

M. Pughman  
Officer in Training Signature

Clicia Beacock  
Field Training Officer signature

PA  
Initials of Program Commander

**MONROE POLICE DEPARTMENT  
DAILY OBSERVATION REPORT**

Week # 4 Day 3 Date Of Report 9-17-07

OIT Name Doughman

Unit # 824

FTO Name Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

**RATING SCALE**

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>					<del>5</del>						
1. General Appearance					<del>5</del>						
2. Punctuality					<del>5</del>						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					<del>5</del>						
4. Attitude Toward Public Service					<del>5</del>						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								<del>X</del>			
Reflected in Field Performance								<del>X</del>			
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								<del>X</del>			
Reflected in Field Performance								<del>X</del>			
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								<del>X</del>			
Reflected in Field Performance				<del>X</del>							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								<del>X</del>			
9. Driving Skills: Moderate and High Stress								<del>X</del>			
<b>10. Orientation Skill/Response Time to Calls</b>											
11. Reports: Accuracy/Completeness/Selection				<del>X</del>							
12. Reports: Organizational Skills				<del>X</del>							
13. Reports: Grammar/Spelling/Neatness				<del>X</del>							
14. Report Writing: Time Needed				<del>X</del>							
15. Field Performance: Non-Stress Conditions				<del>X</del>							
<b>16. Field Performance: Stress Conditions</b>								<del>X</del>			
17. Self Initiated Field Activities								<del>X</del>			
<b>18. Officer Safety: General</b>											
19. Officer Safety: With Suspects/Prisoners				<del>X</del>				<del>X</del>			
<b>20. Control of Conflict: Voice Command</b>								<del>X</del>			
21. Control of Conflict: Physical Skill								<del>X</del>			
<b>22. Problem Solving/Decision Making</b>											
23. Radio: Appropriate Use of Codes				<del>X</del>							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				<del>X</del>							
25. Radio: Articulation of Transmissions				<del>X</del>							
<b>26. Investigative Skills</b>								<del>X</del>			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>											
28. With Ethnic Groups Other Than Own				<del>X</del>				<del>X</del>			
<b>29. With Other Officers</b>				<del>X</del>							

The most acceptable area of performance today was filled out citation,  
accident, crime report w/ minimal assistance

The least acceptable area of performance today was still working on  
streets

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Quizzed on how to get to certain streets. Went over  
traffic citations 3 codes.

Other comments on performance:

M. Doughton

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

TR

Initials of Program Commander



The most acceptable area of performance today was handled report for  
DV 3 charge forms

The least acceptable area of performance today was work on streets for beat 1

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

M. Doughman

Officer in Training Signature

Alicia Barack

Field Training Officer signature

TA

Initials of Program Commander



The most acceptable area of performance today was used good walkup  
for vehicle stop.

The least acceptable area of performance today was Told to ask passengers  
for info.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

know streets and drive appropriately.

Other comments on performance:

starting to be more actively involved

K. M. Dougherty

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

PA

Initials of Program Commander

## Officer In Training Weekly Evaluation

Week #: 3 Shift: 11-7  
 OIT's name: Doughman Unit #: 824 FTO's name: Beacock Unit #: 819

Rate the observed behavior with reference to the scale below and correspond behavior anchors. Documentation is necessary for a "Superior" or "Needs Remedial Training" rating.

OIT's initials	General	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	A toward citizens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	toward other						
<u>MD</u>	B police officers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	acceptance of						
<u>MD</u>	C feedback	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	use of common						
<u>MD</u>	sense and						
<u>MD</u>	D good judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: likes new activities, and is good with speaking with others.

OIT's initials	General Knowledge	Superior	Acceptable	Making Progress	Unacceptable	Not Observed	Needs Remedial Training
<u>MD</u>	1. Of departmental policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	2. Criminal Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>MD</u>	3. Traffic Offense Code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: went over several traffic criminal, 3 policies.

**Skills (Critical) continued**

Comments: Is learning paperwork, streets, and procedures.

Has the OIT been counseled or received remedial training  YES  NO

Describe the remedial training plan: \_\_\_\_\_

Significant strengths: likes to learn, has completed reports & charge sheets without much assistance

Significant weaknesses: Still needs to learn some streets, working on narrative structure.

M. Doughner  
OIT's Signature

824  
Unit #

Alicia Boasch  
FTO's Signature

819  
Unit #

\_\_\_\_\_  
Reviewing Supervisor's Signature

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



The most acceptable area of performance today was once shown proper forms  
filled out correctly, also.

The least acceptable area of performance today was needs to listen where  
everyone is located,

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

willing to learn & asks questions

Other comments on performance:

needs to learn streets & business locations

M. Rahman  
Officer in Training Signature

Alicia Bland  
Field Training Officer signature

Initials of Program Commander



The most acceptable area of performance today was Noticed injuries on victim and asked questions

The least acceptable area of performance today was needs to listen to what other officers are doing.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Needs to learn streets

Other comments on performance:

Handled domestic call using verbal tactics with male subject

M. De France  
Officer in Training Signature

Alicia Blackock  
Field Training Officer signature

\_\_\_\_\_  
Initials of Program Commander



The most acceptable area of performance today was Used correct forms

knew what to charge suspect

The least acceptable area of performance today was need to organize

thoughts, work on report narratives

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

knew several streets, 3 other officers locations

Other comments on performance:

M. Doughman

Officer in Training Signature

Alicia Bearak

Field Training Officer signature

Initials of Program Commander



The most acceptable area of performance today was noticed disabled

vehicle, checked crown & ditch 3 car for subject.

The least acceptable area of performance today was need to work with

nims reports

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Did well with diabetic subject, while medics treated

Other comments on performance:

Mike Longman

Officer in Training Signature

Alicia Beacock

Field Training Officer signature

Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # Day 5 Date Of Report 9/11/07

OIT Name Mike Doughman

Unit # 824

FTO Name Alicia Beacock

Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>					<del>5</del>						
1. General Appearance					<del>5</del>						
2. Punctuality					<del>5</del>						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					<del>5</del>						
4. Attitude Toward Public Service				<del>4</del>							
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								<del>7</del>			
Reflected in Field Performance				<del>4</del>							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								<del>7</del>			
Reflected in Field Performance				<del>4</del>							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								<del>7</del>			
Reflected in Field Performance								<del>7</del>			
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								<del>7</del>			
9. Driving Skills: Moderate and High Stress								<del>7</del>			
<b>10. Orientation Skill/Response Time to Calls</b>								<del>7</del>			
11. Reports: Accuracy/Completeness/Selection					<del>4</del>						
<b>12. Reports: Organizational Skills</b>			<del>3</del>								
13. Reports: Grammar/Spelling/Neatness			<del>3</del>								
<b>14. Report Writing: Time Needed</b>											
15. Field Performance: Non-Stress Conditions								<del>7</del>			
<b>16. Field Performance: Stress Conditions</b>											
17. Self Initiated Field Activities					<del>5</del>						
<b>18. Officer Safety: General</b>					<del>5</del>						
19. Officer Safety: With Suspects/Prisoners					<del>5</del>						
<b>20. Control of Conflict: Voice Command</b>								<del>7</del>			
21. Control of Conflict: Physical Skill								<del>7</del>			
<b>22. Problem Solving/Decision Making</b>											
23. Radio: Appropriate Use of Codes				<del>4</del>							
<b>24. Radio: Listens to/Comprehends Transmissions</b>								<del>7</del>			
25. Radio: Articulation of Transmissions								<del>7</del>			
<b>26. Investigative Skills</b>								<del>7</del>			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>											
28. With Ethnic Groups Other Than Own				<del>4</del>							
29. With Other Officers				<del>4</del>							

The most acceptable area of performance today was noticed car with trunk open and checked area.

The least acceptable area of performance today was need to organize thoughts work on sentence structure.

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

ingained 3 looked at property in building with an open door.  
Other comments on performance:

M. Ke Dughman

Officer in Training Signature

Alicia Blackock

Field Training Officer signature

Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # Dayle Date Of Report 9/12/07

OIT Name Doughman, Mike Unit # 824

FTO Name Beacock, Alicia Unit # 819 Shift 11-7

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>					<del>5</del>						
1. General Appearance					<del>5</del>						
2. Punctuality					<del>5</del>						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service				X							
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								X			
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>								X			
11. Reports: Accuracy/Completeness/Selection											
<b>12. Reports: Organizational Skills</b>											
13. Reports: Grammar/Spelling/Neatness			X								
<b>14. Report Writing: Time Needed</b>											
15. Field Performance: Non-Stress Conditions					X						
<b>16. Field Performance: Stress Conditions</b>											
17. Self Initiated Field Activities					X						
<b>18. Officer Safety: General</b>								X			
19. Officer Safety: With Suspects/Prisoners					X						
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>								X			
23. Radio: Appropriate Use of Codes					X						
<b>24. Radio: Listens to/Comprehends Transmissions</b>											
25. Radio: Articulation of Transmissions					X						
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>											
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was performed well  
on traffic stop with subject that had  
warrants

The least acceptable area of performance today was need to reread  
narrative for sentence structure

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

spoke well with child and parents that  
was located walking.  
Other comments on performance:

P. M. [Signature]  
Officer in Training Signature

Alicia Beack  
Field Training Officer signature

\_\_\_\_\_  
Initials of Program Commander



# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 3 Date Of Report 08-20-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
8. Driving Skills: Normal Conditions								X			
9. Driving Skills: Moderate and High Stress								X			
10. Orientation Skill/Response Time to Calls								X			
11. Reports: Accuracy/Completeness/Selection				X							
12. Reports: Organizational Skills				X							
13. Reports: Grammar/Spelling/Neatness				X							
14. Report Writing: Time Needed				X							
15. Field Performance: Non-Stress Conditions				X							
16. Field Performance: Stress Conditions								X			
17. Self Initiated Field Activities								X			
18. Officer Safety: General					X						
19. Officer Safety: With Suspects/Prisoners					X						
20. Control of Conflict: Voice Command				X							
21. Control of Conflict: Physical Skill								X			
22. Problem Solving/Decision Making								X			
23. Radio: Appropriate Use of Codes								X			
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions								X			
26. Investigative Skills				X							
<b>RELATIONSHIPS</b>											
27. With Citizens in General					X						
28. With Ethnic Groups Other Than Own					X						
29. With Other Officers					X						

The most acceptable area of performance today was \_\_\_\_\_

Safety oriented, especially around prisoners

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date 15 min

Comment:

Discussed assisting other agencies

Other comments on performance:

*W. Doherty*

Officer in Training Signature

*Pon C. Scott 8/14*

Field Training Officer signature

*(PB)*

Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 3 Date Of Report 08-22-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								X			
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>								X			
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>								X			
17. Self Initiated Field Activities								X			
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners					X						
<b>20. Control of Conflict: Voice Command</b>				X							
21. Control of Conflict: Physical Skill				X							
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes								X			
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions								X			
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

Handled a DV on Oxford State Rd, maintained control over suspect. Seperated the Victim/Suspect

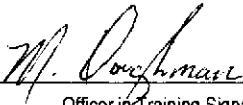
The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date 20 minutes

Comment:

While at Middletown Jail, explained the procedures for bringing in prisoners / cooperative and/or combative and written statements vs officer as complainant

Other comments on performance:



Officer in Training Signature



Field Training Officer signature



Initials of Program Commander



The most acceptable area of performance today was \_\_\_\_\_

Positive attitude and not afraid to ask questions

---

The least acceptable area of performance today was \_\_\_\_\_

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

*M. Dougherty*

Officer in Training Signature

*P. J. ...*

Field Training Officer signature

*TP*

Initials of Program Commander





The most acceptable area of performance today was \_\_\_\_\_

Handled his first OVI where we had to go to the hospital to complete the investigation

---

The least acceptable area of performance today was \_\_\_\_\_

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

Maintained control over intoxicated driver while in the ER

---

*M. Dougherty*

Officer in Training Signature

*P. C. [Signature]*

Field Training Officer signature

*(7)*

Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 5 Date Of Report 09-04-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress				X							
10. Orientation Skill/Response Time to Calls				X							
11. Reports: Accuracy/Completeness/Selection				X							
12. Reports: Organizational Skills				X							
13. Reports: Grammar/Spelling/Neatness				X							
14. Report Writing: Time Needed				X							
15. Field Performance: Non-Stress Conditions				X							
16. Field Performance: Stress Conditions				X							
17. Self Initiated Field Activities								X			
18. Officer Safety: General					X						
19. Officer Safety: With Suspects/Prisoners								X			
20. Control of Conflict: Voice Command								X			
21. Control of Conflict: Physical Skill								X			
22. Problem Solving/Decision Making				X							
23. Radio: Appropriate Use of Codes				X							
24. Radio: Listens to/Comprehends Transmissions				X							
25. Radio: Articulation of Transmissions				X							
26. Investigative Skills				X							
<b>RELATIONSHIPS</b>											
27. With Citizens in General					X						
28. With Ethnic Groups Other Than Own								X			
29. With Other Officers					X						

The most acceptable area of performance today was \_\_\_\_\_

slow shift but he continued to drive his neighborhoods and look at street signs to learn his area.

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

*M. Borghman*

Officer in Training Signature

*PO C. Stott 1514*

Field Training Officer signature

*(P)*

Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 5 Date Of Report 09-04-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>				X							
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>				X							
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>				X							
17. Self Initiated Field Activities				X							
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners								X			
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes				X							
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own								X			
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

While on patrol, self initiated a check of a possible disabled vehicle and found it to be a non-injury accident.

---

The least acceptable area of performance today was \_\_\_\_\_

Driving in unfamiliar territory (Hamilton).

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

*P. M. Dahn #824*  
\_\_\_\_\_  
Officer in Training Signature

*P. M. Dahn #824*  
\_\_\_\_\_  
Field Training Officer signature

*TP*  
\_\_\_\_\_  
Initials of Program Commander



# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 4 Date Of Report 08-25-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	NO	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing											
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								X			
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>								X			
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>				X							
17. Self Initiated Field Activities								X			
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners				X							
<b>20. Control of Conflict: Voice Command</b>				X							
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes								X			
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

Handled a call dealing with juveniles stealing from CVS. One juvenile was arrested.

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date 20 minutes

Comment:

While at Middletown Jail, Covered their procedures

Other comments on performance:

PC M. Doherty 824  
Officer in Training Signature

PC C. Smith #814  
Field Training Officer signature

(JA)  
initials of Program Commander



The most acceptable area of performance today was \_\_\_\_\_

Not afraid to ask questions. Handles himself in professional manner.

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date 60 minutes

Comment:

streets and sub-div's

Other comments on performance:

PTI M. Dabue 824  
Officer in Training Signature

PTI C. J. A. 4814  
Field Training Officer signature

TC  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 4 Date Of Report 08-27-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	NO	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>				X							
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								X			
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>								X			
11. Reports: Accuracy/Completeness/Selection								X			
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness								X			
<b>14. Report Writing: Time Needed</b>								X			
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>				X							
17. Self Initiated Field Activities								X			
<b>18. Officer Safety: General</b>				X							
19. Officer Safety: With Suspects/Prisoners								X			
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes								X			
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>								X			
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

Not afraid to ask questions.

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date 15 minutes

Comment:

Legalities of the LEADS user

Other comments on performance:

P.O. M. Dyer 824  
Officer in Training Signature

P.O. C. Smith #914  
Field Training Officer signature

(Signature)  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 4 Date Of Report 08-30-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance					X						
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								X			
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>								X			
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>					X						
17. Self Initiated Field Activities								X			
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners					X						
<b>20. Control of Conflict: Voice Command</b>					X						
21. Control of Conflict: Physical Skill					X						
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes								X			
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_  
While on a shoplifter complaint at Kroger's, I latched on to a suspect that was aggressively headed after the complainant. Ptl. Doughman also grabbed the suspect without hesitation to subdue them.

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

Other comments on performance:

Ptl. Doughman has no problem asking questions pertaining to anything job related.

OTC 21/RSK + 824      Ptl. C. S. H. #814      CP  
Officer in Training Signature      Field Training Officer signature      Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 4 Date Of Report 08-29-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing								X			
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>								X			
9. Driving Skills: Moderate and High Stress								X			
<b>10. Orientation Skill/Response Time to Calls</b>								X			
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>					X						
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>					X						
17. Self Initiated Field Activities								X			
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners								X			
<b>20. Control of Conflict: Voice Command</b>								X			
21. Control of Conflict: Physical Skill								X			
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes								X			
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

Assisted Detectives with the execution of a Search Warrant.

---

The least acceptable area of performance today was \_\_\_\_\_

No problems as of yet. Ptl. Doughman will be handleing calls and driving starting week #5

---

Remedial Training/Total number of minutes this date \_\_\_\_\_

Comment:

---

Other comments on performance:

---

*Ptl. M. Doughman #824*  
\_\_\_\_\_  
Officer in Training Signature

*Ptl. C. Stitt #814*  
\_\_\_\_\_  
Field Training Officer signature

*FA*  
\_\_\_\_\_  
Initials of Program Commander

# MONROE POLICE DEPARTMENT DAILY OBSERVATION REPORT

Week # 4 Date Of Report 08-28-2007

OIT Name Ptl. M. Doughman Unit # 824

FTO Name Ptl. C. Stull Unit # 814 Shift 3p-11p

RATING INSTRUCTIONS: Rate observed behavior on the scale below using the numerical value definitions in the FTO Program.  
 STANDARDIZED EVALUATION GUIDELINES: Comment on the most and least satisfactory performance of the day. Comment on any behavior you wish, a specific comment is required for all rating of "2" or less and "6" or above. Check "N/O" for not observed, "NRT" for not responding to training and "REM" if remedial training was given. List time spent in minutes on remedial training in "TIME" area.

### RATING SCALE

Not Acceptable      Acceptable      Superior

	1	2	3	4	5	6	7	N/O	NR	RE	TIME
<b>APPEARANCE AND PUNCTUALITY</b>											
1. General Appearance					X						
2. Punctuality					X						
<b>ATTITUDE</b>											
3. Acceptance of Criticism/Response					X						
4. Attitude Toward Public Service					X						
<b>KNOWLEDGE</b>											
<b>5. DEPARTMENT POLICIES &amp; PROCEDURES</b>											
Reflected by Verbal/Written Simulated Testing				X							
Reflected in Field Performance				X							
<b>6. STATE AND CITY CODES</b>											
Reflected by Verbal/Written Simulated Testing							X				
Reflected in Field Performance				X							
<b>7. TRAFFIC CODE</b>											
Reflected by Verbal/Written Simulated Testing							X				
Reflected in Field Performance				X							
<b>PERFORMANCE</b>											
<b>8. Driving Skills: Normal Conditions</b>							X				
9. Driving Skills: Moderate and High Stress							X				
<b>10. Orientation Skill/Response Time to Calls</b>							X				
11. Reports: Accuracy/Completeness/Selection				X							
<b>12. Reports: Organizational Skills</b>				X							
13. Reports: Grammar/Spelling/Neatness				X							
<b>14. Report Writing: Time Needed</b>				X							
15. Field Performance: Non-Stress Conditions				X							
<b>16. Field Performance: Stress Conditions</b>							X				
17. Self Initiated Field Activities							X				
<b>18. Officer Safety: General</b>					X						
19. Officer Safety: With Suspects/Prisoners					X						
<b>20. Control of Conflict: Voice Command</b>							X				
21. Control of Conflict: Physical Skill							X				
<b>22. Problem Solving/Decision Making</b>				X							
23. Radio: Appropriate Use of Codes							X				
<b>24. Radio: Listens to/Comprehends Transmissions</b>				X							
25. Radio: Articulation of Transmissions				X							
<b>26. Investigative Skills</b>				X							
<b>RELATIONSHIPS</b>											
<b>27. With Citizens in General</b>					X						
28. With Ethnic Groups Other Than Own					X						
<b>29. With Other Officers</b>					X						

The most acceptable area of performance today was \_\_\_\_\_

Pays attention to whats going on around him

The least acceptable area of performance today was \_\_\_\_\_

Remedial Training/Total number of minutes this date 1 hour

Comment:

Watched training videos on station. "Stop Stick" video, Your vest won't stop this bullet (traffic stop safety) and Tri-State Regional Robbery Alarm Response Plan

Other comments on performance:

\_\_\_\_\_  
Officer in Training Signature

  
Field Training Officer signature

  
Initials of Program Commander



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Narcan eLearning Course***

***Completed on: 7/23/2018 5:09:20 PM***

**FILE**

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Mike Doughman**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Urban K9 Deployment Tactics (8 Hours) June 6, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Mike Doughman**

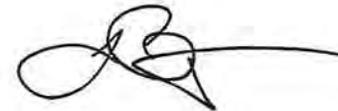
FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Combat Pistol for K9 (8 Hours) June 7, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Mike Doughman**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**K9 Transitional Zones of Training Course (8 Hours) June 8, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

**Mental Health Recovery Services of  
Warren and Clinton Counties**

**FILE**

**CRISIS INTERVENTION TEAM**

*This is to CERTIFY that on May 3, 2018*

**Officer Mike Doughman**

**Successfully Completed C.I. T. Training  
in Dealing with Mental  
Health Crisis in a Rural Community**



Sergeant Wallace Stacy  
CIT Coordinator

A handwritten signature in black ink, appearing to read "Sgt. Wallace Stacy", written over a horizontal line.

Date: May 3, 2018



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Missing Persons***

***Completed on: 8/28/2018 5:49:44 AM***

**FILE**



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Companion Animal Encounters***

*Completed on: 8/28/2018 5:30:39 AM*

**FILE**

# Certificate of Training

## RESISTANCE

Mike Doughm

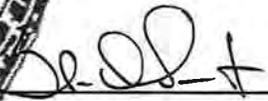
has successfully completed

### Discovering Hidden Compartments

Held at the Dayton Airport Expo Center, Vandalia, Ohio  
on Thursday, January 3, 2019 & Friday, January 4, 2019.

Training hosted by Southwest Regional K9 Training Group Inc.



  
Shaun Smart, Instructor

  
Matthew Lunsford, K9 Trainer, SWRK9TG President

# IS FUTURE!



**FILE**

*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Narcan eLearning Course***

***Completed on: 7/23/2018 5:09:20 PM***

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Mike Doughman**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Urban K9 Deployment Tactics (8 Hours) June 6, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Mike Doughman**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Combat Pistol for K9 (8 Hours) June 7, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Mike Doughman**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**K9 Transitional Zones of Training Course (8 Hours) June 8, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

**Mental Health Recovery Services of  
Warren and Clinton Counties**

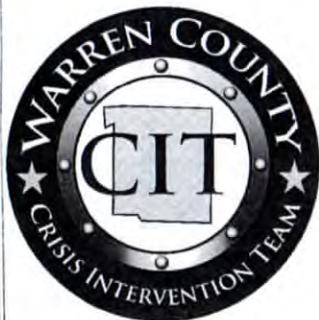
FILE

**CRISIS INTERVENTION TEAM**

*This is to CERTIFY that on May 3, 2018*

**Officer Mike Doughman**

**Successfully Completed C.I.T. Training  
in Dealing with Mental  
Health Crisis in a Rural Community**



Sgt. Wallace Stacy  
CIT Coordinator

A handwritten signature in black ink, appearing to read "Sgt. Wallace Stacy", written over a horizontal line.

Date: May 3, 2018



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Missing Persons***

***Completed on: 8/28/2018 5:49:44 AM***

**FILE**



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Companion Animal Encounters***

***Completed on: 8/28/2018 5:30:39 AM***

**FILE**



# **Certificate of Course Completion**

This is to verify that

Mike Doughman

has completed

Sexual Harassment Prevention in the Workplace

on

3/8/2018



# **Certificate of Course Completion**

This is to verify that

Mike Doughman

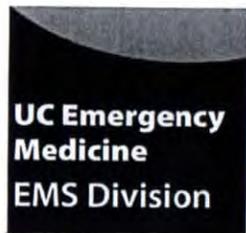
has completed

Bullying in the Workplace

on

3/8/2018

FILE



West Chester Hospital | UC Health™



**This Certificate Of Completion Is Hereby Awarded To:**

**Mike Doughman**

**FOR SUCCESSFUL COMPLETION OF THE FOLLOWING EDUCATIONAL PROGRAM(S) ENTITLED:**  
**SELF-CARE / BUDDY CARE FOR LAW ENFORCEMENT**  
*Presented by Dustin Calhoun, MD and Ryan Burke, NRP*

**Presented On:**

*November 2, 2017*  
*14:30 pm – 17:00 pm*

**Location:**

**Monroe Police Department**  
*223 South Main Street*  
*Monroe, Ohio 45050*

A handwritten signature in black ink, appearing to read "Donald A. Locasto".

Donald Locasto, MD  
Medical Director

A handwritten signature in black ink, appearing to read "Joshua A. Borkosky".

Joshua A. Borkosky, BS, NR-P, EMSI  
EMS Education Manager  
Department of Emergency Medicine–Division of EMS



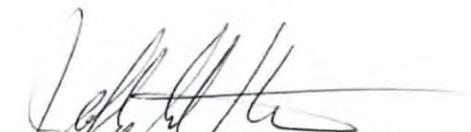
# Warren County Combined Training Team



FILE

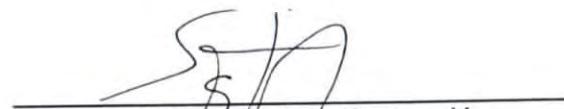
THIS IS TO CERTIFY THAT  
**Mike Doughman**  
HAS COMPLETED 4 HOURS IN GENERAL CPT TRAINING DURING THE

## 2017 Combined Training Event

  
Chief Jeffrey Kruthoff

Springboro Police Department

9/28/2017

  
Sergeant Thomas Naumovski

Warren County Sheriff's Office



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***2017 Legal Update: Civil Liability for  
Officers***

***Completed on: 8/29/2017 2:05:04 AM***

**FILE**



OPOTA  
**FILE**

*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***2017 Legal Update: Domestic  
Violence Refresher***

***Completed on: 10/24/2017 9:21:13 PM***



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***2017 Legal Update: Search and  
Seizure Law***

*Completed on: 10/24/2017 9:01:52 PM*

**FILE**



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

FILE

This is to certify that

**Mike Doughman**

has successfully completed the Webcast course

**Trauma Informed Policing**

issued on

October 10, 2017

Handwritten signature of Mike DeWine in cursive.

Mike DeWine  
Ohio Attorney General

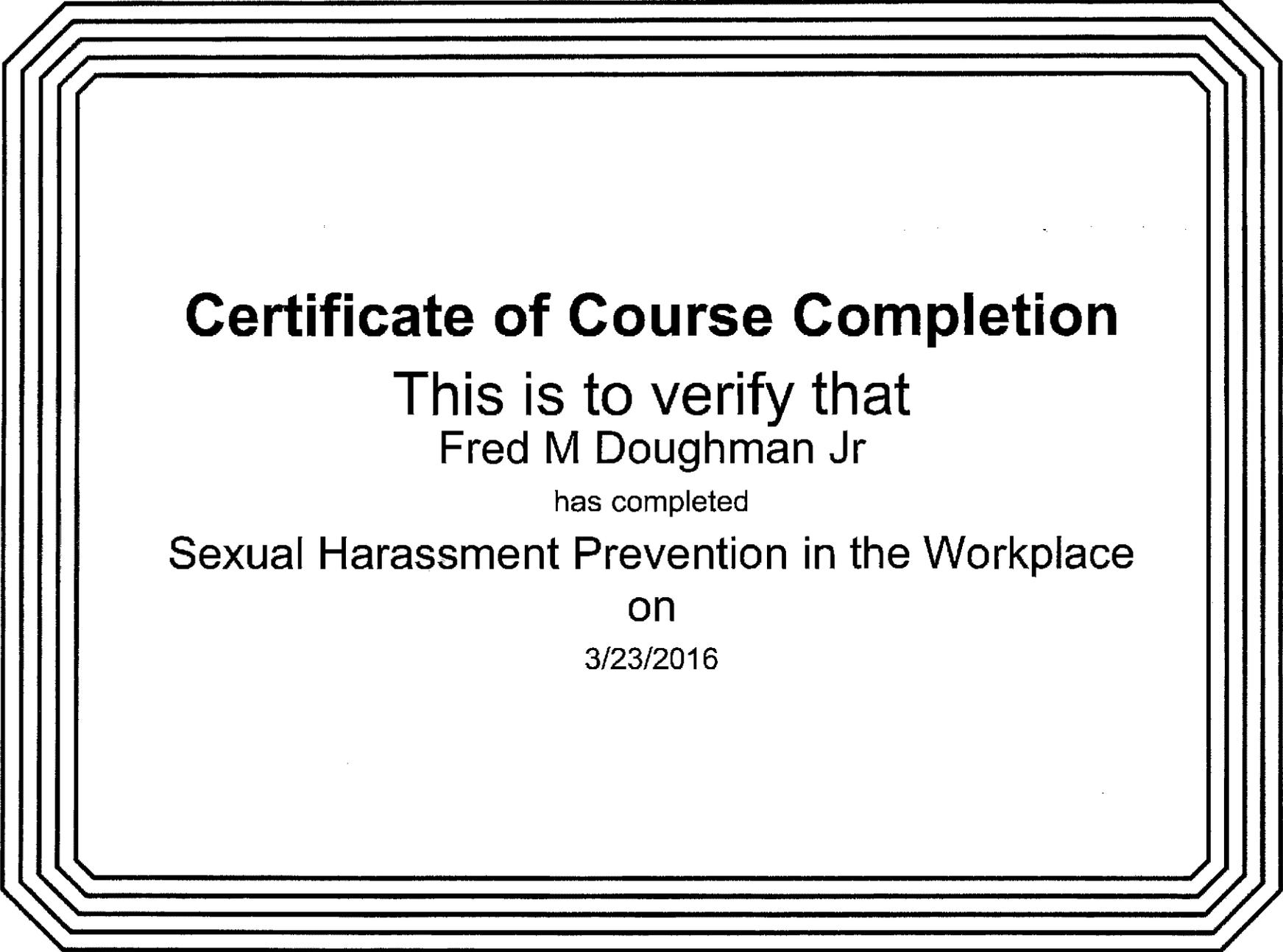
Handwritten signature of Vernon P. Stanforth in cursive.

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Handwritten signature of Mary E. Davis in cursive.

Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission



# **Certificate of Course Completion**

This is to verify that

Fred M Doughman Jr

has completed

Sexual Harassment Prevention in the Workplace

on

3/23/2016



STATE OF OHIO  
OFFICE OF THE ATTORNEY GENERAL  
MARC DANN, ATTORNEY GENERAL

January 25, 2008

Chief Gregory C. Homer  
Monroe Police Department  
233 South Main Street  
P.O. Box 330  
Monroe, OH 45050

Re: Break in service update training evaluation for Officer Fred Doughman, Jr.

Dear Chief Homer:

The purpose of this letter is two-fold: First, this letter shall serve to acknowledge receipt of a "Notice of Peace Officer Appointment/Termination" (OPOTC SF400adm) form, whereby you reported an appointment, status change, or record correction for the above-referenced officer pursuant to R.C. § 109.761. Second, this letter shall serve as notice that pursuant to O.A.C. 109:2-1-12, **no break in service update training is required.**

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

Sincerely,

Suzanne J. Tobin  
Certification Officer  
Certification & Standards Division

cc: OPOTC Officer File  
SJT/vf



Ohio Peace Officer Training Academy

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



Printed in House

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



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

*Att. Henry Chertan*

FILE

This is to certify that

**Fred M. Doughman, Jr. & Helix**

have completed the

**Patrol Related Canine Unit Evaluation**

for the following specialties:

**Criminal Apprehension, Canine Control and Canine Searches**

Awarded on

**April 27, 2016**

*Mike DeWine*

Mike DeWine  
Attorney General

*Vernon P. Stanforth*

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



*Mary E. Davis*

Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-105977  
RENEWAL DUE DATE: 04/27/17



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

*Lt. Thomas Chertok*  
**FILE**

This is to certify that

**Fred M. Doughman, Jr. & Helix**

have completed the

**Special Purpose Canine Unit Evaluation**

for the following specialties:

**Tracking, Article Search, Marijuana, Cocaine, Heroin,  
Methamphetamines and their derivatives**

Awarded on

**April 27, 2016**

*Mike DeWine*

Mike DeWine  
Attorney General

*Vernon P. Stanforth*

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



*Mary E. Davis*

Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-105983  
RENEWAL DUE DATE: 04/27/17



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Human Trafficking 2016 Update***

*Completed on: 12/11/2016 2:25:28 AM*

*Lt. Dennis Chertan*

Heartsaver®  
First Aid CPR AED



Training Center Name **Butler Tech** **OH03265** TC ID #

TC Info **Hamilton, Ohio** **513-645-8350**  
City, State ZIP Phone

Course Location **Monroe Fire Department**

Instructor Name **David Hayes** Inst. ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1815

**Mike Doughman**

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED Infant CPR Written test  
**09/2015** **09/2017**

Issue Date

Recommended Renewal Date

→  
PEEL  
HERE  
→

Strike through the modules **NOT** completed.

This card contains unique security features to protect against forgery.

**FILE**



# Warren County Combined Training Team



FILE

THIS IS TO CERTIFY THAT

**Mike Doughman**

HAS COMPLETED 4 HOURS TRAINING IN

## 2015 Stops and Approaches at Kings Island



Chief Jeffrey Kruthoff

Springboro Police Department

9/24/2015



Sergeant Brian Payne

Warren County Sheriff's Office



eOPOTA



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Ethics and Professionalism***

*Completed on: 10/28/2015 12:52:28 AM*



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Automobile Searches***

*Completed on: 10/28/2015 12:37:08 AM*

FILE



*This is to certify that*

***Fred M. Doughman, Jr.***

*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Domestic Violence Laws***

*Completed on: 11/30/2015 5:46:00 AM*

**FILE**

The United States Police Canine Association, Inc.

# Certificate of Excellence

## *Certified Narcotics Detector Dog*

Meeting in seminar at Evansville, Indiana on the 15th day of June 2015 does hereby  
certify that

**Mike Doughman & K9 Helix**

Have been tested under the standards, as set forth by the United States Police Canine  
Association, Inc. and have achieved the desired rating of excellence therein.

  
\_\_\_\_\_  
PRESIDENT

  
\_\_\_\_\_  
CHIEF JUDGE

FILE

The United States Police Canine Association, Inc.

# Certificate of Excellence

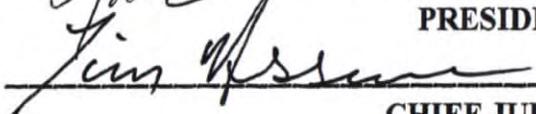
*Certified PD1 Dog*

Meeting in seminar at Evansville, Indiana on the 17th day of June 2015 does hereby  
certify that

**Mike Doughman & K9 Helix**

Have been tested under the standards, as set forth by the United States Police Canine  
Association, Inc. and have achieved the desired rating of excellence therein.

  
\_\_\_\_\_  
PRESIDENT

  
\_\_\_\_\_  
CHIEF JUDGE

FILE



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

FILE

This is to certify that

**Fred M. Doughman, Jr. & Helix**

have completed the

**Special Purpose Canine Unit Evaluation**

for the following specialties:

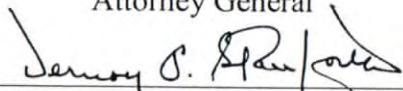
**Tracking, Article Search, Marijuana, Cocaine, Heroin,  
Methamphetamines and their derivatives**

Awarded on

**April 22, 2015**

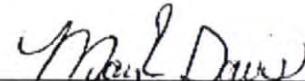


Mike DeWine  
Attorney General



Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-104568  
RENEWAL DUE DATE: 04/25/16



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

FILE

This is to certify that  
**Fred M. Doughman, Jr. & Helix**  
have completed the  
**Patrol Related Canine Unit Evaluation**  
for the following specialties:  
**Criminal Apprehension, Canine Control and Canine Searches**

Awarded on  
**April 22, 2015**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-104565  
RENEWAL DUE DATE: 04/25/16

# Certificate of Completion

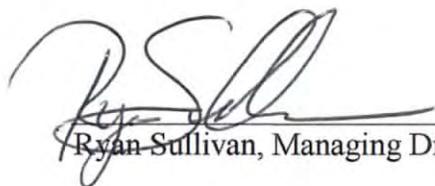
This certificate is awarded to

**OFFICER MIKE DOUGHMAN**

in recognition of successfully completing the

**TACTICAL INTELLIGENCE GROUP  
LAW ENFORCEMENT  
VEHICLE TACTICS / LOW LIGHT COURSE**

NOVEMBER 21, 2014



Ryan Sullivan, Managing Director



Burton Roberts, Staff Instructor



Bo Sabrowsky, Staff Instructor

FILE

**MONROE POLICE DEPARTMENT**

**CERTIFICATE OF ACHIEVEMENT**

AWARDED TO

**MICHAEL DOUGHMAN**

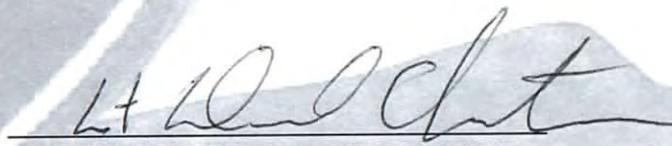
**OFFICER OF THE YEAR 2013**

AWARDED THIS 28TH DAY OF FEBRUARY 2014

  
CHIEF GREGORY HOMER

  
LIEUTENANT BRIAN CURLIS

1817

  
LIEUTENANT DAVID CHASTEEN

FILE

COPY

FILE

MONROE POLICE DEPARTMENT

CERTIFICATE OF ACHIEVEMENT

AWARDED TO

MIKE DOUGHMAN

TRAFFIC ENFORCEMENT

AWARDED THIS 28TH DAY OF FEBRUARY 2014

  
CHIEF GREGORY HOMER

  
LIEUTENANT BRIAN CURLIS

1817

  
LIEUTENANT DAVID CHASTEEN

FILE

MONROE POLICE DEPARTMENT

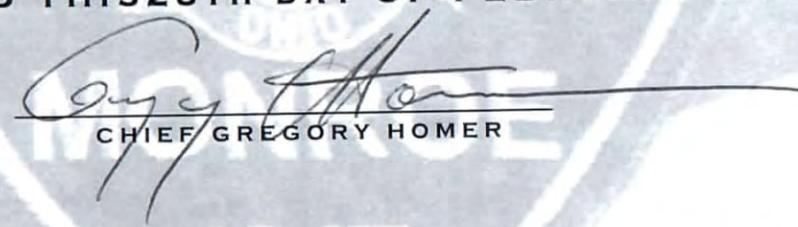
CERTIFICATE OF ACHIEVEMENT

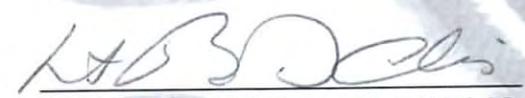
AWARDED TO

MIKE DOUGHMAN

OVI ENFORCEMENT

AWARDED THIS 28TH DAY OF FEBRUARY 2014

  
CHIEF GREGORY HOMER

  
LIEUTENANT BRIAN CURLIS

1817

  
LIEUTENANT DAVID CHASTEEN

FILE

MONROE POLICE DEPARTMENT

CERTIFICATE OF ACHIEVEMENT

AWARDED TO

MIKE DOUGHMAN

COMMUNITY SERVICE

AWARDED THIS 28TH DAY OF FEBRUARY 2014

*Gregory Homer*  
CHIEF GREGORY HOMER

*Lt Brian Curlis*  
LIEUTENANT BRIAN CURLIS

1817

*David Chasteen*  
LIEUTENANT DAVID CHASTEEN

FILE

MONROE POLICE DEPARTMENT

CERTIFICATE OF ACHIEVEMENT

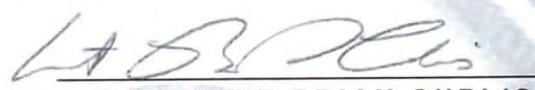
AWARDED TO

MIKE DOUGHMAN

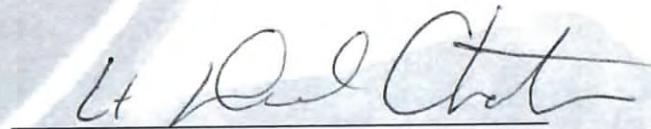
SAFE DRIVING AWARD

AWARDED THIS 28TH DAY OF FEBRUARY 2014

  
CHIEF GREGORY HOMER

  
LIEUTENANT BRIAN CURLIS

1817

  
LIEUTENANT DAVID CHASTEEN

MONROE POLICE DEPARTMENT

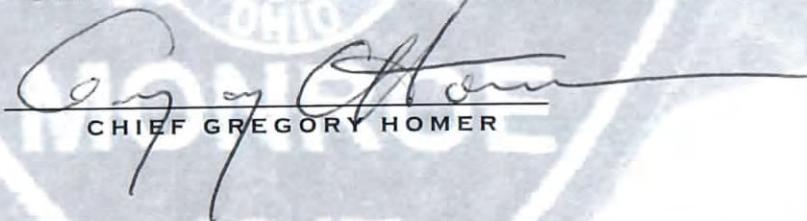
CERTIFICATE OF ACHIEVEMENT

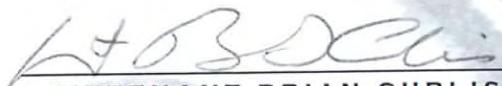
AWARDED TO

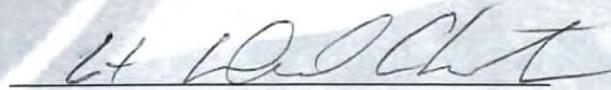
MICHAEL DOUGHMAN

ATTENDANCE RECOGNITION

AWARDED THIS 28TH DAY OF FEBRUARY 2014

  
CHIEF GREGORY HOMER

  
LIEUTENANT BRIAN CURLIS

  
LIEUTENANT DAVID CHASTEEN

FILE

1817

# OHIO DEPARTMENT OF HEALTH

## ALCOHOL AND DRUG TESTING

This is to certify that

**FRED M DOUGHMAN JR.**

has qualified for and is hereby issued Senior Operator permit number **83430-S-6** under the provisions of section 3701.143 of the Ohio Revised Code and chapter 3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform breath tests in accordance with such laws and rules, using the BAC DataMaster instrument.

Effective Date July 19, 2013  
This permit expires **July 19, 2014**



Application Date  
June 10, 2013

*Theodore E. Wynn, MD*

DIRECTOR OF HEALTH

COPY  
FILE



FILE

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

This is to certify that

**F. Mike Doughman, Jr. & Helix**

have completed the

**Patrol Related Canine Unit Evaluation**

for the following specialties:

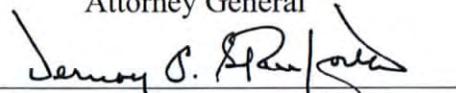
**Criminal Apprehension, Canine Control and Canine Searches**

Awarded on

**April 25, 2013**



Mike DeWine  
Attorney General



Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





Robert A. Fiatal, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-102751  
RENEWAL DUE DATE: 04/25/15



FILE

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

This is to certify that

**F. Mike Doughman, Jr. & Helix**

have completed the

**Special Purpose Canine Unit Evaluation**

for the following specialties:

**Tracking, Article Search, Marijuana, Cocaine, Heroin,  
Methamphetamines and their derivatives**

Awarded on

**April 25, 2013**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Robert A. Fiatal, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-102753  
RENEWAL DUE DATE: 04/25/15

FILE

# Certificate of Certification

The United States Police Canine Association, Inc.

## NARCOTIC DETECTOR

Meeting in seminar at Middletown Ohio  
on the 18th day of MAY 2013 does hereby certify  
that MIKE DOUGHMAN and their Police Dog HELIX

have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



CW Kan

PRESIDENT

Bill Hoelt

CHIEF JUDGE

The United States Police Canine Association, Inc.

# Certificate of Attendance

Awarded to MIKE DOUGHMAN

of the MONROE POLICE DEPARTMENT

for successfully completing the prescribed  
courses offered during our Annual Seminar

held in MIDDLETOWN, OHIO

on the 18TH Days of MAY, 2013



Ernest Chappot P.P.  
PRESIDENT

Carl K...  
SECRETARY

*The United States Police Canine Association, Inc.*

# *Certificate of Attendance*

**FILE**

Awarded to MIKE DOUGHMAN

of the MONROE POLICE DEPARTMENT

for successfully completing the prescribed  
courses offered during our Annual Seminar

held in MIDDLETOWN, OHIO

on the 10TH Days of NOVEMBER, 2012



*Paul Hew* Nat. Director  
PRESIDENT

*Dave Galvin*  
SECRETARY

# Certificate of Certification

The United States Police Canine Association, Inc.

FILE

## POLICE DOG II

Meeting in seminar at

**Middletown Ohio**

on the **10th**

day of

**November**

**20 12**

does hereby certify

that **MIKE DOUGHMAN**

and their Police Dog

**K-9 RUSTY**

have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



*Paul H. ...* Nat. Director  
PRESIDENT

*Bill ...*

CHIEF JUDGE

# OHIO DEPARTMENT OF HEALTH

## ALCOHOL AND DRUG TESTING

This is to certify that

**FRED M DOUGHMAN JR.**

has qualified for and is hereby issued Senior Operator permit number **83430-S-6** under the provisions of section 3701.143 of the Ohio Revised Code and chapter 3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform breath tests in accordance with such laws and rules, using the BAC DataMaster instrument.

Effective Date July 19, 2012  
This permit expires **July 19, 2013**



Application Date  
July 19, 2012

*Michael E. Wyngaert MD*

DIRECTOR OF HEALTH

FILE

COPY

**NORBERT**



# Certificate of Training

**FILE**

*Awarded to*

**Fred Doughman, Jr**

*in recognition for successful completion of  
the National Center for Biomedical Research and Training  
Academy of Counter-Terrorist course*

**WMD Tactical Operations**

**Performance Level**

*issued on May 18, 2012*

**40.00 Contact Hours**

*Thomas A. Tucker, Director  
National Center for Biomedical Research and Training*

*Steve Schuetz  
Director, Training Operations  
Training and Exercise Integration  
National Integration Center  
Federal Emergency Management Agency*



**preparing you today  
for tomorrow's threats**

# Roll Call Review Suspicious Activity Reporting

Nationwide SAR initiative reporting CD  
<http://nsi.ncirc.gov>

**FILE**

Midnight Shift

Name	Date	Signature
Sgt. Dave Chasteen	8-11-11	Sgt. Dave Chasteen
Mike Doughman	8-14-11	PTL. Doughman
Andrew Grossenbaugh	8/15/11	A Grossenbaugh
Mark Mrozek	8-14-11	PTL. M. Mrozek
Josh King	8/11/2011	PTL. Josh King
Adam Binder	8-15-11	PTL. Binder

**Sergeant's Signature**

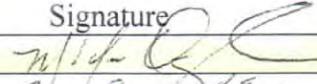
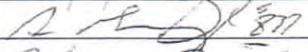
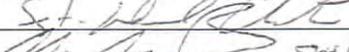
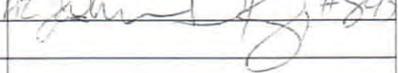
Sgt. Dave Chasteen 813

Return to Lt. Brian Curlis

# DNA Training

I have reviewed the OPOTA training on DNA collection and reviewed the General Order 07012011 issued by Chief Homer.

## Third Shift

Print Name	Date	Signature
MIKE DAUHMANN	6-30-2011	
Grossenbacher	6-30-2011	
Adam Binder	6-30-2011	
David Christeen	6-30-2011	
Mark Muzek	7-02-2011	
Josh King	7-3-2011	

**Sergeant's Signature**

**Date**



7-3-11

Return to Lt. Brian Curlis

**FILE**

# Certificate of Certification

The United States Police Canine Association, Inc.  
*Narcotic Detection*

Meeting in seminar at Middletown, Ohio  
on the 5th-7th day of June 2011 does hereby certify  
that Mike Doughman and their Police Dog Rusty

have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



[Signature] PRESIDENT  
[Signature] CHIEF JUDGE

# Certificate of Certification

**FILE**

The United States Police Canine Association, Inc.

## Police Dog I

Meeting in seminar at Middletown, Ohio  
on the 7th-10th day of June 2011 does hereby certify  
that Mike Doughman and their Police Dog Rusty

have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



Donna Kuncy PRESIDENT  
Bo Roy CHIEF JUDGE

DOUGHMAN

## FATS Training Record

**Date:** March 1, 3, 9 and 10 2011 (Butler Tec)

FILE

### Scenarios:

- Traffic stop with partner assaulted by vehicle
- Suspicious person in car in an industrial area
- Felony pursuit with crash and shoot out
- School shooting

### TOPICS:

1. Tactics-Use of Cover:

We focused on having the officers interact with the setting in the scenario and motivated them to use cover whenever it was available in the scenario.

2. Movement:

We encouraged the officers to use slow methodical movement styles along with utilizing the width of the entire room that the scenario was in. We motivated them to move and shoot when cover was afforded.

3. Communication:

We encouraged the officers to simulate communicating with their dispatcher, assisting officers and when giving commands to the suspects.

4. Weapon Manipulation:

We encouraged reloading the weapon in a manner with what was consistent with the magazine capacity of their actual service weapon.

5. Shooting Platform:

We encouraged the use of an isosceles triangle when shots had to be focus on specific target areas but also utilized point shooting methods when moving.

### Officers:

Cobaugh	Caudill	Wolfe	Mrozek	Binder
King	Grossy	Corbeil	Doughmand	G Myers
Parson	Kahny	Stull	Walton	Jackson
Curlis	Beacock	White	Pelfrey	Sparks

Instructors: Chasteen/Rosenbalm

Half hour  
Instruction  
hands on

# OHIO DEPARTMENT OF HEALTH

## ALCOHOL AND DRUG TESTING

This is to certify that

**FRED M DOUGHMAN JR.**

**FILE**

has qualified for and is hereby issued Senior Operator permit number **83430-S-6**  
under the provisions of section 3701.143 of the Ohio Revised Code and chapter  
3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform  
breath tests in accordance with such laws and rules,  
using the BAC DataMaster instrument.

Effective Date October 28, 2010

This permit expires **October 28, 2011**



Application Date  
October 28, 2010

*Alvin J. Jackson, M.D.*

DIRECTOR OF HEALTH



# OHIO PEACE OFFICER TRAINING COMMISSION

AND

# THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

**F. Mike Doughman, Jr. & Rusty**

have completed the

**Patrol Related Canine Unit Evaluation**

for the following specialties:

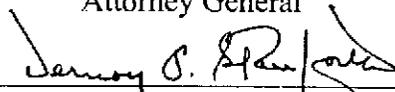
**Criminal Apprehension, Canine Control and Canine Searches**

Awarded on

**July 28, 2010**



Richard Cordray  
Attorney General



Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





Robert A. Fiatal, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-101060  
RENEWAL DUE DATE: 07/28/12

This is to certify that

**F. Mike Doughman, Jr. & Rusty**

have completed the

**Special Purpose Canine Unit Evaluation**

for the following specialties:

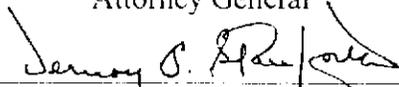
**Tracking, Article Search, Marijuana, Cocaine, Heroin,  
Methamphetamines and their derivatives**

Awarded on

**July 28, 2010**



Richard Cordray  
Attorney General



Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





Robert A. Fiala, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-101061  
RENEWAL DUE DATE: 07/28/12

# Police K-9 Academy

## Certificate of Training

COPY

This is to certify that

MIKE DOUGHMAN and canine RUSTY

Have successfully completed a basic course of instruction in  
**PATROL AND NARCOTIC DETECTION**

held at Middletown Ohio, and  
is hereby deemed competent to utilize the skills herein learned  
this 29 day of JULY 20 10

\_\_\_\_\_  
Trainer



Bill Holbert  
Trainer

Totaling 320  
hours

# Emergency Management Institute



FILE

## FEMA

This Certificate of Achievement is to acknowledge that

**FRED M DOUGHMAN JR**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00701.a**

**NIMS Multiagency Coordination System (MACS)**

*Issued this 18th Day of June, 2010*



0.5 IACET CEU

A handwritten signature in black ink, appearing to read "Cortez Lawrence".

Cortez Lawrence, PhD  
Superintendent  
Emergency Management Institute

# Emergency Management Institute



## FEMA

FILE

This Certificate of Achievement is to acknowledge that

**FRED M DOUGHMAN JR**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00200.a**

**ICS for Single Resources and  
Initial Action Incidents, ICS-200**

*Issued this 22nd Day of June, 2010*



A handwritten signature in black ink, appearing to read "Cortez Lawrence".

Cortez Lawrence, PhD  
Superintendent  
Emergency Management Institute

 BUTLER TECH



FILE

*This is to certify that*

**MIKE DOUGHMAN**

*Has successfully completed 40 hours  
of Advanced Law Enforcement training in*

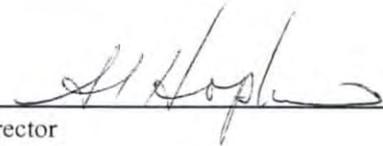
**FTO – FIELD TRAINING OFFICER**

*Held at Regional Public Safety Education Complex on*

**05/10/2010 – 5/14/2010**



**Butler Technology**  
and Career Development Schools

  
\_\_\_\_\_  
Director

**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE AND EXPLOSION INVESTIGATION**

CERTIFIES THAT:

**FILE**

**Mike Doughman**

Has successfully completed the following training course that was provided by the Ohio State Fire Marshal's Fire and Explosion Investigation Bureau and ATF.

**Southwest Ohio Post Blast Investigation Training**

DATE: April 26 - 30, 2010      Course Hours: 36



*William T. Spradlin*  
William T. Spradlin  
Bureau Chief



# United States Department of Justice



**FILE**

Bureau of Alcohol, Tobacco, Firearms and Explosives

*This*

## CERTIFICATE OF TRAINING

*Is presented to*

**Mike Doughman**

**For completion of Post Blast Investigation Techniques, April 26-30, 2010  
Conducted by the Bureau of Alcohol, Tobacco, Firearms  
and Explosives held in Liberty Township, Ohio**

**April 30, 2010**

Christopher P. Sadowski  
Special Agent in Charge,  
Columbus Field Division

**FILE**



## **CERTIFICATE OF ATTENDANCE**

**This is to Certify That**

**Mike Doughman**

**Has attended and successfully completed a two day course of instruction in Criminal Patrol  
and Drug Interdiction sponsored by the Warren County Sheriff's Office  
and the Ohio HIDTA  
March 23 and 24, 2010**

Included in the course of instruction were classes and topics to include: A Brief History of Illegal Drugs, Change in Driving Behavior and Unusual Driving Behavior, Identifying the Criminal, Questioning and Evaluating during a Traffic Stop, Consent Searches, Canine Usage, Vehicle Approaches, Vehicle Searches, False and Hidden Compartments, A Practical Look at Search and Seizure, Commercial Vehicle Interdiction, and Racial Profiling Issues and Concerns

**Given this 2<sup>4th</sup> day of March, 2010  
Mr. Shaun Smart  
CarSmart/VIDEP, Lead Instructor**

**Hostage / Standoff training**

**1 Hour**

**Instructor: Sergeant David Chasteen**

COPY

**Date: Jan 13, 2010**

Class

Eric Walton

Doug Leist

Alicia Beacock

Luis Amaya

Ken Parson

---

**Date: Jan 12, 2010**

Class

Lieutenant Frank Robinson

Lieutenant Brian Curlis

Brett Kahny

Bobby Sparks

Paul Corbeil

Doug Wolfe

---

**Date: Jan 17, 2010 at 0700**

Class

Sgt. Brad Pelfrey

Chad Caudill

Mike Doughman

Mike Rosenbalm

Mike Worley

Drew White

---

**Date: Jan 17, 2010 at 2300**

Class

Sgt. Tom Cobaugh

Brad Jackson

Josh King

Mark Mrozek

Josh Robertson

Larry Line

New Radio training on 800 Mhz. system /new radio policy

COPY

1.5 Hours

---

**Date: Jan 23**

**Instructor: Josh Robertson**

Class

Sgt. Brad Pelfrey

Mike Doughman

Matt Rykoskey

Chad Caudill

Jeff Lentz

Larry Line

Mike Worley

---

**Date: Jan 23**

**Instructor: Andrew Grossenbaugh**

Class

Luis Amaya

Adam Binder

Drew White

Sgt. Dave Chasteen

---

# CERTIFICATE OF PARTICIPATION

*presented by*

PROSECUTOR

**Robin N. Piper**

*to*

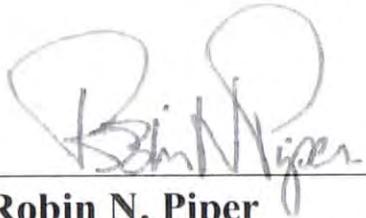
*Mike Doughman*

**Crisis Response Reaction  
Victim Sensitivity / Interview Techniques**

*Featuring Cindy Kuhr*

Sponsored by:

Butler County Prosecutor's Office, Domestic Crimes Unit



**Robin N. Piper**  
Butler County Prosecutor

February 4, 2010

Date



**FILE**

# Emergency Management Institute

**FILE**



## FEMA

This Certificate of Achievement is to acknowledge that

**FRED M DOUGHMAN JR**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00700.a**

**National Incident Management System (NIMS)  
An Introduction**

*Issued this 29th Day of July, 2009*



A handwritten signature in black ink, appearing to read "Cortez Lawrence".

Cortez Lawrence, PhD  
Superintendent  
Emergency Management Institute

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF ALCOHOL AND DRUG TESTING

This is to certify that

**FRED M DOUGHMAN JR.**

has qualified for and is hereby issued Senior Operator permit number **83430-S-6**  
under the provisions of section 3701.143 of the Ohio Revised Code and chapter  
3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform  
breath tests in accordance with such laws and rules,  
using the BAC DataMaster instrument.

Effective Date September 27, 2009

This permit expires **September 27, 2010**



Application Date  
July 13, 2009

*Alvin J. Jackson, M.D.*

DIRECTOR OF HEALTH

**FILE**

Steve Ashton  
President

Mark York  
Vice President

# Ohio Traffic Accident Reconstruction Association



This is to certify that

**Mike Doughman**

Has attended a course on:

**OVI 4 hour update**

February 12 2009

West Chester Police Department Butler County, Ohio  
**Class sponsored by Governors Highway Safety and the Ohio  
Department of Health (Bureau of Alcohol and Testing)**

**O.T.A.R.A.**

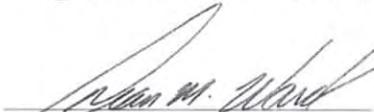
Steve Schueler  
Secretary

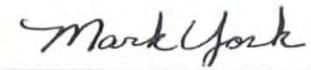
Tom Prichard  
Treasurer

Kevin Bryant  
Committee Chairperson



**OHIO DEPARTMENT  
OF PUBLIC SAFETY**  
EDUCATION · SERVICE · PROTECTION

  
Instructor Signature: \_\_\_\_\_ Date: 2/12/09

  
President/Vice President Signature: \_\_\_\_\_ Date: 2/12/09



*This is to certify that*

**FRED M. DOUGHMAN JR.**

*Has successfully completed 5 hours  
of Advanced Law Enforcement training in*

***CRIME VICTIM'S RIGHTS***

*Held at Public Safety Education Center on  
11/14/2007*

A handwritten signature in black ink, appearing to read 'Terence Knox', written over a horizontal line.

Instructor Terence Knox



**Butler Technology**  
and Career Development Schools

# Monroe Division of Police

## Certificate of Achievement

This certificate acknowledges that Officer Michael Doughman displayed the knowledge and ability to operate Electronic Speed Measuring Devices, to wit:

Radar-Lidar/Laser

This certificate awarded on the Twentieth day, of November  
Two Thousand-Seven

  
Gregory C. Homer  
Chief of Police

  
Bobby Sparks  
ESMD Instructor

# Butler Tech Peace Officer Training Academy

Certificate of Training

CLASS # BAS 06-022

**Fred Doughman**

The bearer of this certificate has successfully completed eight hours of classroom and practical application training in **INTERMEDIATE WEAPONS ASP/BATONS/OC-CS** from **OPOTC curriculum.**

Awarded at BUTLER TECH PEACE OFFICER TRAINING ACADEMY

JUNE 21<sup>TH</sup>, 2006



Instructors

Lee B. Buchanan BAS 11179

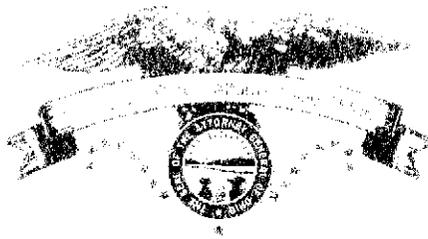
Mike Combs BAS 6188



Commander Al Hopkins

Director, Law Enforcement Butler Tech





# OHIO PEACE OFFICER TRAINING COMMISSION

AND

# THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

**Fred M. Doughman, Jr.**

**has completed the Ohio  
Peace Officer Basic Training Program**

Conducted by

**Butler Tech Peace Officer Training Academy**

Awarded on

**June 14, 2006**

Handwritten signature of Jim Petro in black ink.

Jim Petro  
Attorney General

Handwritten signature of Vernon P. Stanforth in black ink.

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



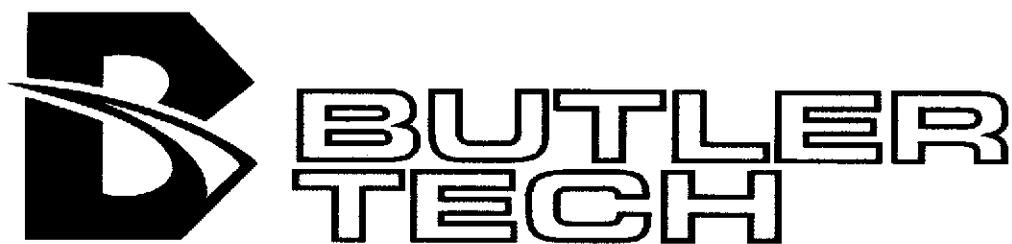
Handwritten signature of Steven W. Schierholt in black ink.

Steven W. Schierholt, Executive Director  
Ohio Peace Officer Training Commission

Handwritten signature of the School Commander in black ink.

School Commander

**BAS06-022 060624**



COMPETENCY REPORT  
FOR

*Fred Doughman*

POLICE BASIC TRAINING

This student has been trained, assessed, and found competent to perform entry- level tasks in the following areas:

Administration Procedures  
Ethics & Professionalism  
Community Policing  
Firearms Safety and Usage  
Ohio Revised Code  
Laws of Arrest  
Search & Seizure  
Interviews & Interrogation  
Civil Liabilities  
Domestic Violence  
Cultural Diversity

Semi-Auto Pistol  
Shotgun  
Defensive Driving  
Pursuit Driving  
Crime Prevention  
Subject Control  
ASP Baton  
ADAP  
Accident Investigation  
CPR  
First Aid

Skills verified by:

Al Hopkins  
Commander, Director of Basic Law Enforcement Training  
Butler Technology and Career Development Schools

JUNE 21, 2006

Date

Ohio Peace Officers (OPOTC)  
Basic Training Certification Examination  
Administered on JUNE 14, 2006

**GRADE - PASSED**



**TASER**  
INTERNATIONAL®

**TASER® X26 CERTIFICATION**

**Deputy Mike Doughman**

Certified User

*This Certifies that*

**Deputy Mike Doughman**

*is trained in the proper and safe use of the TASER® X26 Electronic Control Device and has passed the requirements of the Warren County Sheriff's Office TASER X26 training program under the supervision of a Certified Instructor.*

*In Witness Whereof, Certified Instructor*

*Lieutenant Barry Riley has certified the successful completion of the training requirements this day:*

**July 10, 2006**

*Certified Instructor:*

*Certified Instructor ID:*

041001116361412871346C

# BUTLER TECH PEACE OFFICER TRAINING ACADEMY

## Certificate of Training SPEED MEASURING DEVICES OPERATOR TRAINING CORE MODULE

This is to certify that

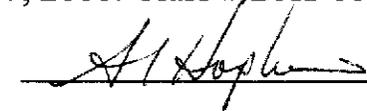
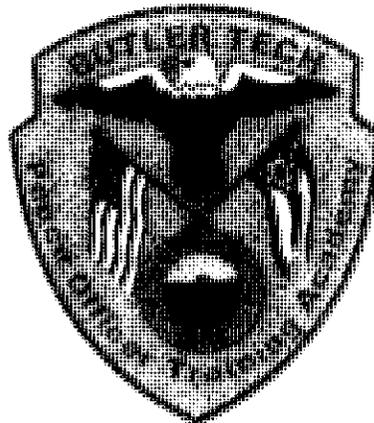
**FRED M. DOUGHMAN**

The bearer of this certificate has successfully completed five hours of classroom training in SPEED MEASURING DEVICES OPERATOR TRAINING, CORE MODULE. Based on the NHTSA curriculum.

Awarded at the Butler Technology Center in Hamilton, Ohio on March 17, 2006. Class #, BAS 06-022



Richard A. Miller,  
Instructor, BAS-10653



Al Hopkins,  
Academy Commander

# BUTLER TECH PEACE OFFICER TRAINING ACADEMY

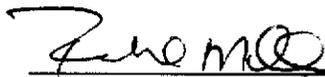
## Certificate of Training ALCOHOL DETECTION APPREHENSION AND PROSECUTION (ADAP)

This is to certify that

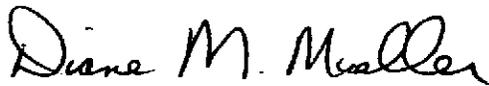
**FRED M. DOUGHMAN**

The bearer of this certificate has successfully completed thirty-two hours of training in ALCOHOL DETECTION APPREHENSION AND PROSECUTION. Based on the NHTSA curriculum.

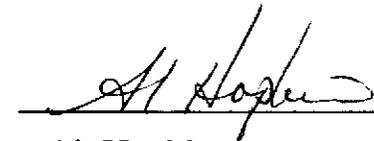
Awarded at the Butler Technology Center in Hamilton, Ohio on May 8, 2006. Class # BAS 06-022



Richard A. Miller,  
Instructor, BAS-10653



Diane M. Mueller  
Instructor, BAS-11314



Al Hopkins,  
Academy Commander



*This is to certify that*

**FRED DOUGHMAN JR.**

*Has successfully completed 2 hours  
of Advanced Law Enforcement training in*

***MISSING PERSONS***

*Held at Public Safety Education Center on  
9-6-2007*

  
\_\_\_\_\_  
Director



**Butler Technology**  
and Career Development Schools

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF ALCOHOL AND DRUG TESTING

This is to certify that

**FRED M DOUGHMAN JR.**

has qualified for and is hereby issued Senior Operator permit number **83430-S-6**  
under the provisions of section 3701.143 of the Ohio Revised Code and chapter  
3701-53-01 through 10 of the Ohio Administrative Code and is authorized to perform  
breath tests in accordance with such laws and rules,  
using the BAC DataMaster instrument.

Issued September 27, 2007

This permit expires **September 27, 2008**



Application Date  
September 27, 2007

*Alvin J. Jackson, M.D.*  
DIRECTOR OF HEALTH

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF ALCOHOL AND DRUG TESTING

This is to certify that

**FRED M. DOUGLASS JR.**

has qualified for and is hereby declared a Senior Operator (operator number 83430-5-4) under the provisions of section 1701.143 of the Ohio Revised Code and chapter 3701-57-01 of the Ohio Administrative Code and is authorized to perform breath tests in accordance with such laws and rules, using the BAC DataMaster instrument.

Issued September 27, 2008

This permit expires September 27, 2009



Department of Health  
Bureau of Alcohol and Drug Testing

*Richard J. Finkbeiner, M.D.*  
Director of Health

This is to certify that

**Fred M Doughman Jr.**  
Monroe Ohio Police Department

has successfully completed 16 hours of instruction in  
**Basic Police Bicycle Patrol**

at Middletown Police Department June 28-29, 2008.

  
H. Fredrick Shuemake, Instructor

  
Phil Salm, Instructor





**TASER**  
P R O T E C T L I F E

TASER X26

**Michael Doughman**

Certified User

*This Certifies that*

**Michael Doughman**

*is trained in the proper and safe use of the TASER<sup>®</sup> X26 Electronic Control Device  
and has passed the requirements of the Monroe Police Department TASER X26 training program under the supervision of a  
Certified Instructor.*

*In Witness Whereof, Certified Instructor*

**Brian D. Curlis**

*has certified the successful completion of the training requirements this day:*

**July 24, 2008**

*Certified Instructor:*

*Certified Instructor ID:*

070906514311412871346C

DATE	NAME	SIGNATURE	COPY OF TASER POLICY	COPY OF TASER WARNING
7-28-08	Amaya, Luis	Luis E. Amaya	✓	✓
	Baker, Alex			
7/24/08	Beacock, Alicia	Alicia Beacock	✓	✓
7-24-08	Bussell, Dan	Dan Bussell	✓	✓
7/24/08	Caudill, Chad	Chad Caudill	✓	✓
7-21-08	Chasteen, David	David Chasteen	✓	✓
7-21-08	Cobaugh, Tom	Tom Cobaugh	✓	✓
8-7-08	Corbeil, Paul	Paul Corbeil	✓	✓
	Curlis, Brian			
8-7-08	Day, Matt	Matt Day	✓	✓
7-24-08	Doughman, Mike	Mike Doughman	✓	✓
7-28-08	Grossenbaugh, Andrew	Andrew Grossenbaugh	✓	✓
	Homer, Gregory			
7-21-08	Kahny, Brett	Brett Kahny	✓	✓
8-2-08	Lentz, Jeff	Jeff Lentz		
7-18-08	Line, Larry	Larry Line	✓	
7-24-08	Miller, Shaun	Shaun Miller	✓	✓
7/24/08	Mrozek, Mike	Mike Mrozek	✓	✓
7/25/08	Myers, Eddie	Eddie Myers	✓	✓
	Myers, Gregg			
7-28-08	Parson, Ken	Ken Parson	✓	✓
8-07-08	Pelfrey, Brad	Brad Pelfrey	✓	✓
7/24/08	Robertson, Josh	Josh Robertson	✓	✓
7/21/08	Robinson, Frank	Frank Robinson	✓	✓
7/24/08	Rosenbalm, Mike	Mike Rosenbalm	✓	✓
7-21-08	Sparks, Bobby	Bobby Sparks	✓	✓
7-18-08	Stull, Chad	Chad Stull	✓	✓
7-24-08	Walton, Eric	Eric Walton	✓	✓
7-21-08	Worley, Mike	Mike Worley 838	✓	✓

Victim's Right's Issues and Services

Student: Michael Doughman

*Melissa Kennard*

Instructor Melissa Kennard

Date of training July 24, 2008



**Successfully completed 2 hours of training.**

# Certificate of Certification

The United States Police Canine Association, Inc.

NARCOTIC DETECTOR

MIDDLETOWN, OHIO

Meeting in seminar at

on the 29<sup>TH</sup> day of JULY 20 17 does hereby certify

that MIKE DOUGHMAN and their Police Dog HELIX

have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



  
\_\_\_\_\_  
PRESIDENT

  
\_\_\_\_\_  
CHIEF JUDGE

FILE

# Certificate of Certification

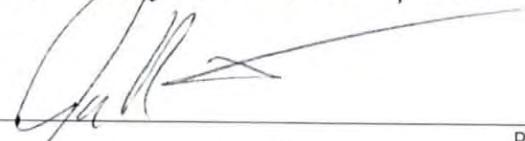
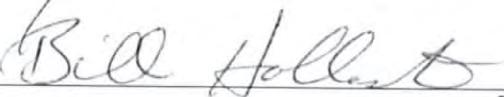
The United States Police Canine Association, Inc.

TRACKING

Meeting in seminar at MIDDLETOWN, OHIO  
on the 29<sup>TH</sup> day of JULY 20 17 does hereby certify  
that MIKE DOUGHMAN and their Police Dog HELIX

have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



  
\_\_\_\_\_  
PRESIDENT  
  
\_\_\_\_\_  
CHIEF JUDGE

FILE

# Certificate of Certification

The United States Police Canine Association, Inc.

PATROL DOG I

MIDDLETOWN, OHIO

Meeting in seminar at \_\_\_\_\_  
on the 29<sup>TH</sup> day of JULY 2017 does hereby certify  
that MIKE DOUGHMAN and their Police Dog HELIX

have been tested under the standards, as set forth by the United States Police Canine Association, Inc. and have achieved the desired rating of excellence therein.



PRESIDENT

CHIEF JUDGE

FILE



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

FILE

This is to certify that

**Mike Doughman**

has successfully completed the Webcast course

**Practical Application of Force**

issued on

November 15, 2017

Mike DeWine  
Ohio Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission



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

FILE

This is to certify that

**Mike Doughman**

has successfully completed the Webcast course

**Procedural Justice and Police Legitimacy**

issued on

December 13, 2017

Mike DeWine  
Ohio Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission



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

FILE

This is to certify that

**Fred M. Doughman, Jr. & Helix**

have completed the

**Special Purpose Canine Unit Evaluation**

for the following specialties:

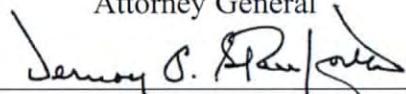
**Tracking, Article Search, Marijuana, Cocaine, Heroin,  
Methamphetamines and their derivatives**

Awarded on

**December 27, 2017**

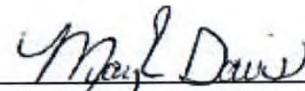


Mike DeWine  
Attorney General



Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-108066  
RENEWAL DUE DATE: 12/27/18





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

FILE

This is to certify that

**Fred M. Doughman, Jr. & Helix**

have completed the

**Patrol Related Canine Unit Evaluation**

for the following specialties:

**Criminal Apprehension, Canine Control and Canine Searches**

Awarded on

**December 27, 2017**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-108062  
RENEWAL DUE DATE: 12/27/18





FILE

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

This is to certify that

**Fred M. Doughman, Jr. & Helix**

have completed the

**Patrol Related Canine Unit Evaluation**

for the following specialties:

**Criminal Apprehension, Canine Control and Canine Searches**

Awarded on

**April 26, 2017**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-107054  
RENEWAL DUE DATE: 04/27/18



FILE

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

This is to certify that

**Fred M. Doughman, Jr. & Helix**

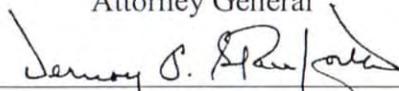
have completed the  
**Special Purpose Canine Unit Evaluation**

for the following specialties:  
**Tracking, Article Search, Marijuana, Cocaine, Heroin,  
Methamphetamines and their derivatives**

Awarded on  
**April 26, 2017**

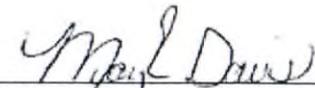


Mike DeWine  
Attorney General



Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission





Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

Certificate #: K-107055

RENEWAL DUE DATE: 04/25/18



# LEADS

Law Enforcement  Automated Data System

FILE

**This is to certify that**

**FRED DOUGHMAN**

**has successfully completed the Ohio LEADS testing on**

**October 15, 2018**

**by completing the following exam:**

**Inquiry Test**

**This certificate is good through**

**October 15, 2020**

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3.5    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3.5    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    4    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    4    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    4    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>    3.5    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>    3.5    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>    4    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>    3.5    </u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>    3    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>    3.5    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 44

DATE: 09/24/2020

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Doughman is always positive when he comes to work. He is a senior officer and other officers come to him with questions. He is a team player and is an example of our core values of Honor, Integrity, and Professionalism. He is an excellent k-9 handler and has extensive drug knowledge from being a k-9 officer. He has expressed an interest in field training new officers.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

I would like Officer Doughman to express his career goals to the command staff for additional training and job knowledge. I would like Officer Doughman to increase his traffic contacts

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

YES  NO

COMMENTS:

Officer Doughman has received the following since his last evaluation. Teamwork from Lt. for kidnapping case, Professionalism for his work on a suicide call, Core Goals for assisting a homeless male with clothing and food, Core Goals for assisting with an overdose call, Professionalism for assistance with a homicide case, Teamwork for assistance with a stolen car, Professionalism with assistance with a drug warrant.

2 Complaints that were both unfounded.

Officer Doughman is in training for the next several months with a new k-9.

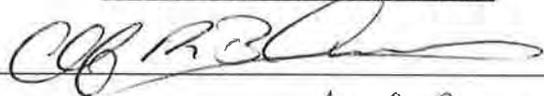
Keep up the good work!

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

k-9 officer, lead k-9 if we add an additional unit.

FTO school, leadership school or OIC school

RATED BY (NAME AND TITLE)

 10-1-20

Lieutenant Alicia Beacock

*A Beacock 819*

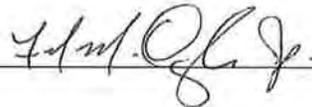
Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 9-30-2020

Employee Signature



PERSONNEL EVALUATIONS

EMPLOYEE: Michael Doughman

SCORE: 43

DATE: 08/05/2019

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Doughman as the departments k-9 officer is always able to improve his productivity with his partner without compromising quality. He assists not only our agency but many other surrounding departments. He consistently demonstrates a comprehensive knowledge of the use of his partner. He looks for ways to improve the program and make things easier to track. He also works as the OIC on occasion and functions well in this role. He gets along well with all of his coworkers and is positive in his attitude.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

I would like Officer Doughman to think about where he would like his career to progress over the next 15 years and try to apply for training in the areas he's interested in.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES        NO

COMMENTS:

Officer Doughman does k-9 and swat training every month. He does demos for not only our department but other organizations as well. He works with other departments k-9 programs to stay consistent. During the past year he had one complaint and it was unfounded. He had received several recognitions for his dedication to this his profession by coming in early, doing demos, and being level headed in the field. All of his use of force were within policy.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

k-9 officer currently-recommend staying with the program and being lead officer if another k-9 added in future.

RATED BY (NAME AND TITLE)

Alicia Beacock 819

Lieutenant Alicia Beacock

Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8-6-2019 Employee Signature

P.O. Doyle 824

Cliff Beacock 800 8-7-19

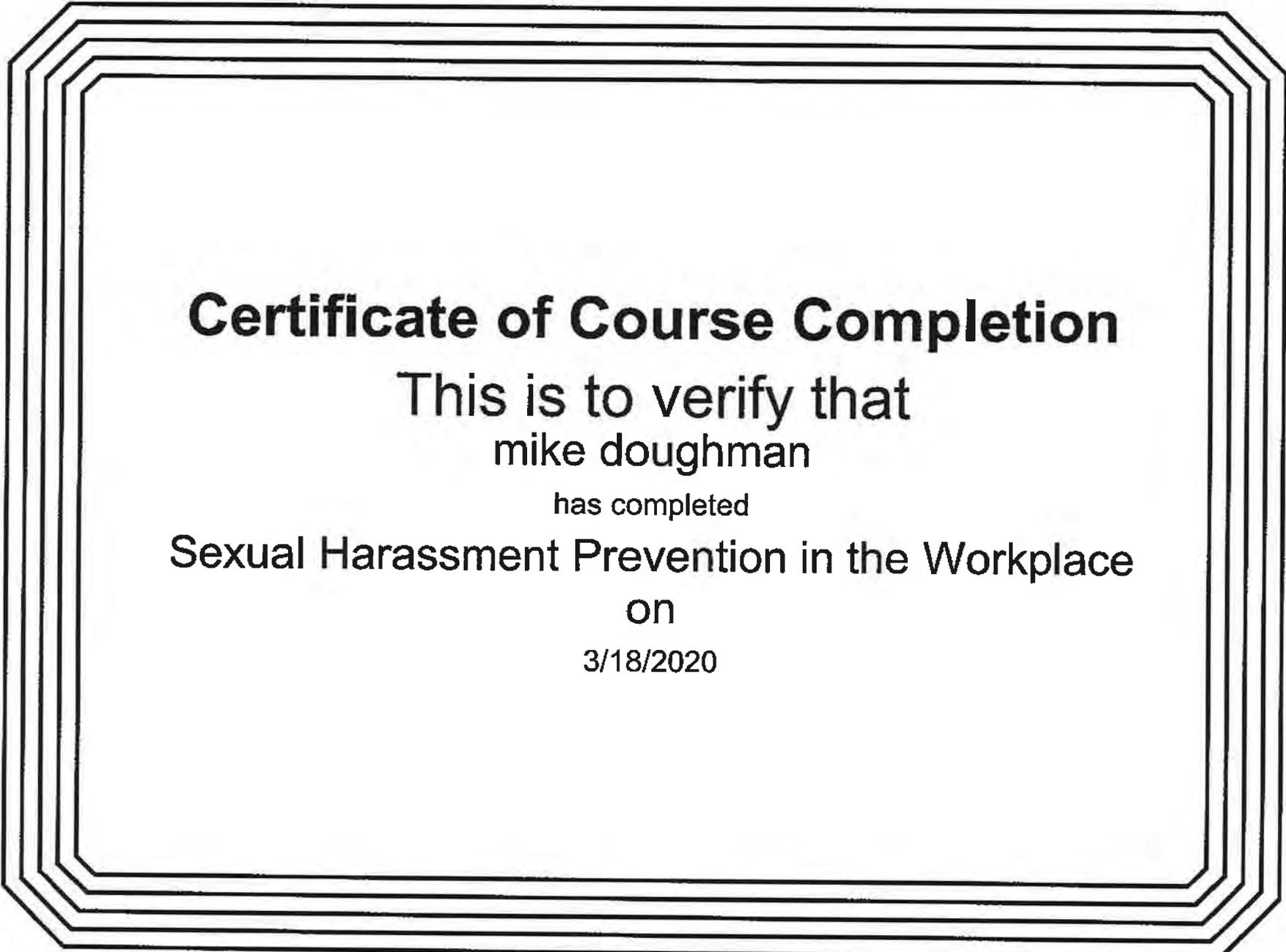
*MD*

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    4    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    4    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public; Score: <u>    4    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors; Score: <u>    4    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness; Score: <u>    4    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing; Score: <u>    3    </u>	Officer consistently submits reports which a vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity; Score: <u>    4    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance; Score: <u>    3    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.



**Certificate of Course Completion**

This is to verify that

mike doughman

has completed

**Sexual Harassment Prevention in the Workplace**

on

3/18/2020

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 42

DATE: 08/19/18

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Doughman is a steady worker, always on time and is flexible with his schedule to help out with shift shortages. He is currently assigned to midnight patrol to cover a long term vacancy on that shift. He is courteous and patient when dealing with the public and is willing to go that extra step. He projects a professional attitude and image of the police department. This was even noted by a citizen that had called in to thank him for his kindness and professionalism while dealing with an arrestee. He has a good relationship with his supervisors and is always willing to assist his fellow officers. He keeps up on his K-9 training and is confident in his partner's ability to do his job as a result. His reports are always completed with minimal supervisor corrections needed. Keep up the good work!

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Nothing outstanding to note on this evaluation.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES        NO

COMMENTS:

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

Current position as K-9 Officer

RATED BY (NAME AND TITLE)

Sgt. [Signature] #807 (DC)  
[Signature] 8-27-18  
Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8-26-2018 Employee Signature

[Signature] 824

[Signature]

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently to roll call  His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>    4    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image. Spends adequate time with juvenile complaints/contacts. Relates personal experiences when applicable.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>    4    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>    4    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>    3    </u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>    3    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training. Officer goes on patrol and only answers calls for service. Has little initiative for self generated activity.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>    4    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 40

DATE: 07/14/2017

COMMENTS ON PRINCIPAL STRENGTHS: Officer Doughman is always on time for shift and prepared for his assigned duties. His uniform is always neat and clean and has a professional appearance. He maintains a clean and well groomed professional appearance. Officer Doughman is always ready to answer calls for service immediately after start of shift briefing. His vehicle is always excellent in cleanliness and does a great job in reporting when his assigned vehicle needs maintenance. He has a great working relationship with his supervisor. He does what is asked of him by his supervisor with little or no complaint. He gets along with others on his assigned shift. He is always willing to help others out when needed. He is very proactive in the field initiating traffic stops and taking extra steps in investigating and enforcing traffic and drug laws. He is very knowledgeable in drug related cases and keeps up with current case laws involving narcotics and k9 related issues. He does a great job in training with his k9 partner. He takes very good care of his k9 partner and it shows. He is always willing to be involved in public relation events. He and his k9 partner continue to be well respected by surrounding police agencies for assistance in tracking and drug sniffs. Whenever is unsure how to handle a situation or has questions he will ask without any hesitation.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Report writing needs to improve sometimes but not all of the time. Sometimes there are misspellings or he did not articulate enough information in a report. I believe the problem is he gets in a hurry.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS: Keep up the good work. Your work and dedication is appreciated.

RECOMMENDATIONS FOR PRESENT AND  
FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Sergeant <sup>20</sup> Recommended for  
current Classification and with  
the possibilities of Advancement

Sgt. E. Walton #809 Lt. R. Chute  
Ch. R. B. [Signature] 8-9-17  
Approved By

Completion of this  
section by employee is  
optional and subject to  
the policy of your  
organization

I have reviewed this evaluation and I completely understand it contents.

Date: 7-20-2017 Employee Signature [Signature]

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 1

	Does not meet Minimum standards 1	Meets minimum standards; But Must show improvement 2	Meets Standards of Performance 3	Exceeds Standards of Performance 4
Punctuality and Attendance:  Score: <u>4</u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>3</u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>3</u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>3</u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>3</u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>3</u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

## MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 2

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>  4  </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>  3  </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>  3  </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>  3  </u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>  4  </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>  4  </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 38

DATE: 10/14/2016

COMMENTS ON PRINCIPAL STRENGTHS: Officer Doughman is always on time and prepared for his assigned shift. His uniform and appearance are always professional. He is very proactive in his duties. He is very knowledgeable in his duties as a K9 handler and a patrol officer. He does a great job in keeping up with training and requirements for K9. He is well respected by surrounding police agencies for his K9 partners assistance for tracking and drug sniffs and searches. He is a team player and is always willing to help other officers. He does a great job in being available for public relations community events. He does have a good relationship with his supervisor. He will do what is asked of him by his supervisor with very little or no complaint. He will without hesitation ask for help if he is unsure how to handle a situation.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Sometimes he needs to work on report writing. I believe sometimes he gets in a hurry to get his reports done and turned in and will have misspellings or forget to put information in report.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

YES  NO

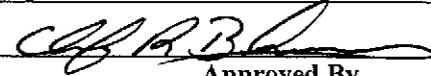
COMMENTS: He is very capable of being a front line supervisor in the future. It just depends on how far and willing he wants to go in his career.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

Sergeant

RATED BY (NAME AND TITLE)

Sgt. E. Walton #809



Approved By

10-14-16

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 10-14-2016 Employee Signature

Pat. M. Doughman #824

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 1

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<b>Punctuality and Attendance:</b>  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
<b>Job Knowledge</b>  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
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<b>Consistency of Work:</b>  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
<b>Judgment:</b>  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
<b>Work Effort and Initiative:</b>  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

## MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 2

	Does not meet Minimum standards 1	Meets minimum standards: But Must show improvement 2	Meets Standards of Performance 3	Exceeds Standards of Performance 4
<p>Attitude toward the public:</p> <p>Score: <u>  3  </u></p>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
<p>Attitude toward supervisors:</p> <p>Score: <u>  3  </u></p>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
<p>Cooperativeness:</p> <p>Score: <u>  3  </u></p>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
<p>Report writing:</p> <p>Score: <u>  2  </u></p>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
<p>Work load/Productivity:</p> <p>Score: <u>  4  </u></p>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
<p>Appearance:</p> <p>Score: <u>  4  </u></p>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: M. Doughman

SCORE: 43

DATE: 09/09/2015

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS: <sup>The</sup> Officer Doughman always reports on time for his assigned shift. ~~He~~ majority of the time is in a good mood and ready to do his assigned duties. He is always prepared for his shift and always has his assigned equipment. His uniform is always neat and clean and professional in appearance. He <sup>is</sup> always conducts himself in a professional manner with the public that promotes good relations and credit to the department. He has a good working relationship with his supervisor. He is currently assigned to K-9 handler. He is very knowledgeable in his duties as a handler. He keeps up on training and certifications and is well organized. He takes very good care of his K-9 partner. The dog is well groomed. He is always more than willing to participate with his K-9 in demonstrations to the public. He understands the importance of community relations. He trains and assists with outside agencies and is well respected by those agencies.

**Keep up the good work !!!**

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Sergeant / Recommended for Advancement Sgt. E. Walton [Signature]

At Any Available Opportunity [Signature] 9-16-15

Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 9-15-2015 Employee Signature [Signature]

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 1

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# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

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# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

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<b>Judgment:</b>  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
<b>Work Effort and Initiative:</b>  Score: <u>    4    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
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<p>Cooperativeness:</p> <p>Score: <u>  4  </u></p>	<p>Officer causes friction among co-workers and blames co-workers or the department for his/her problems.</p>	<p>Officer displays an obvious reluctance to assist other officers in the performance of their duties.</p>	<p>Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.</p>	<p>Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.</p>
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<p>Work load/Productivity:</p> <p>Score: <u>  4  </u></p>	<p>Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.</p>	<p>Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.</p>	<p>Officer consistently displays adequate performance in all aspects of police duties.</p>	<p>Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.</p>
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**FILE**

PERSONNEL EVALUATIONS

EMPLOYEE: Officer Mike Doughman

SCORE: 39

DATE: 07/22/2013

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Doughman is one of the Departments most active and self initiating Officers. Officer Doughman always comes to work ready to do his very best. It is a very rare occasion that Officer Doughman is in a bad mood or has a bad attitude toward his job or anyone he is working with.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

If I have one criticism of Officer Doughman it is that his report writing at times is very questionable. Possibly due to fatigue near the end of his shift , for whatever reason, his report writings can be difficult to follow and often times require correction.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

XX YES \_\_\_\_\_ NO

COMMENTS:

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Sgt B. O. [Signature] #815  
[Signature] 7/30/2013  
Approved By

Completion of this section by employee is optional and subject to the police of your organization	I have reviewed this evaluation and I completely understand it contents.
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Date: 7-24-2013 Employee Signature [Signature] 824.

MSB

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

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Judgment:  Score: <u>    <b>3</b>    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    <b>4</b>    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public:  Score: <u>    4    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors:  Score: <u>    3    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness:  Score: <u>    3    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing:  Score: <u>    2    </u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity:  Score: <u>    3    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance:  Score: <u>    4    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

**FILE**

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 38

DATE: 7-6-12

COMMENTS ON PRINCIPAL STRENGTHS:

Mikes daily performance while on patrol is outstanding. He is always productive; always willing to take an assignment, and is always a team player. As a dog handler Mike is constantly pro K9, if a situation involves his dog in getting to work then he never hesitates. The monthly and year end K9 report I complete for Mike and his dog will reflect this again this year.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Suggestions for improvement would include maintaining your attitude and values, being willing to flex overtime keeps the dog in the game! Having the ability to recognize this shows that your in this assignment because you care about it and that is an important characteristic to have for someone in your assignment. Years four, five and up were the important and best years of working a dog for me. I hope your interest is deep enough to stay in the program that long and get the second dog! We need your contribution to this program!

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS:

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

Recommended for present classification

RATED BY (NAME AND TITLE)

Sgt. David Chasteen DC 813

[Signature]  
Approved By 7/16/2012

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 7-12-2012 Employee Signature [Signature] 824

20512

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    4    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>    3    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in an acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>    3    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>    3    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>    3    </u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>    3    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>    3    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

**FILE**

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 40

DATE: 7-11-11

COMMENTS ON PRINCIPAL STRENGTHS:

Mikes performance is outstanding. On the shift he acts as a leader and takes on tasks consistently. While working K9 Mike always goes above and beyond to serve needs of the department and the community.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Mike is gaining a lot of valuable experience. My only suggestion for improvement would be based on character traits that will develop with more experience.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS:

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

Recommended for present classification

RATED BY (NAME AND TITLE)

Sgt. David Chasteen

*[Signature]*  
Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 7-12-2011 Employee Signature Pr. M Doughman 824

*WSTB*

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    4    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    4    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>    3    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>    4    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>    3    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>    3    </u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>    4    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>    3    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

WSP

PERSONNEL EVALUATIONS

EMPLOYEE: Officer Mike Doughman

SCORE: 41

DATE: 07/13/2010

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Doughman is always prepared for work and on time. He is willing to help in whatever way is asked of him. Officer Doughman also is always one of the departments most productive Officers and competes with himself to improve.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Doughman has recently been assigned the position of the K-9 Officer and will be making some major adjustments for this change.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

XX YES        NO

COMMENTS:

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Sgt. B. D. [Signature] - # 815  
[Signature]  
Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 7-13-2010

Employee Signature

Officer Mike Doughman 024

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is unfamiliar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    4    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
<p>Attitude toward the public:</p> <p>Score: <u>    4    </u></p>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
<p>Attitude toward supervisors:</p> <p>Score: <u>    4    </u></p>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
<p>Cooperativeness:</p> <p>Score: <u>    4    </u></p>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
<p>Report writing:</p> <p>Score: <u>    3    </u></p>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
<p>Work load/Productivity:</p> <p>Score: <u>    4    </u></p>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
<p>Appearance:</p> <p>Score: <u>    4    </u></p>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 40

DATE: July 16, 2009

COMMENTS ON PRINCIPAL STRENGTHS:

Mike is a very dependable officer. He consistently maintains productivity and is very reliable. Mike is now finding himself in the position to frequently have the assignment of "Officer in Charge" on this shift and finds himself being scheduled to work this assignment on other shifts as well. Mike has a very positive attitude and seems to display an obligation to the citizens to solve their various problems.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Weaknesses would involve experience and knowledge that have to be obtained from an extended time on the job.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS:

I think Mike would make an excellent candidate for consideration if the department were to initiate the process for making a second Police K9 Handler assignment or if replacing or re-assigning the current K9 team. I think that within the next year Mike should be considered for any opportunity that would allow him to be involved in a SWAT or Special Operations Response Team assignment if one were to become available.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Recommended for any patrol or support services advancement opportunities that would become available

Sgt. D. Chatter #813

Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 7-16-09 Employee Signature

Mike Doughman #228

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is unfamiliar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    4    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards; But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>    4    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>    3    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>    3    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>    3    </u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>    3    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>    4    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 38

DATE: 08-02-2008

COMMENTS ON PRINCIPAL STRENGTHS:

**Mike is very polite and courteous to both co-workers and citizens and has a very positive attitude.**

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

**Needs slight improvement on grammar in report narratives**

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

**COMMENTS: Mike is a very positive influence on his shift. He displays a very positive attitude and is very pleasant to deal with. He takes criticism and change well and accepts instruction without question.**

**RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:**

Non Probationary Police Officer

RATED BY (NAME AND TITLE)

Sergeant David Chasteen

Sgt. D. Chasteen

Approved By

Completion of this section by employee is optional and subject to the policy of your organization

**I have reviewed this evaluation and I completely understand it contents.**

Date: 8-3-2008 Employee Signature

Michael Doughman

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 1

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is unfamiliar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 2

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PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 37

DATE: 08/02/08

COMMENTS ON PRINCIPAL STRENGTHS: Offc. Doughman has demonstrated good decision making skills related to officer safety issues on a felony traffic stop. He is a good listener and communicator, portrays a professional image for himself and the department.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT: Two minor issues over the past year involving leaving his beat and while under emergency response to calls, slowing down for intersections and driving with caution. Neither was a problem after he was counseled about them.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS: This is Officer Doughman's first year as a police officer. Having no experience before coming to Monroe I believe he has done a good job. He has recently volunteered for the bike patrol, he has demonstrated enthusiasm towards the job and I believe with more experience he will excel in all his endeavors.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Sgt. [Signature] # 807

Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8-3-2008

Employee Signature

Mike Doughman

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

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# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

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# MONROE POLICE DEPARTMENT

233 South Main Street

P.O. Box 330

Monroe, Ohio 45050-0330

[www.monroehio.org](http://www.monroehio.org)



Gregory C. Homer  
Chief Of Police

(513) 539-9234

12/03/2007

To: Chief Homer

From: Ptl. C. Stull, FTO

Reference: Field Training Program for Ptl. M. Doughman.

Chief, after approximately 12 weeks and speaking with Ptl. Beacock, We both feel that Ptl Doughman is ready and recommend that he be transferred from the FTO Program to the Road Patrol. Ptl. Doughman has demonstrated his ability to be a productive member of the department. As any officer new to this field, he has a few minor issues that will be corrected with time and experience and additional training throughout his career.

Thanks for your consideration in this matter.

Ptl. Chad Stull, #814, FTO

Ptl. Alicia Beacock, #819, FTO

A handwritten signature in black ink, appearing to read "Chad Stull", written over the typed name of Ptl. Chad Stull.

*INTEROFFICE MEMORANDUM  
MONROE, OHIO POLICE DEPARTMENT*

**DATE:** August 6, 2008

**TO:** Mike Doughman

**FROM:** *Gregory C. Homer, Chief of Police*



**RE:** Probation ending 8-6-2008

**This is your “No longer on Probation” notification**

Congratulations on completing your 12-month probation here at the Monroe Police Department. You have shown us that you will be a strong member of this Dept. for many years in the future. I hope your work ethics and ability to get along with the residents and your fellow employees does not change in the years to come.

Sgt. Thomas Cobaugh, and Sgt. David Chasteen, supervisors, have recommended your move from “Probationary Police Officer” status to that of “Police Officer”. I concur with his recommendation. The change will be reflected in your paycheck in late August or the first pay in September.

Again congratulations, and keep up the good work. Never forget, maintain a sense of humor, it helps getting through rough days.

PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 38

DATE: 08-02-2008

COMMENTS ON PRINCIPAL STRENGTHS:

**Mike is very polite and courteous to both co-workers and citizens and has a very positive attitude.**

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

**Needs slight improvement on grammar in report narratives**

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X  YES   NO

**COMMENTS: Mike is a very positive influence on his shift. He displays a very positive attitude and is very pleasant to deal with. He takes criticism and change well and accepts instruction without question.**

**RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:**

Non Probationary Police Officer

RATED BY (NAME AND TITLE)

Sergeant David Chasteen

Sgt. D. Chasteen

Approved By

Completion of this section by employee is optional and subject to the policy of your organization

**I have reviewed this evaluation and I completely understand it contents.**

Date: 8-3-2008

Employee Signature

Michael Doughman

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 1

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# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

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PERSONNEL EVALUATIONS

EMPLOYEE: Mike Doughman

SCORE: 37

DATE: 08/02/08

COMMENTS ON PRINCIPAL STRENGTHS: Offc. Doughman has demonstrated good decision making skills related to officer safety issues on a felony traffic stop. He is a good listener and communicator, portrays a professional image for himself and the department.

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HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS: This is Officer Doughman's first year as a police officer. Having no experience before coming to Monroe I believe he has done a good job. He has recently volunteered for the bike patrol, he has demonstrated enthusiasm towards the job and I believe with more experience he will excel in all his endeavors.

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RATED BY (NAME AND TITLE)

Sgt. [Signature] # 807

Approved By

Completion of this section by employee is optional and subject to the police of your organization	I have reviewed this evaluation and I completely understand it contents.
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Employee Signature

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# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

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<p>Attitude toward supervisors:</p> <p>Score: <u>    3    </u></p>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
<p>Cooperativeness:</p> <p>Score: <u>    3    </u></p>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays and obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
<p>Report writing:</p> <p>Score: <u>    2    </u></p>	Officer consistently submits reports which a vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
<p>Work load/Productivity:</p> <p>Score: <u>    3    </u></p>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action..	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
<p>Appearance:</p> <p>Score: <u>    4    </u></p>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

# Employment Eligibility Verification

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last <u>DOUGHERMAN JR</u>	First <u>FRED</u>	Middle Initial <u>M</u>	Maiden Name
Address (Street Name and Number) [REDACTED]		Apt. #	Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State	Zip Code [REDACTED]	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

A citizen or national of the United States

A Lawful Permanent Resident (Alien #) \_\_\_\_\_

An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #)

Employee's Signature <u>[Signature]</u>	Date (month/day/year) <u>08-06-2007</u>
--	--

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		<u>DRIVERS LICENSE</u>		<u>BIRTH CERTIFICATE</u>
Issuing authority: _____		<u>STATE OF OHIO</u>		<u>OHIO DEPT OF HEALTH</u>
Document #: _____		[REDACTED]		[REDACTED]
Expiration Date (if any): _____		<u>09-24-2008</u>		<u>N/A</u>
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/06/2007 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>GREGORY C. HOMER</u>	Title <u>CHIEF OF POLICE</u>
Business or Organization Name <u>MONROE POLICE DEPT</u>	Address (Street Name and Number, City, State, Zip Code) <u>233 S. MAIN ST MONROE, OH 45054</u>	Date (month/day/year) <u>08-06-2007</u>

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Hire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C		
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility		
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; margin: 5px 0;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)</li> </ol>

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





# MONROE POLICE DEPARTMENT

233 South Main Street

P.O. Box 330

Monroe, Ohio 45050-0330

www.monroeohio.org



Gregory C. Homer  
Chief Of Police

(513) 539-9234

December 13, 2011

Department Of Public Safety  
ATTN: Traffic Crash Records Unit  
1970 West Broad Street  
Columbus, Ohio 43223

**FILE**

RE: TRAFFIC CRASH CERTIFICATION LETTER (ORC SECTION 3937.41D)

In compliance with Section 3937.41(D) of the Ohio Revised Code, we are submitting the following information for your approval.

DRIVER'S NAME	Doughman, Fred
DRIVER'S LICENSE #	<input type="text"/>
SOCIAL SECURITY #	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
DATE OF CRASH	12/02/2011
LOCAL REPORT #	83-1456-83
INVESTIGATING AGENCY	Ohio State Highway Patrol
VEHICLE LICENSE #	251

The Monroe patrol officer involved in the traffic crash was / was not assigned to official municipal business.

A copy of the traffic crash report is attached for your review.

Gregory Homer  
Chief Of Police



**Mortgage Services III, LLC**

502 North Hershey Road • Bloomington • IL • 61704 • (309) 664-9100 • [www.msiloans.biz](http://www.msiloans.biz)

August 12, 2014

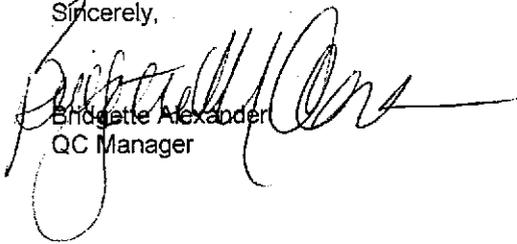
City Of Monroe Police Department  
CONFIDENTIAL - HR / PAYROLL DEPT  
233 South Main Street  
Monroe, OH 45050

Dear Sir or Madam:

Our firm is performing a routine audit of various mortgage loans. As part of this process, a representative sample of these loans has been selected for review. One portion of the audit involves asking organizations or individuals who originally provided information relating to the borrower to reconfirm the information.

The attached page is a copy of a document that was previously provided by you or your organization. We would appreciate it if you would examine this document and answer the two questions shown below. We are not asking for any current information, only for you to reconfirm the information that was originally provided. A postage-paid return envelope has been enclosed for your convenience. If you have any questions, please call our office at 309-664-7095. Thank you for your assistance.

Sincerely,

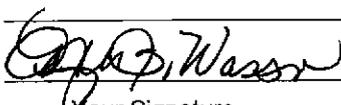
  
Bridgette Alexander  
QC Manager

0000089600000002466



Attachments: N/A

-14Jul-0.0026

1. Was the Information on the attached document accurate as of the date it was completed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. If the attached document was signed, was the individual who signed it authorized to do so?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If either answer is "No," would you please explain the details below?		
<hr/>		
<hr/>		
 Your Signature	Assistant to the City Manager	08/19/14
	Title	Date

0000089600000002466

14Jul

140605001

DOUGHMAN, FRED ? 17.1

Mortgage Services II, L.L.C. LIC# 172606, NMLSR# 172606 | Originator: Jeffrey David McGuinness, NMLSR# 299149

### Request for Verification of Employment

140609001

**Privacy Act Notice:** This information is to be used by the agency collecting it or its employees in determining whether you qualify as a prospective mortgagor under the program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, U.S.C. Chapter 37 (MVA); by 18 USC, Section 1701 et seq. (HIDTA); by 42 USC, Section 1462b (HUCPD); and Title 42 USC, 1171 et seq., or 7 USC, 1921 et seq. (USDA/FMHA).

**Instructions:** Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer, enclosed in item 1.  
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

<b>1. To (Name and address of employer)</b>  CITY OF MONROE 223 S. Main St. Monroe, OH 45050 (P) 513-340-2211		<b>2. From (Name and address of lender)</b>  Scott Drovitz Mortgage Services II, LLC	
--	--	---	--

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

<b>3. Signature of Lender</b> [Signature]	<b>4. Title</b> LP	<b>5. Date</b> 06/18/2014	<b>6. Lender's No. (Optional)</b>
--	-----------------------	------------------------------	-----------------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

<b>7. Name and Address of Applicant (include employee or badge number)</b> FRED W DOUGHRAN, JR. [Redacted] Malmesville, OH 45038	<b>8. Signature of Applicant</b>  SEE ATTACHMENT
---	--

**9. Applicant's Date of Employment** 03/06/2007 **10. Present Position** Patrol Officer **11. Probability of Continued Employment** N/A

<b>12A. Current Gross Base Pay (Enter Amount and Check Period)</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$59,833.00			<b>13. For Military Personnel Only</b> Pay Grade Type Monthly Amount Base Pay \$ Flight or Hazard \$ Clothing \$ Quarters \$ Pro Pay \$ Overseas or Combat \$ Variable Housing Allowance \$		<b>14. If Overtime or Bonus is Applicable, is its Continuance Likely?</b> Overtime Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Bonus Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>15. If paid hourly-average hours per week</b> 80 <b>16. Date of applicant's next pay increase</b> Unknown <b>17. Projected amount of next pay increase</b> 2.8% <b>18. Date of applicant's last pay increase</b> June 1, 2014 <b>19. Amount of last pay increase</b>	
<b>12B. Gross Earnings</b> Type Year To Date Past Year '13 Past Year '12 Base Pay \$ 28,797.36 \$ 59,833.00 \$ 57,163.70 Overtime \$ 3,724.71 \$ 4,494.89 \$ 3,999.80 Commissions \$ \$ \$ Bonus \$ 910.00 \$ 1,820.00 \$ 1,820.00 Total \$ 33,432.07 \$ 66,177.89 \$ 62,983.50						

**20. Remarks (If employee was off work for any length of time, please indicate time period and reason)**

<b>21. Date Hired</b>	<b>23. Salary/Wage at Termination Per (Year/Month/Week)</b>			
<b>22. Date Terminated</b>	Base	Overtime	Commissions	Bonus
<b>24. Reason for Leaving</b>		<b>26. Position Held</b>		

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal collusion or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FHIA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

<b>25. Signature of Employer</b> [Signature]	<b>27. Title (Please print or type)</b> Assistant to the City Manager	<b>28. Date</b> 06/24/14
<b>29. Print or type name signed in item 25</b> Angela S. Wasson	<b>30. Phone No.</b> 513-539-7374 ext 1012	

BASE ONLY USED TO QUALIFY = \$4,836/mo

Borrower's Certification & Authorization

DOUGHEMAN
Loan #: 140605001
MIN: 100588314070755635

Date: JULY 15, 2014

Certification

In this document, "I," "me," and other first person pronouns refer to the borrower(s), whether singularly or collectively, who applied for the loan referenced above. I, the undersigned, hereby certify the following:

- 1. I have applied for a mortgage loan from MORTGAGE SERVICES III, LLC. In applying for the loan, I have completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I certify that all of the information is true and complete. I made no misrepresentations in the loan application or other documents, nor did I omit any pertinent information.
2. I understand and agree that MORTGAGE SERVICES III, LLC reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with any employer and/or any financial institution.
3. I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for a mortgage, as applicable under the provisions of 18 USCA §1014.
4. I provided a verbal and/or written authorization to order a consumer credit report and verify other credit related information in connection with my loan application, including but not limited to any mortgage or landlord reference and any other source of credit as determined by MORTGAGE SERVICES III, LLC.
5. I further authorize MORTGAGE SERVICES III, LLC to order a consumer credit report and verify other credit related information in connection with my loan application, including but not limited to any mortgage or landlord reference and any other source of credit as determined by MORTGAGE SERVICES III, LLC. I understand that the purpose for this order is for MORTGAGE SERVICES III, LLC to determine my eligibility and creditworthiness for the loan being applied for, as well as for other legitimate purposes associated with my account.

Authorization to Release Information

To Whom It May Concern:

- 1. I have applied for a mortgage loan from MORTGAGE SERVICES III, LLC. As part of the application process, MORTGAGE SERVICES III, LLC and the mortgage guaranty insurer (if any), may verify information contained in my loan application and in other documents required in connection with the loan, including accessing a new credit report, either before the loan is closed or as part of its quality control program.
2. I authorize you to provide to MORTGAGE SERVICES III, LLC, and to any investor to whom MORTGAGE SERVICES III, LLC may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. MORTGAGE SERVICES III, LLC or any investor that purchases the mortgage, or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to MORTGAGE SERVICES III, LLC, the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any): ESSENT

Execution

By signing below, I hereby certify and authorize (as applicable) the foregoing items of information.

Signature and date lines for Fred M. Doughman Jr. and Tara Doughman, with corresponding SSN fields.

Mike Doughman

X26 Taser X00-246385

H06-308365

H06-281178

Date Aug 8, 2007

~~Signature~~

issued by Sgt. Curtis





### CONFIRMATION OF RECEIPT OF NEW HIRE REPORTS



**Ohio New Hire Reporting Center**  
**P.O. Box 15309**  
**Columbus, OH 43215-0309**  
**(614) 221-5330**  
**(888) 872-1490 (toll-free)**

**New Hire Entries for: City of Monroe (31-6001706)**  
**Date: 8/7/2007**

SSN	Name	Hire Date	Birth Date	IC	Work State	Address	City	State	Zip	Country
[REDACTED]	TIFFANY M BANKS	[REDACTED]	[REDACTED]	N	OH	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	FRED M DOUGHMAN	[REDACTED]	[REDACTED]		OH	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[Print Confirmation Report](#)
[Employer Home](#)
[Logout](#)

(Note: Print in landscape mode for best results.)

OATH OF OFFICE  
CITY OF MONROE

STATE OF OHIO            )  
  )SS:  
COUNTY OF BUTLER        )

I, Fred Michael Doughman Jr , do hereby swear that I will uphold the constitution and laws of The United States Of America, the constitution of The State Of Ohio, and uphold the charter, ordinances, resolutions, and other laws of the Municipality Of Monroe: and I will faithfully, honestly and impartially discharge the duties and responsibilities of my office of Police Officer , so help me God.

Fred M. Doughman Jr.

Sworn to and subscribed in my presence by the said FRED MICHAEL DOUGHMAN JR

This 6 day of AUGUST ,20 07

Marilyn J. Whitaker  
Notary Public

**MARILYN J. WHITAKER**  
Notary Public, State of Ohio  
My Commission Expires November 19, 2009



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

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

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

**INSTRUCTIONS**

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

<b>A. OFFICER INFORMATION</b>			
1. SOCIAL SECURITY NUMBER [REDACTED]	2. NAME (Last) (First) (Middle) DOUGHERMAN JR FRED MICHAEL	3. BIRTHDATE (mm/dd/yyyy) [REDACTED]	
4. GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. ALIAS (Last) (First) (Middle) N/A	6. HOME PHONE NUMBER [REDACTED]	
7. DRIVER'S LICENSE # [REDACTED]	8. HOME STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code) [REDACTED]		

<b>B. AGENCY INFORMATION</b>			
9. AGENCY NAME MONROE POLICE DEPARTMENT	10. APPOINTING AUTHORITY'S NAME & TITLE William J. Brock, City Manager		11. AGENCY PHONE NUMBER (513) 539-9234
12. AGENCY STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code) 233 S. MAIN STREET MONROE BUTLER OH 45050			

<b>C. APPOINTMENT INFORMATION</b>			
13. APPOINTMENT DATE (mm/dd/yyyy) 08-06-07	14. CURRENT RANK POLICE OFFICER	15. TITLE/ POSITION POLICE OFFICER	16. ORC SECTION 737.02
17. APPOINTMENT STATUS (mark appropriate box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special		18. APPOINTEE'S FIRST PEACE OFFICER APPOINTMENT? <input type="checkbox"/> yes (Complete all of page 2) <input checked="" type="checkbox"/> no (Complete pages 2 and 3 - an update evaluation will occur)	

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

<b>E. ATTESTATION OF REPORTING OFFICIAL</b>		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate the information on this form.		
SIGNATURE OF REPORTING OFFICIAL 	NAME & TITLE OF REPORTING OFFICIAL (Typed or Printed Legibly) GREGORY C. HOMER, CHIEF OF POLICE	DATE 8-6-2007

PEACE OFFICER APPOINTMENT AND OATH OF OFFICE\*

If first appointment: SCHOOL NAME \_\_\_\_\_

SCHOOL # \_\_\_\_\_

I. TO BE COMPLETED BY APPOINTEE AND APPOINTING AUTHORITY:

On this date, you are hereby appointed as a peace officer to serve as a Police Officer  
for the MONROE POLICE DEPT. pursuant to 737.02  
department name position/title  
ORC Section

As such, you shall swear or affirm the following:

I, FRED M DOUGHAMAN JR, do solemnly swear or affirm that I will support the  
appointee's printed name

Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio,  
and the Laws and Ordinances of CITY OF MONROE and to the  
political subdivision

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

Fred M. Dougaman Jr.  
Signature of Appointee

08-06-07  
Date of Appointment (mm/dd/yyyy)

II. TO BE COMPLETED BY APPOINTING AUTHORITY:

By signing below, I hereby swear or affirm that the above named individual is appointed to the  
above position pursuant to the authority vested in me by 737.02, and  
ORC Section

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

[Signature]  
Signature of Appointing Authority

William J. Brock, City Manager  
Typed/Printed Name of Appointing Authority and Title

NOTARY:

Sworn to and subscribed before me this 6 day of AUGUST, 2007  
in the county of BUTLER and the state of Ohio.

Affix seal here

Marilyn J. Whitaker  
Signature of Notary/Attorney/Clerk of Courts

**MARILYN J. WHITAKER**  
Notary Public, State of Ohio  
**My Commission Expires November 19, 2009**

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

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

OFFICER'S NAME FRED M DOUGHMAN JR SSN: [REDACTED]

BASIC TRAINING SCHOOL NAME BUTLER TECH PUBLIC SAFETY From: 01/06 To: 06/06  
Beginning Date Ending Date

1. Appointed by: <u>WARREN COUNTY SHERIFF DEPARTMENT</u> <u>WARREN</u> <small>Agency Name County Name</small> From: <u>06/14/06</u> To: <u>08/06/07</u> Position title: <u>SPECIAL DEPUTY</u> <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small> Appointment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special
2. Appointed by: _____ <small>Agency Name County Name</small> From: _____ To: _____ Position title: _____ <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small> Appointment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special
3. Appointed by: _____ <small>Agency Name County Name</small> From: _____ To: _____ Position title: _____ <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small> Appointment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special
4. Appointed by: _____ <small>Agency Name County Name</small> From: _____ To: _____ Position title: _____ <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small> Appointment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special

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

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

<u>[Signature]</u> Signature of individual officer	<u>MONROE POLICE DEPT.</u> Name of requesting agency
<u>[Signature]</u> Signature of requesting official	<u>233 S. MAIN ST.</u> Mailing address of requesting agency
<u>GREGORY C. HOMER, C.O.P.</u> Typed name of requesting official	<u>MONROE, OHIO 45050</u> Mailing address (continued)

Sworn to and subscribed before me this 6 day of AUGUST, 2007  
 in the county of BUTLER and the state of Ohio.

Marilyn J. Whitaker My commission expires \_\_\_\_\_  
Signature of Notary/Attorney/Clerk of Courts  
**MARILYN J. WHITAKER**  
 Notary Public, State of Ohio  
 My Commission Expires November 19, 2009

Affix seal here

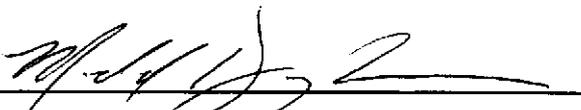
# City of Monroe Personnel Policy Manual

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## *Acknowledgment of Receipt*

I have received a copy of the Personnel Policy Manual effective August 21, 2014.

I understand that I am responsible for reading it.

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

*MICHAEL DOUGHERMAN*  
\_\_\_\_\_  
Employee Name (print)

*8-15-2014*  
\_\_\_\_\_  
Date

Monroe Police Dept  
Police Policy and Procedure Manual  
Employee Acknowledgment

I, F. MICHAEL DOUGHMAN, hereby acknowledge that I have been given a copy of the Monroe Police Department Policy and Procedure Manual to read and understand.

Manual Serial Number: 00029

  
Employee Signature

8-10-07  
Date

**Taser Equipment and Policy**

**X26 Taser Training**

**Taser Policy & Procedures**

**Issued Taser Ser#** X00 - 246385

**Taser Cartridges** H06 - 3088365, H06 - 281178

**I have received the above training and equipment**

---

**Signature**

---

**Date**



Gregory C. Homer  
Chief Of Police

# MONROE POLICE DEPARTMENT

233 South Main Street  
P.O. Box 330  
Monroe, Ohio 45050-0330

[homer@monroeohio.org](mailto:homer@monroeohio.org)



(513) 539-9234  
FAX (513) 539-6205

I have received my ANSI approved traffic vest and will maintain it as part of my uniform issue.

Name Printed: MIKE DOUGHMAN

Name Signed: *Mike Doughman*

Date Received: 8-30-07

*INTEROFFICE MEMORANDUM  
MONROE, OHIO POLICE DEPARTMENT*

**DATE:** October 10, 2008  
**TO:** All Police Officers  
**FROM:** *Chief Gregory C. Homer*  
**RE:** New Credit Card System

In the near future you will be assigned a new credit card. This credit card will, in the future, be the only City credit card you will be assigned. This credit card, in the future, will be used for your uniform allowance and approved incidental purchases.

Examples of approved incidental purchases are:

approved travel expenses: training, investigations, etc.  
minor quick cruiser needs: bulbs, windshield wipers, etc.  
water for officers during an event such as the recent storm  
cruiser fuel in the event city pumps are disabled

- **Receipts are MANDATED** in order for the city to pay the bill.  
***If you do not turn in the receipt you are financially responsible for the purchase.***
- A notation **must** be on the receipt as to what the purchase was for and who made the purchase.
- Receipts are to be turned in to The Chief's Secretary as soon as possible.
- **Preapproved incidental purchase amounts:**
  - Police officers up to \$25.00**
  - Sergeants up to \$50.00**
  - Lieutenants up to \$200.00**
  - Chief's Secretary up to \$200.00**
  - If the purchase is going to be for more than the listed amount, a verbal approval must be received from your supervisor or the Chief of Police prior to the purchase.
  - Cruiser fuel is exempted, as we know a fill-up can easily be more than \$25.00.
- Police Contract Employees making uniform and/or equipment purchases will purchase from Roy Taylors and may only purchase items listed on Appendix A of the contract. Those wishing to make "uniform allotment" purchases from a vendor other than Roy Taylors or purchase items not listed under Appendix A must have prior approval from your Lieutenant or the Chief of Police.
- The Police Department is testing this new program for the City. It is giving employees responsibility but increases your ability to more conveniently do your job.
- Contract members presently in possession of a **Fifth Third Bank MasterCard Uniform Allowance Credit Card** are to continue using that card as their uniform allowance card until the next contract year. The new National City VISA (Monroe LOGO) credit card will, at this time, only be for incidental purchases.

I understand the above rules accompanying the Monroe Police Department's credit card program.

Signature: *Michael Dohman* Date: 10-17-2008

# Acknowledgement of Receipt of Auditor of State Fraud Reporting-System Information

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

I, PA. M. DOUGHRMAN, 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.

PA. M. DOUGHRMAN PATROL (POLICE)  
Print Name, Title, and Department

PA. M. DOUGHRMAN  
Please Sign Name

5-1-2012.  
Date

# CITY OF MONROE CELL PHONE POLICY

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NOVEMBER 8, 2010

An employee who uses a City-owned cell phone or a City-owned vehicle is prohibited from using a cell phone while driving, whether the business conducted is personal or City-related, unless using an approved hands-free device. This prohibition includes receiving or placing calls, text messaging, surfing the Internet, receiving or responding to email, checking for phone messages, or any other purpose. Employees are required to stop the vehicle in a safe location so that you can safely use your cell phone.

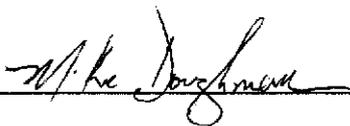
Use of a City-supplied device for personal use is prohibited. Calls made to 4-1-1 or any other directory assistance is prohibited and employees using this shall be responsible for charges incurred.

When at work and on duty, mobile phone calls are to be made and received only for City business and for personal emergencies. The term "personal emergencies" will be interpreted in a reasonable manner to account for differences in employees' families, circumstances, and lifestyles. The City will endeavor to accommodate emergency calls for critical quality of life issues, so long as such calls do not become unreasonable in length or frequency. To avoid misunderstandings regarding personal emergency calls, it is always advisable to alert a supervisor in advance regarding the circumstances of the call. Beyond personal emergencies, the City encourages its employees to conduct their personal business on their own time off from work. Employees who are in violation of this policy are subject to disciplinary action up to and including discharge.

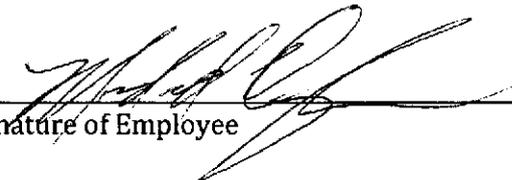
The City has adopted the following general policies with regard to personal cell phone calls, which may be modified periodically:

- During normal business hours, personal cell phones must be set on "vibrate" mode in order to avoid audible ring tones.
- Personal mobile phone use is strictly prohibited during certain Public Safety Department activities, including Fire/EMS runs, Police runs, emergency vehicle operation, inspection, tours, and training classes.

## **ACKNOWLEDGEMENT**

I, , do hereby acknowledge receipt of the Cell Phone Policy.

11-9-2010  
Date

  
Signature of Employee

CITY OF MONROE

MEDIA RELATIONS AND SOCIAL MEDIA POLICY

TECHNOLOGY USE POLICY

LINKS POLICY

ACKNOWLEDGMENT

I, Mike Doughman hereby

acknowledge that I have received a copy of the Media Relations and Social Media Policy, Links Policy, and Technology Use Policy and that I have read and understand the content of these policies.

M. K. Doughman  
Employee Signature

9-15-2016  
Date

**City of Monroe**  
**Personnel Policy Manual**  
**Employee Acknowledgement**  
Effective Date of Manual: January 1, 2010

I, MICHAEL DOUGEMAN, do hereby acknowledge that I have been provided a  
(Please Print)  
copy of the City of Monroe Personnel Policy Manual effective January 1, 2010. I understand  
that it is my responsibility to read or otherwise review it.

Along with a copy of this Personnel Policy Manual, I have been provided with a copy of Ohio  
Revised Code Chapter 102 and Ohio Revised Code Section 2921.42, which are current as of  
January 1, 2010.

While the entire contents of the Personnel Policy Manual are important for every employee to  
read and understand, I have specifically reviewed Section 5.11 Alcohol Misuse and Drug Abuse  
in the Workplace, Section 5.29 No Expectation of Privacy, and Section 5.33 Workplace  
Weapons Policy.

By signing below employee acknowledges all of the above and agrees to abide by the policies set  
forth in the Personnel Policy Manual. Employee understands that any questions concerning  
these policies should be directed to their immediate supervisor.

Marilee Whitaker  
Witness

M. D. Dougan  
Employee Signature

2-9-2010  
Date



**City of Monroe**  
**Personnel Policy Manual**  
**Employee Acknowledgement**  
Effective Date of Manual: April 10, 2008  
Corrections Dated: July 22, 2008

I, MICHAEL DOUGHMAN, do hereby acknowledge that I have been provided a  
(Please Print)  
copy of the July 22, 2008 corrections to the City of Monroe Personnel Policy Manual effective  
April 10, 2008. I understand that it is my responsibility to read or otherwise review it.

By signing below employee acknowledges all of the above and agrees to abide by the policies set  
forth in the Personnel Policy Manual. Employee understands that any questions concerning  
these policies should be directed to their immediate supervisor.

Marilyn Whitaker  
Witness

Michael Doughman  
Employee Signature

7-23-2008  
Date





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

Employee Name FRED M DOUGHERMAN JR

Employee ID# [REDACTED]

Employer Name CITY OF MONROE

Employer ID# 31-6001706

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

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

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

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

**For More Information**

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

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

Signature of Employee *Fred M Dougherman Jr*

Date 08-06-07

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

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

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

Employers must:

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

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

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <h1 style="margin: 0;">2015</h1>
1 Your first name and middle initial FRED M	Last name DOUGLASS JR	2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 3	6 Additional amount, if any, you want withheld from each paycheck 6 \$ 0
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶	7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ [Signature]		Date ▶ 7-23-2015
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

*ADW*

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INTERED Kuo  
 Jeff  
 7/30/15

[Signature]

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2015</b>
Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial FRED M		Last name DOUGHERMAN JR.		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 9		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ 0		
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . .		7 [REDACTED]		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ► [Signature]				Date ► 5-20-2015
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

*aww*

5/21/15  
 ENTERED  
 2015  
 [Handwritten notes and stamps]

ENTD 02/17/13 aw

VERIFIED 2-8-13 PE

# Form W-4 (2013)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	/
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b>	<b>H</b>	/
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2013</b>
<b>1</b>	Your first name and middle initial FRED M	Last name DOUGLASS JR	<b>2</b> Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		<b>3</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b>	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	<b>5</b>	/	
<b>6</b>	Additional amount, if any, you want withheld from each paycheck	<b>6</b>	\$ 0	
<b>7</b>	I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶ [Signature]		<b>Date</b> ▶ 1-28-2013		
<b>8</b>	Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b>	Office code (optional)	<b>10</b> Employer identification number (EIN)

ADW

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b>	<u>    </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>1</u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>2</u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>2</u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>7</u>

For accuracy, complete all worksheets that apply.   
 { • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>				<b>2012</b>
1 Your first name and middle initial <b>FRED M</b>	Last name <b>DOUGHTMAN JR.</b>	2 Your social security number [REDACTED]		
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck		5	<u>7</u>
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, and • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Fred M Doughtman Jr.</i>		Date ▶ <u>9-6-2012</u>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 102200

Form W-4 (2012)

verified 9/10/12 KM

POSTED 9/10/12

Adm

# Form W-4 (2010)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_  
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.  
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.  
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. . . . . **G** \_\_\_\_\_

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.  
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.  
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2010</b>
1 Type or print your first name and middle initial. <b>FRED M</b>		Last name <b>DOUGHERMAN JR</b>		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <b>0</b>		
6 Additional amount, if any, you want withheld from each paycheck		6 <b>\$ 15.00</b>		
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability and</b> • This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b> . If you meet both conditions, write "Exempt" here . . . . . ► 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ► <i>Fred M. Dougherman Jr</i>		Date ► <b>FEB. 18<sup>th</sup> 2010</b>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <b>CITY OF MONROE 233 S. MAIN ST MONROE, LA 70501</b>		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2010)

2/25/10  
[Signature]

VERIFIED  
3/2/10  
KM

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners/Multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent.	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul>	<b>B</b>	<u>    </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return	<b>D</b>	<u>0</u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above)	<b>E</b>	<u>    </u>
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>	<b>G</b>	<u>    </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.)	<b>H</b>	<u>1</u>
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2007</div>
1 Type or print your first name and middle initial. <span style="float: right;">Last name</span> FRED M <span style="float: right;">DOUGHMAN JR</span>		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0</u>
7 I claim exemption from withholding for 2007, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here ▶ <b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶ <i>Fred M Doughman Jr</i>		Date ▶ <u>08-04-07</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) <span style="float: right;">10 Employer identification number (EIN)</span>

## **Exhibit 3**

PAYROLL CHANGE NOTICE

#1175

*Walt Mader*

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME	<i>Caleb Payne</i>	
DEPARTMENT	<i>Police Dept</i>	EFFECTIVE DATE
		<i>6-1-19</i>

THE CHANGE(S):

All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input checked="" type="checkbox"/> JOB	<i>Police Officer</i>	<i>Police Sergeant</i>
<input type="checkbox"/> SHIFT	<i>67,956.00</i>	
<input checked="" type="checkbox"/> RATE	<i>65,976.00</i>	<i>75,213.00</i>
<input type="checkbox"/> OTHER	<i>Step 5</i>	<i>77,469.00</i>
<input type="checkbox"/> OTHER		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM	UNTIL
<input type="checkbox"/> OTHER (Explain)	(DATE)

*Replaced S. Walton - 4/2 schedule  
(New contract rates effective)*

*ENTERED  
KMD  
5/28/19  
10:21 AM*

AUTHORIZATION:

RECOMMENDED BY	DATE
<i>[Signature]</i>	<i>5-15-19</i>
AUTHORIZED BY	DATE
<i>[Signature]</i>	<i>5-16-19</i>



Civil Service and Personnel Department  
Hamilton Municipal Building  
345 High Street - First Floor  
Hamilton, Ohio 45011  
513-785-7030  
513-785-7037(fax)  
[cspersonnel@ci.hamilton.oh.us](mailto:cspersonnel@ci.hamilton.oh.us)  
<http://www.hamilton-city.org/>

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**AUTHORIZATION FOR BACKGROUND CHECK**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, Caleb Payne, hereby authorize the Hamilton Police Department to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Hamilton Police Department will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

X  Date 03/08/2012  
Signature of Employee

Caleb Payne  
Employee's Name - Printed

  
Witnessed

**Important:** The Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified. For Secretary of State documents, the following data is for information purposes only and is not an official record. Certified copies may be obtained from that individual state's Department of State.

## Comprehensive Report

**Comprehensive Report**  
Date: 03/06/12

### Report Legend:

- S** - Shared Address
- D** - Deceased
- V** - Probable Current Address

### Subject Information:

Name: CALEB EDWIN PAYNE [REDACTED]  
 SSN: [REDACTED] issued in Ohio between 1/1/1991 and 12/31/1992  
 View All SSN Sources  
 Age: 25

### Names Associated With Subject: [View All Name Variations Sources](#)

CALEB E PAYNE DOB: [REDACTED] Age: 25  
 [REDACTED] issued in Ohio between 1/1/1991 and 12/31/1992  
 CALEB PAYNE DOB: [REDACTED] Age: 25  
 [REDACTED] issued in Ohio between 1/1/1991 and 12/31/1992

### Others Associated With Subjects SSN:

(DOES NOT usually indicate any type of fraud or deception)

MARY A TROIANO DOB: [REDACTED] Age: 50  
 [REDACTED] issued in Ohio between 1/1/1991 and 12/31/1992

### Comprehensive Report Summary: [\(Click on Link to see detail\)](#)

Names Associated With Subject:  
 2 Found  
 Others Associated With Subjects SSN:  
 1 Found  
 Bankruptcies:  
 None Found  
 Liens and Judgments:  
 None Found  
 UCC Filings:  
 None Found  
 Corporate Affiliations:  
 None Found  
 Phones Plus:  
 3 Found  
 People at Work:  
 None Found  
 Driver's License:  
 7 Found  
 Address(es) Found:  
 1 Verified and 0 Non-Verified Found  
 Possible Properties Owned:  
 None Found  
 Motor Vehicles Registered:  
 17 Found  
 Watercraft:  
 None Found  
 FAA Certifications:  
 None Found  
 FAA Aircrafts:  
 None Found  
 Possible Criminal Records and other Court Actions:  
 None Found  
 Criminal History:  
 None Found  
 Sexual Offenses:  
 None Found  
 Accidents:  
 None Found  
 Professional Licenses:  
 None Found  
 Voter Registration:

2 Found  
Hunting/Fishing Permit:  
None Found  
Possible Associates:  
None Found  
Possible Relatives:  
1st Degree - 3 Found  
2nd Degree - None Found  
3rd Degree - None Found  
Neighbors:  
1st Neighborhood - 4 Found

**Bankruptcies:**

[None Found]

**Liens and Judgments:**

[None Found]

**UCC Filings:**

[None Found]

**Corporate Affiliations:**

[None Found]

**Phones Plus(s):**

**Phones Plus 1**

Name: CALEB PAYNE  
Address: [REDACTED]  
Phone Number: [REDACTED]-[REDACTED]-[REDACTED]  
Carrier: CINCINNATI BELL - (SHANDON, OH)

**Phones Plus 2**

Name: CALEB PAYNE  
Address: [REDACTED]  
Phone Number: [REDACTED]  
Phone Type: Residential  
Carrier: CINCINNATI BELL - (HAMILTON, OH)

**Phones Plus 3**

Name: CALEB PAYNE  
Address: [REDACTED]  
Phone Number: [REDACTED]  
Phone Type: Residential  
Carrier: CINCINNATI BELL - (HAMILTON, OH)

**People at Work:**

[None Found]

**Criminal History:** (for additional detail see Criminal History Report)

[None Found]

**Driver's License Information:**

Name: CALEB EDWIN PAYNE  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
SSN: [REDACTED]  
Gender: Male  
Height: 77  
Weight: 265  
Hair Color: Brown  
Eye Color: Blue

Name: CALEB EDWIN PAYNE  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2007

Issue Date: 08/11/2005  
License Type: ORIGINAL  
License Class: Operator - Non Commercial  
Height: 6'05  
Weight: 265  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALEB EDWIN PAYNE  
DL Number: [REDACTED]  
State: Ohio  
License Address:  
DOB: [REDACTED]  
SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2006  
Issue Date: 04/29/2003  
License Type: ORIGINAL  
License Class: Identification Card  
Height: 6'05  
Weight: 250  
Hair Color: Blond  
Eye Color: Blue

Name: CALEB EDWIN PAYNE  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/08/2006  
Issue Date: 06/08/2005  
License Type: TEMPORARY PERMIT  
License Class: Operator - Non Commercial  
Height: 6'05  
Weight: 265  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALEB EDWIN PAYNE  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2007  
Issue Date: 08/11/2005  
License Type: ORIGINAL  
License Class: Operator - Non Commercial  
Height: 6'05  
Weight: 265  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALEB EDWIN PAYNE  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2011  
Issue Date: 08/30/2007  
License Type: RENEWAL  
License Class: Operator - Non Commercial  
Height: 6'05  
Weight: 265  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALEB EDWIN PAYNE  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]

SSN: [REDACTED]  
 Gender: Male  
 Attention Flags: ORGAN DONOR  
 Expiration Date: 08/29/2015  
 Issue Date: 08/29/2011  
 License Type: RENEWAL  
 License Class: Operator - Non Commercial  
 Height: 6'05"  
 Weight: 265  
 Hair Color: Brown  
 Eye Color: Blue  
 Restrictions: None

#### Address Summary: [View All Address Variation Sources](#)

[REDACTED] Sep 2001 - Feb 2012

#### Active Address(es): [View All Address Variation Sources](#)

##### [Property Summary Information for this Address](#)

Property:  
 Parcel Number - [REDACTED]  
 Name Owner: PAYNE ROBERT C  
 Name Owner 2: PAYNE KATHERINE A  
 Property Address: [REDACTED]  
 Owner Address: [REDACTED]  
 Total Market Value - \$99,580  
 Assessed Value - \$34,860  
 Land Value - \$29,930  
 Improvement Value - \$69,650  
 Land Size - 6,599 Square Feet  
 Year Built - 1960  
 Loan Amount - \$64,880  
 Loan Type - CONVENTIONAL  
 Lender Name - PACIFIC T&L  
 Data Source - A

##### Neighborhood Profile (2000 Census)

Average Age: 29  
 Median Household Income: \$24,500  
 Median Owner Occupied Home Value: \$68,300  
 Average Years of Education: 12

#### Possible Properties Owned by Subject:

[None Found]

#### Motor Vehicles Registered To Subject:

Vehicle:  
 Description: Silver 2003 FORD FOCUS - SEDAN 4 DOOR  
 VIN: [REDACTED]  
 State Of Origin: Ohio  
 Engine: 4 Cylinder 122 Cubic Inch  
 Anti Lock Brakes: ABS optional, wheels unknown  
 Air Conditioning: Optional  
 Daytime Running Lights: Optional  
 Power Steering: Standard  
 Power Brakes: Standard  
 Power Windows: Not available  
 Security System: Pass key  
 Roof: None / not available  
 Price: 13910  
 Radio: AM/FM Cassette  
 Front Wheel Drive: Yes  
 Four Wheel Drive: No  
 Tilt Wheel: Not available

##### Owner(s)

Name: TINA B MOTT  
 SSN: [REDACTED]  
 Address: [REDACTED]  
 DOB: [REDACTED]  
 Sex: Female  
 Age: 25

Name: CALEB E PAYNE  
 SSN: [REDACTED]  
 Address: [REDACTED]  
 DOB: [REDACTED]

Sex: Male  
Age: 25

**Registrant(s)**

Record Type: HISTORICAL  
Tag Number: [REDACTED]  
Expiration Date: 8/29/2010

Record Type: HISTORICAL  
Tag Number: [REDACTED]  
Expiration Date: 7/31/2012

Record Type: HISTORICAL  
Name: TINA R MOTT  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Female  
Age: 25  
Tag Number: [REDACTED]  
Expiration Date: 7/31/2012

Record Type: HISTORICAL  
Name: CALEB E PAYNE  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Expiration Date: 8/29/2010

**Lien Holder(s)**

Record Type: CURRENT

**Vehicle:**

Description: Black 1997 - TWO D  
VIN: [REDACTED]  
State Of Origin: OHIO

**Owner(s)**

Name: CANDICE L HILL  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Female  
Age: 27

Name: CALEB PAYNE  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25

**Registrant(s)**

Record Type: HISTORICAL  
Tag Number: [REDACTED]  
Expiration Date: 4/8/2010

Record Type: HISTORICAL  
Tag Number: [REDACTED]  
Expiration Date: 8/29/2010

Record Type: HISTORICAL  
Name: CANDICE L HILL  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Female  
Age: 27  
Tag Number: [REDACTED]  
Expiration Date: 4/8/2010

Record Type: HISTORICAL  
Name: CALEB PAYNE  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]

Expiration Date: 8/29/2010

*Lien Holder(s)*  
Record Type: HISTORICAL  
Record Type: HISTORICAL

**Vehicle:**

Description: Black 2003 FORD RANGER - SUPER CAB PICKUP  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 6 Cylinder 245 Cubic Inch  
Restrains: Dual air bag front/active belts w/passenger side deactivation/cutoff switch  
Anti Lock Brakes: ABS standard, wheels unknown  
Air Conditioning: Optional  
Daytime Running Lights: Unknown  
Power Steering: Unknown  
Power Brakes: Unknown  
Power Windows: Optional  
Security System: Pass key  
Roof: None / not available  
Price: 18710  
Radio: AM/FM  
Front Wheel Drive: No  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Owner(s)**

Name: CALEB PAYNE  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25

Name: TIMOTHY J STEFFE  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 50

**Registrant(s)**

Record Type: HISTORICAL  
Tag Number: [REDACTED]  
Expiration Date: 8/29/2009

Record Type: HISTORICAL  
Tag Number: [REDACTED]  
Expiration Date: 1/4/2010

Record Type: HISTORICAL  
Name: CALEB PAYNE  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Expiration Date: 8/29/2009

Record Type: HISTORICAL  
Name: TIMOTHY J STEFFE  
SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 50  
Tag Number: [REDACTED]  
Expiration Date: 1/4/2010

*Lien Holder(s)*  
Record Type: HISTORICAL

**Vehicle:**

Description: 2003 Ford Focus - Sedan 4 Door  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 122 Cubic Inch  
Anti Lock Brakes: ABS optional, wheels unknown  
Air Conditioning: Optional  
Daytime Running Lights: Optional

Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Not available  
Security System: Pass key  
Roof: None / not available  
Price: 13910  
Radio: AM/FM Cassette  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Not available

**Owner(s)**

Name: CALEB E PAYNE  
Potential [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Title Number: [REDACTED]  
Title Issue Date: 4/30/2010

**Lien Holder(s)**

None

**Vehicle:**

Description: 2003 Ford Focus - Sedan 4 Door  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 122 Cubic Inch  
Anti Lock Brakes: ABS optional, wheels unknown  
Air Conditioning: Optional  
Daytime Running Lights: Optional  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Not available  
Security System: Pass key  
Roof: None / not available  
Price: 13910  
Radio: AM/FM Cassette  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Not available

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALEB E PAYNE  
Potential [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 4/30/2010  
Latest Registration Date: 4/30/2010  
Expiration Date: 8/31/2010  
License Plate Type: Private

**Vehicle:**

Description: 1997 Chevrolet Cavalier - Coupe  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 133 Cubic Inch  
Restraints: Dual front air bags/active belts  
Anti Lock Brakes: 4 wheel standard  
Air Conditioning: Optional  
Daytime Running Lights: Standard  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: Anti-theft device  
Roof: Power sun/moon roof  
Price: 10980  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALEB PAYNE  
Potential [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]

Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 6/29/2009  
Latest Registration Date: 9/1/2009  
Expiration Date: 8/29/2010  
License Plate Type: PASSENGER CAR

**Vehicle:**

Description: 1997 Chevrolet Cavalier - Coupe  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 133 Cubic Inch  
Restraints: Dual front air bags/active belts  
Anti Lock Brakes: 4 wheel standard  
Air Conditioning: Optional  
Daytime Running Lights: Standard  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: Anti-theft device  
Roof: Power sun/moon roof  
Price: 10980  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALLEB E PAYNE  
Potential [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 9/1/2009  
Latest Registration Date: 9/1/2009  
Expiration Date: 8/31/2010  
License Plate Type: Private

**Vehicle:**

Description: 1997 Chevrolet Cavalier - Coupe  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 133 Cubic Inch  
Restraints: Dual front air bags/active belts  
Anti Lock Brakes: 4 wheel standard  
Air Conditioning: Optional  
Daytime Running Lights: Standard  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: Anti-theft device  
Roof: Power sun/moon roof  
Price: 10980  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALLEB PAYNE  
Potential [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 6/29/2009  
Latest Registration Date: 9/1/2009  
Expiration Date: 8/31/2010  
License Plate Type: Private

**Vehicle:**

Description: 1997 Chevrolet Cavalier - Coupe  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 133 Cubic Inch  
Restraints: Dual front air bags/active belts

Anti Lock Brakes: 4 wheel standard  
Air Conditioning: Optional  
Daytime Running Lights: Standard  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: Anti-theft device  
Roof: Power sun/moon roof  
Price: 10980  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Owner(s)**

Name: CALEB PAYNE  
Potential: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Title Number: [REDACTED]  
Title Issue Date: 6/15/2009

**Lien Holder(s)**

None

**Vehicle:**

Description: 2001 Chevrolet Cavalier - Sedan 4 Door  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 133 Cubic Inch  
Anti Lock Brakes: 4 wheel standard  
Air Conditioning: Standard  
Daytime Running Lights: Standard  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: Anti-theft device  
Roof: None / not available  
Price: 14855  
Radio: AM/FM CD  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Owner(s)**

Name: CALEB E PAYNE  
Potential: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Title Number: [REDACTED]  
Title Issue Date: 10/19/2010

**Lien Holder(s)**

Record Type: CURRENT  
Company Name: ALL WEALTH FEDERAL CREDIT UNION  
Address: 309 COURT ST, HAMILTON OH 45011-2828, BUTLER COUNTY

**Vehicle:**

Description: 2003 Ford Ranger - Club Cab Pickup  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 6 Cylinder 245 Cubic Inch  
Anti Lock Brakes: ABS standard, wheels unknown  
Air Conditioning: Optional  
Daytime Running Lights: Unknown  
Power Steering: Unknown  
Power Brakes: Unknown  
Power Windows: Optional  
Security System: Pass key  
Roof: None / not available  
Price: 16710  
Radio: AM/FM  
Front Wheel Drive: No  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALEB PAYNE

Potential [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 9/19/2008  
Latest Registration Date: 9/19/2008  
Expiration Date: 8/29/2009  
License Plate Type: NON-COMMERCIAL TRUCK

**Vehicle:**

Description: 2003 Ford Ranger - Club Cab Pickup  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 6 Cylinder 245 Cubic Inch  
Anti Lock Brakes: ABS standard, wheels unknown  
Air Conditioning: Optional  
Daytime Running Lights: Unknown  
Power Steering: Unknown  
Power Brakes: Unknown  
Power Windows: Optional  
Security System: Pass key  
Roof: None / not available  
Price: 16770  
Radio: AM/FM  
Front Wheel Drive: No  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALEB PAYNE  
Potential SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 9/19/2008  
Latest Registration Date: 9/19/2008  
Expiration Date: 8/31/2009  
License Plate Type: Private

**Vehicle:**

Description: 2003 Ford Ranger - Club Cab Pickup  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 6 Cylinder 245 Cubic Inch  
Anti Lock Brakes: ABS standard, wheels unknown  
Air Conditioning: Optional  
Daytime Running Lights: Unknown  
Power Steering: Unknown  
Power Brakes: Unknown  
Power Windows: Optional  
Security System: Pass key  
Roof: None / not available  
Price: 16770  
Radio: AM/FM  
Front Wheel Drive: No  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Owner(s)**

Name: CALEB PAYNE  
Potential [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Title Number: [REDACTED]  
Title Issue Date: 8/20/2008

**Lien Holder(s)**

Record Type: HISTORICAL  
Company Name: ALLWEALTH FEDERAL CREDIT UNION  
Address: 309 COURT ST, HAMILTON OH 45011-2828, BUTLER COUNTY

**Vehicle:**

Description: 1990 Dodge Dynasty - Sedan 4 Door  
VIN: [REDACTED]  
Vehicle Use: SINGLE OWNER

State Of Origin: OHIO  
Engine: 6 Cylinder 201 Cubic Inch  
Restraints: Driver front air bag/passenger side active belt  
Anti Lock Brakes: 4 wheel optional  
Air Conditioning: Optional  
Daytime Running Lights: Not available  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: None  
Roof: None / not available  
Price: 12995  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALEB E PAYNE  
Potential SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 8/29/2007  
Latest Registration Date: 8/29/2007  
Expiration Date: 8/29/2008  
License Plate Type: PASSENGER CAR

**Vehicle:**

Description: 1990 Dodge Dynasty - Sedan 4 Door  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 6 Cylinder 201 Cubic Inch  
Restraints: Driver front air bag/passenger side active belt  
Anti Lock Brakes: 4 wheel optional  
Air Conditioning: Optional  
Daytime Running Lights: Not available  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: None  
Roof: None / not available  
Price: 12995  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Registrant(s)**

Record Type: HISTORICAL  
Name: CALEB E PAYNE  
Potential SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Tag Number: [REDACTED]  
Earliest Registration Date: 8/18/2006  
Latest Registration Date: 8/29/2007  
Expiration Date: 8/31/2008  
License Plate Type: Private

**Vehicle:**

Description: 1990 Dodge Dynasty - Sedan 4 Door  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 6 Cylinder 201 Cubic Inch  
Restraints: Driver front air bag/passenger side active belt  
Anti Lock Brakes: 4 wheel optional  
Air Conditioning: Optional  
Daytime Running Lights: Not available  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: None  
Roof: None / not available  
Price: 12995  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No

Tilt Wheel: Optional

**Owner(s)**

Name: CALLEB E PAYNE  
Potential SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Title Number: [REDACTED]  
Title Issue Date: 6/10/2005

Lien Holder(s)  
None

**Vehicle:**

Description: 1990 Dodge Dynasty - Sedan 4 Door  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 6 Cylinder 201 Cubic Inch  
Restraints: Driver front air bag/passenger side active belt  
Anti Lock Brakes: 4 wheel optional  
Air Conditioning: Optional  
Daytime Running Lights: Not available  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: None  
Roof: None / not available  
Price: 12995  
Radio: AM/FM  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Optional

**Owner(s)**

Name: CALLEB E PAYNE  
Potential SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 25  
Title Number: [REDACTED]  
Title Issue Date: 6/9/2005

Lien Holder(s)  
Record Type: HISTORICAL

**Watercraft:**  
[None Found]

**FAA Certifications:**  
[None Found]

**FAA Aircrafts:**  
[None Found]

**Possible Criminal Convictions and other Court Actions:**  
[None Found]

**Sexual Offenses:**  
[None Found]

**Accidents:**  
[None Found]

**Professional License(s):**  
[None Found]

**Voter Registration:**

Name: CALLEB EDWIN PAYNE  
Address: [REDACTED]  
DOB: [REDACTED]  
Last Vote Date: 11/4/2008  
State of Registration: Ohio

Name: CALER EDWIN PAYNE  
Address: [REDACTED]  
DOB: [REDACTED]  
Last Vote Date: 11/2/2010  
State of Registration: Ohio

### Hunting/Fishing Permit:

[None Found]

### Possible Associates:

[None Found]

### Possible Relative Summary: (Click on name to link to more details within this report - No Charge)

- > KATHERINE ANN PAYNE, Age 52
- >> KATHERINE PAYNE - (AKA), Age 52
- >> KATHERINE C PAYNE - (AKA), Age 52
- > ROBERT CLYDE PAYNE, Age 51
- >> ROBERT E PAYNE - (AKA), Age 51
- >> ROBERT C PAYNE - (AKA), Age 51
- >> ROBERT C PAYNE - (AKA), Age 51
- >> ROBERT PAYBE - (AKA), Age 51
- >> ROBT PAYNE - (AKA), Age 51
- > CHLOE KATHERINE PAYNE, Age 19

### Possible Relatives:

KATHERINE ANN PAYNE DOB: [REDACTED] Age: 52  
[REDACTED] issued in California between 1/1/1974 and 12/31/1974

#### Names Associated with Relative:

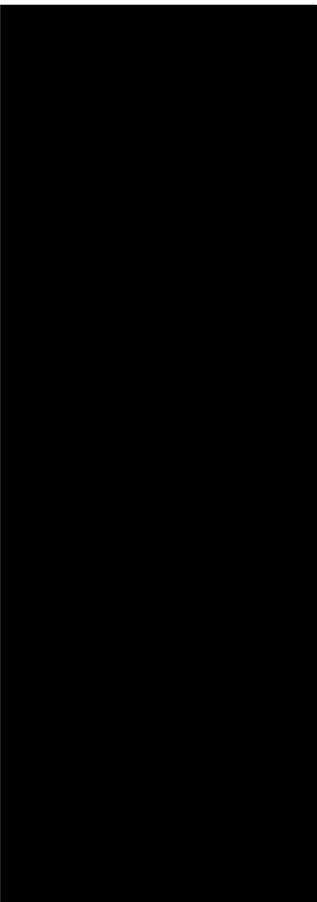
KATHERINE PAYNE [REDACTED] Age: 52

[REDACTED] issued in California between 1/1/1974 and 12/31/1974

KATHERINE C PAYNE DOB: [REDACTED] Age: 52

[REDACTED] issued in California between 1/1/1974 and 12/31/1974

#### Previous And Non-Verified Address(es):



ROBERT CLYDE PAYNE DOB: [REDACTED] Age: 51

[REDACTED] issued in Ohio between 1/1/1974 and 12/31/1975

#### Names Associated with Relative:

ROBERT E PAYNE DOB: [REDACTED] Age: 51

[REDACTED] issued in Ohio between 1/1/1974 and 12/31/1975

ROBERT C PAYNE DOB: [REDACTED] Age: 51

[REDACTED] issued in Ohio between 1/1/1974 and 12/31/1975

ROBERT C PAYNE DOB: [REDACTED] Age: 51

[REDACTED] issued in Ohio between 1/1/1974 and 12/31/1975

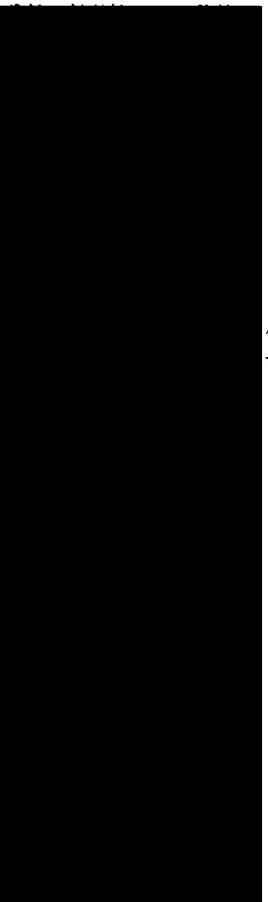
ROBERT PAYBE DOB: [REDACTED] Age: 51

[REDACTED] issued in Ohio between 1/1/1974 and 12/31/1975

ROBT PAYNE DOB: [REDACTED] Age: 51

[REDACTED] issued in Ohio between 1/1/1974 and 12/31/1975

#### Previous And Non-Verified Address(es):



CHLOE KATHERINE PAYNE DOB: [REDACTED] Age: 19

#### Previous And Non-Verified Address(es):



**Neighbors:**

Neighborhood: [REDACTED]



**Address(es):**  
3993 HAMMOND BLVD, HAMILTON OH 45015-2135, BUTLER COUNTY (Sep 1993 - Dec 2011)

**Residents:**

JESSE LEE COMBS DOB: [REDACTED] Age: 55  
[REDACTED] issued in Ohio between 1/1/1973 and 12/31/1974



DENISE Y COMBS DOB: [REDACTED] Age: 55  
[REDACTED] issued in Ohio between 1/1/1971 and 12/31/1973  
DEBORAH K COMBS DOB: [REDACTED] Age: 24  
[REDACTED] issued in Ohio between 1/1/1987 and 12/31/1987  
SCOTT L COMBS DOB: [REDACTED] Age: 29  
[REDACTED] issued in Ohio between 1/1/1986 and 12/31/1987

4001 HAMMOND BLVD, HAMILTON OH 45015-2137, BUTLER COUNTY (Aug 2000 - Jan 2012)

**Residents:**

PATRICIA DIANE HAYDEN DOB: [REDACTED] Age: 41  
[REDACTED] issued in Kansas between 1/1/1981 and 12/31/1982  
ANITA L MILLER DOB: [REDACTED] Age: 62  
[REDACTED] issued in Missouri between 1/1/1965 and 12/31/1966



ROBERT DANIEL CLARK DOB: [REDACTED] Age: 42  
[REDACTED] issued in Kansas between 1/1/1973 and 12/31/1973  
PAMELA S MARTIN Age:  
[REDACTED] issued in Ohio between 1/1/1971 and 12/31/1973



HARRY WMILLER DOB: [REDACTED] Age: 53  
[REDACTED] issued in Ohio between 1/1/1973 and 12/31/1973

TERRY W YOUNG Age:



3987 HAMMOND BLVD, HAMILTON OH 45015-2135, BUTLER COUNTY (Sep 2001 - Dec 2011)

**Residents:**

RAUL R MATA DOB: [REDACTED] Age: 38  
[REDACTED] issued in Pennsylvania between 9/2/1994 and 9/2/1997  
ADRIANA Y MATA Age:  
[REDACTED] issued in Texas between 7/2/1997 and 1/2/1998  
ROSA I SELA MATA DOB: [REDACTED] Age: 55  
[REDACTED] issued in Ohio between 10/2/2007 and 11/2/2009  
ARTEMIO MATA QUINTERO Age:  
ROSANDO REYNA Age:

3987 HAMMOND BLVD # 3764, HAMILTON OH 45015-2135, BUTLER COUNTY (Dec 2007 - Dec 2011)  
FABIAN GARCIA Age:  
[REDACTED] issued in Alabama between 1/1/1969 and 12/31/1970

**Source Information:**

All Sources	23 Source Document(s)
Driver Licenses	1 Source Document(s)
Motor Vehicle Registrations	14 Source Document(s)
Person Locator 1	1 Source Document(s)
Voter Registrations	2 Source Document(s)
PhonePlus Records	3 Source Document(s)
Historical Person Locator	1 Source Document(s)
Utility Locator	1 Source Document(s)



**DEPARTMENT  
OF  
CIVIL SERVICE**

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (last) <b>PAYNE</b>	(first) <b>CALEB</b>	(MI)	2. ADDRESS
3. DATE OF BIRTH	4. NO. EXEMPTIONS	5. SOCIAL SECURITY NO.	6. HIRE DATE
8. BUDGET CODE 100-140-114 PERS 619-165	9. PENSION TYPE SAFETY	10. DEPARTMENT POLICE	DIVISION
11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	7. EMPLOYEE NO. 40853	SECTION NO. 16	12. DATE CHANGE EFFECTIVE JUNE 7 2014

**13. REASON FOR CHANGE** (check appropriate action)

Acing Status-Start	Dismissal	Loyoff/Return	Leave-Other	Name Change	Reclassification	Retire
Acing Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign XX	Transfer
Demotion	Loyoff	Leave-Union	Merit Adj.	Redlocation	Other (Explain in Remarks)	

**FROM**  
(Present status)

**TO**  
(Proposed status or new hire)

14. CLASSIFICATION - CODE NO.	8025
15. CLASSIFICATION TITLE	CORRECTIONS OFFICER
16. DEPARTMENT - DIVISION	SAFETY - POLICE
17. DUTY STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF
18. PAYROLL STATUS	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF
19. LONGEVITY PAY	\$
20. SALARY (bi-weekly) RATE (per hour)	\$ 17.15
21. EMPLOYMENT STANDING	RANGE NO. 23 STEP 2
22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> TEMPORARY
	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> TEMPORARY
RESIGNATION LAST DAY WORKED 20 RETIREMENT DATE OF LAST MERIT 20 MERIT ADJ. LAST DAY WORKED 20 LEAVE DATE OF INJURY 20 INJURY PAY SEASONAL TEMP. HIRE EXPECTED DATE OF SEPARATION: 20	DATE NOTICE GIVEN 20 AGE YEARS SERVICE VACATION DAYS DUE HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO LAST PERFORMANCE RATING
ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES	

CO PAYNE IS RESIGNING IS POSITION EFFECTIVE JUNE 7, 2014. (LAST DAY WORKED JUNE 6, 2014).

SUM 14 PM 12:24

Acting Status-Start	Dismissal	Leave-Return	Leave-Other	Name Change	Reassignment	Suspension
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Transfer
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign XX	
Demotion	Layoff	Leave-Union	Mertt Adj.	Relocation	Other (Explain in Remarks)	

FROM  
(Present status) TO  
(Proposed status or new hire)

14. CLASSIFICATION - CODE NO. R025

15. CLASSIFICATION TITLE CORRECTIONS OFFICER

16. DEPARTMENT - DIVISION SAFETY - POLICE

17. DUTY STATUS  ON  OFF

18. PAYROLL STATUS  ON  OFF

19. LONGEVITY PAY \$

20. SALARY (bi-weekly) \$ 17.15  
RATE (per hour)

RANGE NO. 23 STEP 2

21. EMPLOYMENT STANDING

FULL TIME  PART TIME

PERMANENT  SEASONAL  STUDENT

TEMPORARY

RECOMMEND FOR REHIRE?  YES  NO

22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION

RESIGNATION	LAST DAY WORKED	20	DATE NOTICE GIVEN	20	VACATION DAYS DUE	HOURS SICK LEAVE CREDIT
RETIREMENT	LAST DAY WORKED	20	AGE	YEARS SERVICE		
MERTT ADJ.	DATE OF LAST MERTT	20	GRADE OF LAST PERFORMANCE EVALUATION			
LEAVE	LAST DAY WORKED	20	DATE ANTICIPATED FOR RETURN TO DUTY			
INJURY PAY	DATE OF INJURY	20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?			
SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:	20	<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO						
LAST PERFORMANCE RATING <input type="checkbox"/> YES <input type="checkbox"/> NO						

23. REMARKS: ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED:  YES

CO PAYEE IS RESIGNING IS POSITION EFFECTIVE JUNE 7, 2014. (LAST DAY WORKED JUNE 6, 2014).  
TOTAL AMOUNT DUE: \$480.20 (SEE ATTACHED) vof

5 JAN 14 PM 01:27

24.

APPROVALS

<p><i>[Signature]</i> City Manager Date</p>	<p><i>[Signature]</i> Civil Service Personnel Director Date</p>
<p><i>[Signature]</i> Appointing Authority Date</p>	<p><i>[Signature]</i> Supervisor Date</p>

PERSONNEL DEPARTMENT COPY

**Caleb Payne resignation effective 6/7/14**  
**Hire Date: 6/25/12**  
**PAY RATE \$17.15**

		<b>Amount</b>
<b>Comp Time (Hours)</b>	0.000	\$0.00
<b>Court Time</b>	0.00	\$0.00
<b>Holidays (Hours)</b> 136 Hrs./12 Mos. = 11.33 X 6 Mos. = 67.98 (68 hr) (used 52 hours)	16.000	\$274.40
<b>Vacation (Hours)</b>	12.00	\$205.80
<b>GRAND TOTAL</b>		<b>\$480.20</b>

**PERSONNEL ORDER #:** 14.2  
**ISSUANCE DATE:** 06/05/14

# PERSONNEL ORDER

**PAGE:** 1 of 1  
**BY ORDER OF:**

J. Scott Scrimizzi  
Chief of Police



## **14.2 RESIGNATIONS**

### **14.2.2 RESIGNATIONS:**

1. **Corrections Officer Caleb Payne** Officer Payne has resigned his position from the Hamilton Police Department effective June 6, 2014. Officer Payne was hired on June 25, 2012. During his tenure he served as a corrections officer with the court services division.
2. **Police Officer Jo Hornschemeier** Officer Hornschemeier has resigned her position with the Hamilton Police Department effective June 15, 2014. Officer Hornschemeier was hired on July 9, 2007. During her tenure she served as a patrol and traffic officer for B shift.

To Whom It May Concern:

Effective at the end of my tour of duty on Friday, June 06, 2014, I resign from my position as a Special Police Officer with the City of Hamilton Police Department. It has truly been a privilege to have served in this capacity. The personal and professional growth I have observed in myself over the course of my employment with the City of Hamilton Police Department has been immense, and for that, I am grateful. I truly appreciate the opportunities I have been afforded over the past two years, but I am now pursuing other avenues.

Respectfully Submitted,

S.P.O.



#785

S.P.O. Caleb Payne #785

Accepted,

5/30/14

J. Scott Bennett

22 SEP 14 PM 01:23

To Whom It May Concern:

Effective at the end of my tour of duty on Friday, June 06, 2014, I resign from my position as a Special Police Officer with the City of Hamilton Police Department. It has truly been a privilege to have served in this capacity. The personal and professional growth I have observed in myself over the course of my employment with the City of Hamilton Police Department has been immense, and for that, I am grateful. I truly appreciate the opportunities I have been afforded over the past two years, but I am now pursuing other avenues.

Respectfully Submitted,

S.P.O.  #785

S.P.O. Caleb Payne #785

Accepted,

5/30/14

J. Rathburn

3 JUN 14 AM 9:19

# Notice of Right to Elect COBRA Continuation Coverage

June 19, 2014

CALBER E. PAYNE



From: City of Hamilton

Subject: Your Right to Extend Group Health Coverage

## IMPORTANT INFORMATION ABOUT THIS NOTICE

**PURPOSE:** The purpose of this notice is to inform each addressee about his or her right to elect a temporary extension of group health coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, the federal law known as COBRA.

This notice also contains information about other health coverage alternatives that may be available to you through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.

This notice summarizes your group health insurance continuation rights under COBRA. For more detailed information about your rights and obligations under the plan and under federal law, see your summary plan description or contact the plan administrator.

**WHO MUST READ THIS NOTICE:** You or your legal representative must read this notice.

**ADDRESS CORRECTIONS:** You must inform us immediately of a change in your mailing address. You should also keep a copy of any notices you send to the Plan Administrator.

**TERMS USED IN THIS NOTICE:**

- "we," "us" and "our" refer to City of Hamilton;
- "plan" refers to one or more group health plans maintained by us that are subject to COBRA.

**PLAN ADMINISTRATOR:**

City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**

Jennifer Cox, Administrative Specialist II  
(513) 785-7030

**You Are Qualified to Elect a Temporary Extension of Your Group Health Coverage.** Due to your termination of employment, your last day of coverage under City of Hamilton Group Health Plan is June 30, 2014. However, because you are a qualified beneficiary under COBRA, you are entitled to elect a temporary extension of your group health coverage.

**Your Maximum Coverage Period Is 18 Months.** Provided you meet the terms of eligibility as set forth in this notice, your extension of coverage will begin on **July 1, 2014**, and may continue to a maximum coverage period of 18 months, ending on **December 31, 2015.** Be aware that under certain circumstances your COBRA coverage will terminate before the end of the 18-month period. See the paragraph entitled "Termination of Your COBRA Coverage" for more information on early termination.

### **Obtaining Coverage through the Health Insurance Marketplace**

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace via the questions and answers below.

**What is the Health Insurance Marketplace?** The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at [www.healthcare.gov](http://www.healthcare.gov).

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

**When can I enroll in Marketplace coverage?** You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.healthcare.gov](http://www.healthcare.gov).

**If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace?**

**What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?** If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

### **Electing Extended Coverage under COBRA**

**Your 60-Day Election Period** To receive this temporary extension of your group health coverage, you must complete and return the section of this notice entitled "COBRA Election Form" by August 29, 2014, or within 60 calendar days after the date this notice was delivered to you, whichever is later. The following points must be taken into account when determining your deadline for electing COBRA coverage:

- If mailed, the delivery date of this notice is its postmark date.
- If this notice's postmark date is on or before June 30, 2014, your completed election form must be delivered to the plan administrator no later than August 29, 2014.
- If this notice's postmark date is *after* June 30, 2014, your completed election form must be delivered to the plan administrator no later than 60 calendar days after this notice's postmark date.

- Your election form must be in writing; it may be mailed or hand-delivered. If you mail your election form, its delivery date is its postmark date.
- If You Waive Your COBRA Rights, Then Change Your Mind** If you waive your COBRA rights, you may change your mind, provided you complete and return your "COBRA Election Form" before your 60-day election period expires.

### **Your Enrollment Rights**

**What Is Covered** We are offering you coverage that is identical to the group coverage you had on the day before the termination of employment. That coverage is listed in the section of this notice entitled "COBRA Election Form."

**You Have the Same Open Enrollment Rights as Similarly Situated NonCOBRA Beneficiaries.** If plan coverage is modified for similarly situated plan participants who are not enrolled in COBRA (nonCOBRA beneficiaries), your COBRA continuation coverage will be identically modified. Once enrolled in COBRA, you have the same rights to change coverage and to add dependent coverage as do similarly situated nonCOBRA beneficiaries. However, dependents added to your coverage do not have COBRA rights; they are subject to the terms and conditions of eligibility that apply to similarly situated plan participants who are not enrolled in COBRA. For example, a spouse added to a former employee's COBRA coverage is subject to the eligibility rules that apply to the spouse of a similarly situated active employee. (See the paragraph entitled "Newborn Or Adopted Children" for the exception to this rule.)

### **Other Qualified Beneficiaries**

**Newborn or Adopted Children** A child born to, adopted by, or placed for adoption with you during your period of COBRA continuation coverage may be added to coverage under the plan, provided the plan allows dependent children to be added to the coverage and the child meets all plan eligibility requirements. The added child will be a qualified beneficiary having the same COBRA rights and subject to the same terms and conditions as other qualified beneficiaries. Coverage will be retroactive to the date of birth, adoption or placement for adoption.

**Children Covered under a Qualified Medical Child Support Order** A child of yours who is enrolled in COBRA-eligible coverage due to a Qualified Medical Child Support Order (QMCSO) received by City of Hamilton prior to the termination of employment is a qualified beneficiary having the same COBRA rights as a dependent child who is a qualified beneficiary.

### **Your Premium Payments**

**You Are Required to Pay the Entire Cost of Your COBRA Coverage.** The total cost to you is the cost to the plan of coverage for a similarly situated nonCOBRA beneficiary, including both employer and employee contributions, plus an administration fee. That fee is no more than 2 percent of the premium, or 50 percent in the case of an extension of COBRA due to a disability. (For more information about the disability extension, see the section entitled "Maximum Coverage Periods.")

**You Are Not Required to Send Payment with Your Election Form.** The terms and conditions of your first premium payment are not the same as the terms and conditions of subsequent monthly payments. These differences are explained in the sections entitled "Your First Premium Payment" and "Monthly Premium Payments."

### **Your First Premium Payment**

Your first payment must be received no later than 45 days after your COBRA start date or your election date, whichever is later. Remember, if you mail your election form, its postmark date is your election date.

**Your First Payment Amount and Due Date.** If you elect COBRA continuation coverage, we will send you a notice entitled "Confirmation of COBRA Election", which includes a list of premium payment amounts and due dates. The first payment amount will include all monthly premiums that would normally be due from July 1, 2014, through the month previous to the month in which the payment is due. For example, if the first payment due date falls in the third month of COBRA coverage, your first payment amount will include the premiums for the first two months, including applicable administration fees.

**You Will Not Be Covered if Your First Payment Is Late.** There is no grace period for your first premium payment. If it is not received or postmarked before the 45-day payment period expires:

- You will not be enrolled in COBRA continuation coverage; or
- If you were enrolled in COBRA continuation coverage, your coverage may be retroactively terminated, and you will be required to reimburse the plan for all benefits received after coverage was terminated due to the termination of employment.

#### **Monthly Premium Payments**

After the first payment is made, your monthly payments will be due on the 1st day of the month for each month of coverage. You will have a grace period of 30 days from the premium due date in which to make the payment. If you elect the same coverage you had on the day before the termination of employment, the monthly COBRA premium will be \$532.04. This amount includes an administration fee of 2 percent of the premium. The premium amount may be lower if all eligible coverage is not elected. See the last page of this notice for a breakdown of premiums by coverage. Be aware that premium rates are subject to change.

**You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** You can learn more about the Marketplace above.

**We Are Not Required to Provide Premium Invoices.** You are required to pay your monthly premium on time, whether or not you receive a bill from us.

**Coverage Will Be Canceled if Payment Is Not Received before the Grace Period Expires.** If your monthly premium payment is not received or postmarked before the grace period expires, your coverage will be canceled retroactively to the last day of coverage for which a payment was received, and you will be required to reimburse the plan for all benefits received after your last day of coverage.

**A Check Returned by Your Bank Due to Insufficient Funds Is Nonpayment.** A check received or postmarked before the grace period expires, but returned by your bank due to insufficient funds, is nonpayment of the premium; it is treated as if the check was not received.

#### **Where to Send Your Payments:**

Jennifer Cox, Administrative Specialist II  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Make premium payments payable to:** City of Hamilton

#### **Maximum Coverage Periods**

Provided you meet the terms of eligibility as set forth in this notice, your coverage will begin on July 1, 2014, and may continue to a maximum of 18 months, ending on December 31, 2015. Under certain conditions, your maximum coverage period may be extended. The conditions under which coverage may be extended are described below.

### **SSA Disability and the 29-Month Maximum Coverage Period**

If the Social Security Administration (SSA) determines that a qualified beneficiary is disabled, the 18-month COBRA coverage period may be extended by 11 months to a maximum of 29 months from the date COBRA coverage began. The extension applies to the disabled qualified beneficiary and to all other qualified beneficiaries who initially elected COBRA and who are still enrolled in continuation coverage at the time the disability determination is reported to the plan administrator. The following conditions must be met to qualify for the 11-month extension:

1. The SSA must determine that the qualified beneficiary is disabled;
2. The onset date of the disability, as determined by the SSA, must be no later than the 60th day of COBRA coverage<sup>\*</sup>; and,
3. The plan administrator must be notified of the SSA determination of disability within the original 18-month coverage period, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.

<sup>\*</sup> If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.

An administration fee of no more than 50 percent of the monthly premium may be charged during the 11-month extension period.

**How to Qualify for an Extension to the Maximum Coverage Period** To determine if you qualify for an extension to 29 months, you must provide the plan administrator with timely notification of the disability determination. Guidelines for notifying the plan administrator are listed in the section entitled "Your Event Reporting Obligations."

### **Termination of Your COBRA Coverage**

Your COBRA coverage will terminate prior to the end of the maximum coverage period if any of the following occurs:

1. We no longer provide group health coverage to any of our employees;
2. The premium is not paid in full and on time;
3. You become covered by another employer's group health plan that does not limit or exclude your coverage due to preexisting conditions (or after such preexisting condition limitations and exclusions have expired) (Note: there are limitations on plans imposing pre-existing condition exclusions, and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act.);
4. You first become entitled to Medicare; or,
5. The plan terminates your coverage for any reason that it would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

### **Your Event Reporting Obligations**

You must notify the plan administrator when certain life events occur during your COBRA coverage period. Failure to provide timely notification of these events may result in the loss of COBRA rights for one or more qualified beneficiaries. Notification procedures are enclosed with this notice; contact the plan administrator if you need assistance.

### **Events Requiring Immediate Notification:**

- A change in your mailing address.

### **Events Requiring Notification within 30 Days:**

- You become covered under another group health plan;
- The Social Security Administration determines that you are no longer disabled;
- A child is born to, adopted by, or placed for adoption with you, and you want to add the child to the coverage.

### **Events Requiring Notification within 60 Days:**

- The Social Security Administration determines that you are disabled.  
(The 60-day period is counted from the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.);
- You become entitled to Medicare.

### **If You Do Not Elect COBRA Coverage**

**Failing to Elect COBRA is a Final Waiver.** Failing to elect COBRA coverage before the 60-day election period expires is a final waiver of your COBRA rights.

**You Will Have Special Group Coverage Enrollment Rights.** If you do not elect COBRA coverage, you have the right to request special enrollment in another group health plan for which you would otherwise be eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends due to the termination of employment. (You will also have the same special enrollment right at the end of continuation coverage if you elect COBRA and remain covered for the maximum time available to you.)

### **Conversion Coverage**

**You May Have the Right to Enroll in an Individual Conversion Policy.** When your group coverage ends, you may have the right to enroll in an individual conversion policy (check your summary plan description or contact the plan administrator to determine the availability of conversion coverage). Be aware that the benefits provided under an individual conversion policy may not be identical to those provided under the group health plan. If an individual conversion policy is available to you, you may choose it instead of enrolling in COBRA continuation coverage, or you may have the right to enroll in the conversion policy after you have received the maximum coverage available to you under COBRA.

### **Factors to Consider When Choosing Coverage Options**

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance Payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to

see if your plan has a service or coverage area, or other similar limitations.

- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

### **For More Information about Your Rights**

#### **This Notice Does Not Fully Describe COBRA or Other Rights You May Have under the Plan.**

More information about continuation coverage and your rights under the plan is available in your summary plan description or from City of Hamilton. If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the COBRA administrator listed on page 1 of this notice.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). For more information about health insurance options available through the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

# COBRA Election Form

June 19, 2014

CALEB E. PAYNE

**Instructions** You may elect continuation coverage under City of Hamilton Group Health Plan as explained in the "Notice of Right to Elect COBRA Continuation Coverage" enclosed with this election form. The notice also contains information about other health coverage alternatives that may be available to you through the Health Insurance Marketplace. Be sure to read the notice in its entirety before deciding whether to elect COBRA continuation coverage.

To receive this temporary extension of your group health coverage, you must complete and return this election form by August 29, 2014, or within 60 calendar days after the date this notice was delivered to you, whichever is later. If mailed, the delivery date of this notice is its postmark date.

The coverage eligible for continuation is listed below. Identify the coverage you wish to continue by placing an **X** in the first column:

<b>X</b>	<b>Qualified Beneficiary (QB)</b>	<b>QB Type</b>	<b>Eligible Coverage</b>
	CALEB E PAYNE	Employee	EyeMed
	CALEB E PAYNE	Employee	Superior Dental
	CALEB E PAYNE	Employee	United HealthCare

**When Your COBRA Continuation Coverage Will Begin** If you elect continuation coverage, your first day of coverage will be July 1, 2014.

**Your Total Premium Payment** If you elect all eligible coverage, your monthly premium will be \$532.04. This amount includes an administration fee of 2 percent of the premium. The premium amount may be lower if all eligible coverage is not elected. See the last page of this notice for a breakdown of premiums by coverage. All rates are subject to change.

**When Premium Payments Are Due** Premium due dates are explained in the paragraph entitled "Your Premium Payments" in the "Notice of Right to Elect COBRA Continuation Coverage." Be sure you understand the premium payment requirements and contact the plan administrator if you need to confirm the first payment amount. You are not required to send a premium payment with your election form.

**Who May Authorize the Elections Checked Above:**

- CALEB E. PAYNE; or,
- If she is legally incapacitated, her spouse or legal representative may elect continuation coverage on her behalf.

**Where to Send Your Completed Election Form:**

Jennifer Cox, Administrative Specialist II  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

This election form may be mailed or hand-delivered. If you mail your election form, its delivery date is its postmark date.

**Certification of Election**

The undersigned certifies that CAL EB E. PAYNE, or the person authorized to act on her behalf, has read the enclosed "Notice of Right to Elect COBRA Continuation Coverage" and elects the coverage checked above.

<u>Signature</u>	<u>Date</u>
<u>Print Name</u>	<u>Relationship to Employee</u>
<u>Print Address</u>	<u>Telephone Number</u>



# Event Notification Procedures With Notice to COBRA Administrator

June 19, 2014

CALEB E. PAYNE



**From:** City of Hamilton  
**Subject:** Notice to COBRA Administrator—Procedures & Form

## When to Use the Notice to COBRA Administrator

You must use the Notice to COBRA Administrator, which is included in this document, to report the occurrence of the events listed below.

### **Divorce/Legal Separation:**

You must notify the COBRA administrator when:

- a spouse covered under the plan becomes divorced or legally separated from the covered employee; or,
- the covered employee reduced or eliminated spouse/dependent coverage in anticipation of their divorce or legal separation, and the divorce or legal separation has subsequently occurred.

**Deadline:** The deadline to report the divorce or legal separation is 60 days after the later of: (1) the date of the divorce or legal separation; and, (2) the date on which spouse and dependent coverage would terminate due to the divorce or legal separation.

**Loss of Dependent Child Status:** You must notify the COBRA administrator when a child covered under the plan ceases to be a dependent under the terms of the plan.

**Deadline:** The deadline to report the loss of dependent child status is 60 days after the later of: (1) the loss of dependent child status; and (2) the date on which the dependent child coverage would terminate.

**Death of Covered Employee:** You must notify the COBRA administrator when the covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

**Deadline:** The deadline to report the death of the covered employee is 60 days after the date of the employee's death.

**Other Group Coverage:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes covered under other group health plan coverage, provided preexisting condition limitations or exclusions, if any, are not applicable to the qualified beneficiary or have been exhausted or satisfied under the other coverage.

**Deadline:** The deadline to report enrollment under other group coverage is 30 days after such coverage becomes effective with no preexisting condition exclusions or limitations applicable to the qualified beneficiary.

**Medicare Entitlement:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes entitled to Medicare.

**Deadline:** The deadline to report the Medicare entitlement is 60 days after the first day of Medicare entitlement (as shown on the Medicare card or the Medicare benefits award letter).

**Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA has determined that a qualified beneficiary became disabled on or before the 60<sup>th</sup> day of COBRA coverage when the qualifying event is the covered employee's termination of employment or reduction of hours. (If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.)

**Deadline:** The administrator must be notified of the disability determination before the 18-month COBRA coverage period expires, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the termination of employment or reduction of hours, or 3) the date when coverage was originally lost.

**End of Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA determines that a disabled qualified beneficiary is no longer disabled, if the maximum period of COBRA coverage was previously extended due to the qualified beneficiary's disability.

**Deadline:** The deadline to report the end of disability is 30 days after the date of the SSA's determination.

### **Reporting Procedures**

1. You must report the occurrence of the events described above using the Notice to COBRA Administrator form on the next page, which must be mailed or hand-delivered.
2. If mailed, the notice must be postmarked no later than the deadline described under the applicable event description.
3. If hand-delivered, your notice must be received by the individual at the address specified below no later than the deadline described under the applicable event description.
4. The applicable section on the Notice to COBRA Administrator must be completed in full and delivered to the COBRA administrator:

Jennifer Cox, Administrative Specialist II  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

For more information about your COBRA rights and obligations, refer to the summary plan description, the COBRA General Notice or contact the plan administrator. For additional information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

# Notice to COBRA Administrator

Name of Covered Employee: \_\_\_\_\_

Address of Covered Employee: \_\_\_\_\_

## Divorce/Legal Separation

Check one:  Divorced  Legally separated

Name of spouse: \_\_\_\_\_

Address of spouse: \_\_\_\_\_

Date of divorce or legal separation: \_\_\_\_\_

**You must provide a copy of the judgment or decree of divorce or legal separation. If spouse/dependent coverage was reduced or eliminated prior to the divorce or legal separation, you must provide evidence with this notice that the coverage was eliminated or reduced in anticipation of the divorce or legal separation.**

## Loss of Dependent Child Status

Name of child: \_\_\_\_\_

Provide the child's address only if different from employee's address: \_\_\_\_\_

Child's address: \_\_\_\_\_

Date of event causing loss of dependent eligibility: \_\_\_\_\_

## Death of Covered Employee

Date of employee's death: \_\_\_\_\_

## Other Group Coverage

Name of beneficiary(ies) who obtained other coverage: \_\_\_\_\_

Provide the beneficiary's address only if different from employee's address: \_\_\_\_\_

Beneficiary's address: \_\_\_\_\_

Date that other group health plan coverage became effective (and, if there were any preexisting condition exclusions applicable to the qualified beneficiary, provide date that these exclusions were exhausted or satisfied): \_\_\_\_\_

**You must include evidence of the effective date of the other coverage.**

## Medicare Entitlement

Name of beneficiary who became entitled to Medicare: \_\_\_\_\_

Date that Medicare entitlement began: \_\_\_\_\_

**You must include a copy of the qualified beneficiary's Medicare card or Medicare benefits award letter.**

# Notice to COBRA Administrator

<p><b>Social Security Administration (SSA) Disability</b></p> <p>Name of disabled beneficiary: _____</p> <p>Provide the disabled beneficiary's address only if different from employee's address: _____</p> <p>Disabled beneficiary's address: _____</p> <p>Date of SSA determination: _____</p> <p>Date disabled beneficiary became disabled (according to SSA determination): _____</p> <p>You must provide a copy of the SSA disability award letter with this notice.</p>	<p><b>End of Social Security Administration (SSA) Disability</b></p> <p>Name of beneficiary: _____</p> <p>Provide the beneficiary's address only if different from employee's address: _____</p> <p>Beneficiary's address: _____</p> <p>Date of SSA determination: _____</p> <p>Date disability ended (according to SSA determination): _____</p> <p>You must provide a copy of the SSA determination letter with this notice.</p>
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## Certification, Signature, and Date

The undersigned certifies that the above information is correct.

Signature	_____
Date	_____
Print Name	_____
Relationship to Employee	_____
Print Address	_____
Telephone Number	_____

# HIPAA Certificate of Creditable Coverage

June 19, 2014

CALEB E. PAYNE



**From:** City of Hamilton  
**Subject:** HIPAA Certificate of Creditable Coverage

**Date of this certificate:** June 19, 2014  
**Name of group health plan:** City of Hamilton Group Health Plan  
**Name of participant:** CALEB E. PAYNE  
**Identification number of participant:** 40853  
**Date waiting or affiliation period began:** June 25, 2012

Participant	Coverage	Coverage Began	Coverage Ended
PAYNE, CALEB E	Medical	08/01/2012	06/30/2014

## Statement of HIPAA Portability Rights

**IMPORTANT – KEEP THIS CERTIFICATE.** This certificate is evidence of your coverage under this plan. Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

**Preexisting condition exclusions** Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "preexisting condition exclusions." A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption.

If a plan imposes a preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage) a plan may not have to count the coverage you had before the break. Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.

**Right to get special enrollment in another plan** Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.) Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible.

**Prohibition against discrimination based on a health factor** Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

**Right to individual health coverage** Under HIPAA, if you are an "eligible individual," you have a right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- Your most recent coverage was under a group health plan (which can be shown by this certificate);
- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired, or quit your job. Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

**State flexibility** This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

**For more information** If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272. You may also contact the Centers for Medicare and Medicaid Services hotline at 1-800-633-4227 (ask for the publication titled "Protecting Your Health Insurance Coverage"). This and many other useful publications about your HIPAA rights are available on the Internet at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) and [www.cms.hhs.gov/HIPAAGenInfo](http://www.cms.hhs.gov/HIPAAGenInfo).

If you have any questions, contact the plan administrator:

**City of Hamilton**  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**  
Jennifer Cox, Administrative Specialist II  
(513) 785-7030

**SUPPLEMENTAL ENROLLMENT FORM – CITY OF HAMILTON 2013 INSURANCE PLANS**

Does your spouse work for the City of Hamilton? If so, who? NO

H.	Last Name	First Name	MI	Social Security #	Zip Code	Date of Birth (MM/DD/YY)	Sex	Other Insurance	Disabled
Employee	PAYNE	CAUER	E.	[REDACTED]	45015	[REDACTED]			
Spouse									
Child 1									
Child 2									
Child 3									
Child 4									

**\*\*Dependents, age 26 and 27, will be required to complete the Affidavit of Dependency for Ohio Group Coverage\*\***

1. STATE OF OHIO PROVISION FOR ADULT CHILD DEPENDENT COVERAGE FOR DEPENDENTS AGE 26 & 27									
1.) NAME OF OVERAGE DEPENDENT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	<input type="checkbox"/> OVER AGE DEPENDENT COST \$105.05 POST TAX PER PAY PERIOD	2.) NAME OF OVERAGE DEPENDENT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	<input type="checkbox"/> OVER AGE DEPENDENT COST \$105.05 POST TAX PER PAY PERIOD

1. OTHER COVERAGE DETAIL									
1.) NAME OF PERSON WITH OTHER HEALTH PLAN					OTHER COMPANY'S NAME AND PHONE NUMBER				
OTHER COMPANY'S POLICY NUMBER AND EFFECTIVE DATE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX		PART A EFFECTIVE DATE	PART B EFFECTIVE DATE			
2.) NAME OF PERSON WITH OTHER HEALTH PLAN					OTHER COMPANY'S NAME AND PHONE NUMBER				
OTHER COMPANY'S POLICY NUMBER AND EFFECTIVE DATE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX		PART A EFFECTIVE DATE	PART B EFFECTIVE DATE			

**SUPPLEMENTAL ENROLLMENT FORM – CITY OF HAMILTON 2013 INSURANCE PLANS**

**A. ACTION: (COMPLETE APPLICABLE BOX BELOW)**  
**NEW ENROLLMENT/QUALIFYING EVENT (CHECK ONE)**

**NEW HIRE – DATE OF HIRE:** \_\_\_\_\_ POLICE  
**OPEN ENROLLMENT** \_\_\_\_\_  
 CITY DEPARTMENT \_\_\_\_\_

**B. Family Information:** Information regarding the employee, spouse and /or dependents must be provided on the appropriate carrier's enrollment form.  
 Medical / Drug Coverage: United Healthcare  
 Dental Coverage: Superior Dental  
 Vision Coverage: EyeMed  
**SEE SECTION I. FOR DEPENDENT ENROLLMENT (AGE 26&27)**

**C. EMPLOYEE INFORMATION:**

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ **FIRST NAME** CALEB **MIDDLE INITIAL** E **LAST NAME** PAYNE **DATE OF BIRTH** 08/29/1976  
**HOME STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** OH **ZIP CODE** 45015 **COUNTY** BUTLER  
**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **WORK STATUS:**  FULL TIME  PART TIME

**D. PLAN ELECTION (CHECK ONE):**

"HDHP" PLAN OPTION  WAIVE ALL COVERAGE  **COBRA**

**E. COVERAGE ELECTION (CHECK ONE):** (ALL DEDUCTION AMOUNTS & INCENTIVES ARE BASED ON 24 PAYS)

"HDHP" HSA COVERAGE ELECTION – PER PAY CONTRIBUTION	"HDHP" HRA COVERAGE ELECTION – ONLY FOR EMPLOYEES NOT ELIGIBLE FOR HSA PER PAY CONTRIBUTION	INCENTIVE TO WAIVE
<input checked="" type="checkbox"/> 85% CITY CONTRIBUTION / 15% EMPLOYEE CONTRIBUTION EMPLOYEE ..... \$38.05	<input type="checkbox"/> 85% CITY CONTRIBUTION / 15% EMPLOYEE CONTRIBUTION EMPLOYEE ..... \$38.05	<input type="checkbox"/> \$125/PAY (\$3,000 ANNUALLY)
<input type="checkbox"/> EMPLOYEE + 1 ..... \$70.67	<input type="checkbox"/> EMPLOYEE + 1 ..... \$70.67	<b>TO QUALIFY FOR THE INCENTIVE TO WAIVE PROGRAM YOU MUST PROVIDE PROOF OF INSURANCE. PLEASE ATTACH PROOF TO ENROLLMENT FORM.</b>
<input type="checkbox"/> FAMILY ..... \$110.87	<input type="checkbox"/> FAMILY ..... \$110.87	

I agree that my compensation will be reduced on a pre-tax basis by the amount of my required contributions for the coverage I have elected and I authorize the City of Hamilton to deduct that amount from my compensation. I understand that completing and signing this agreement does not initiate health coverage. I also understand that I cannot change or revoke the amount of my contributions made on a pre-tax basis before the next January 1<sup>st</sup> unless a "Change in Election Event" occurs as defined in the City of Hamilton Section 125 Plan. This agreement is subject to the terms and conditions of the City of Hamilton Section 125 Plan as may be amended from time to time. THIS AGREEMENT WILL ALSO BE GOVERNED BY THE LAWS OF THE STATE OF OHIO. THIS AGREEMENT SUPERSEDES AND REVOKES ANY PRIOR ELECTION REGARDING THE CITY OF HAMILTON SECTION 125 PLAN. ANY PERSON WHO, WITH THE INTENT TO DEFEAT OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILERS A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**F. EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** 12/07/12

**During the year, please be sure to contact Civil Service & Personnel for status and dependent insurance changes such as marriage, divorce, birth, loss of coverage, etc. within 31 days of the qualifying event. Failure to do so may affect your coverage.**

**G. TO BE COMPLETED BY EMPLOYER**

<b>DATE OF HIRE:</b> _____	<b>DATE SUBMITTED:</b> _____	<b>HEALTH CHANGE EFF DATE:</b> <u>1-1-13</u>	<b>CHANGE:</b> <u>Same - Same</u>	<b>DATE SENT COPY TO PAYROLL:</b> _____
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# SUPERIOR DENTAL CARE EMPLOYEE ENROLLMENT FORM

LEADING THE WAY IN DENTAL BENEFIT'S

### General Information:

Company Name: CITY OF HAMILTON POLICE DEPT.

Effective Date of Action: \_\_\_\_\_  
Group #: \_\_\_\_\_ Subgroup #: \_\_\_\_\_

Employee Name: CALEB PAYNE

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: HAMILTON State: OH Zip: 45015

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Enrolling in the following Dental Plan:

Preferred  Choice  Direct

Choose one the following if it applies to your group:  Core Plan or  Enhanced Plan

Superior Direct Connect - Once your group is enrolled and effective, go to [www.superiordental.com](http://www.superiordental.com), click on and sign up to access your account and personal benefit information.

### Reason for the Form:

- New Enrollment /  Open Enrollment
- Subgroup Change
- COBRA Continuation/Conversion
- Waive Coverage
- Add /  Delete Dependent & Reason: \_\_\_\_\_
- Marriage /  Divorce Date: \_\_\_\_\_
- Enrollee Termination & Reason: \_\_\_\_\_
- Other: \_\_\_\_\_

### Dependent Information:

Full Name	Relationship	Gender	Birth Date	Coordination of Benefits
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N

On behalf of myself and any dependents listed above, I hereby apply for coverage under the Master Group Contract issued to my employer by Superior Dental Care. I understand that the benefits for which I (we) will be eligible are in accordance with those described in the Master Group Contract and any changes provided therein. I understand that certain services may require a co-payment payable by me (or my dependents) directly to the provider of such services. I further understand that covered services may be obtained through any licensed dentist and also that certain services may require a co-payment payable by me (or my dependents) directly to the provider of such services. Superior Dental Care also offers a network only plan. Please refer to the dental contract available through your employer for clarifications on the dental plan currently in place. I authorize my employer to deduct the necessary dental service fees, if any, from my wages or salary, with the understanding that he acts as my agent in all dealings with Superior Dental Care and that all acts performed by him and all notices given to him in such dealings are binding upon me, as not prohibited by statute or regulation. In the event that this Application for Coverage is accepted, I authorize my dentist to give, upon request, any information concerning the condition or treatment of any person included under such coverage whenever such information is considered necessary by Superior Dental Care for the proper disposition of a claim submitted for payment or in fulfillment of obligations imposed on Superior Dental Care by state or federal statutes. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### Other Dental Coverage (if you circled 'Y' in the Coordination of Benefits section above for any of the dependents listed, please complete this section):

Does your spouse carry any other type of dental coverage / Coordination of Benefits?  Yes  No If yes, please complete the following: Policy #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Employer Address: \_\_\_\_\_ SS #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Individuals covered by spouse: \_\_\_\_\_

### Signatures:

Enrollee Signature: Caleb Payne Date: 12/07/12

Approved by (Group Administrator): \_\_\_\_\_ Date: \_\_\_\_\_



VISION CARE®

# Enrollment/Change Form

Please print and complete all sections.

See instructions below.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri

## EMPLOYER INFORMATION: To be Completed by Employer

Group Number	Employer Name	Location Code	Division Code	Client Co Code	Effective Date

## EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

<input type="checkbox"/> ADD <input type="checkbox"/> TERM <input type="checkbox"/> CHG	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Member ID	Last Name (Employee or subscriber) PAYNE	First Name CAVER	M.I. E	Date of Birth [REDACTED]
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Social Security Number [REDACTED]	Home Street Address [REDACTED]	City/State/Zip HAMILTON, OH, 45015	Home Phone [REDACTED]
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## FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate

	Sex	Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F					
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number

Employee Signature:  Date: 12/07/12

### Instructions:

- Employer name:** Legal name of the employer.
- Group Number:** Provided by EyeMed or EyeMed representative.
- Location code:** Optional field for employers to track multiple locations.
- Effective date:** Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.
- Family Information:** List only eligible family members who are enrolling.
- (A) Add:** Open (group) enrollment or new (individual) enrollment during the contract period.
- (T) Terminate:** To terminate enrollment.
- (C) Change:** A change of name, employee address or employee phone.

2012-2013 EMPLOYEE ATTENDANCE RECORD

																															TOTALS							
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	SICK	VACATION	HOLIDAYS	INJURY	COMP		
Dec																																		0	0	0	0	0
Jan																																		0	0	0	0	0
Feb																																		0	0	0	0	0
March																																		0	0	0	0	0
April																																		0	0	0	0	0
May																																		0	0	0	0	0
June																																		0	0	0	0	0
July																																		0	0	0	0	0
Aug																																		0	0	0	0	0
Sept																																		0	0	0	0	0
Oct																																		0	0	0	0	0
Nov																																		0	0	0	0	0
TOTALS																																44.0	75.0	101.0	0	9.0		

*Scott Semmura*  
Director/Division Head

PAYNE, CALFB  
POLICE  
CORRECTIONS  
40853

City of Hamilton Ohio

APPRAISAL PERIOD: MID YEAR  ANNUAL

Performance Evaluation

APPRAISAL TYPE: TEMPORARY  PROBATION  PERMANENT

THIS EVALUATION MUST PROVIDE MEANINGFUL INFORMATION CONCERNING PERSONNEL PERFORMANCES SO THAT EMPLOYEES CAN RECEIVE REVIEWS BASED ON THEIR INDIVIDUAL PERFORMANCE. THE EVALUATION MUST FACILITATE THE EXCHANGE OF IDEAS AND DEVELOPMENT OF GOALS FOR THE EMPLOYEE'S FUTURE PERFORMANCE. THIS CAN ONLY BE DONE IN A COOPERATIVE, FACE-TO-FACE MEETING BETWEEN THE EVALUATOR AND THE EMPLOYEE. THE GOAL OF THIS EVALUATION IS TO ACHIEVE A MORE EFFICIENT, QUALIFIED AND SATISFIED WORK FORCE.

(Check the appropriate number)

1 2 3 4 5 JOB CONTENT AREAS

- JOB KNOWLEDGE
- QUALITY
- PRODUCTIVITY
- PROBLEM SOLVING/DECISION MAKING
- ORGANIZATIONAL SKILLS
- INNOVATIVE SKILLS
- WRITTEN COMMUNICATIONS
- VERBAL COMMUNICATIONS
- SELF-IMPROVEMENT

1 2 3 4 5 JOB PROCESS SKILLS

- CUSTOMER SERVICE
- TEAMWORK ("TEAM HAMILTON")
- FLEXIBILITY / ADAPTABILITY
- RESPONSIBILITY / INITIATIVE
- RELIABILITY / DEPENDABILITY

1 2 3 4 5 JOB STANDARDS

- PUNCTUALITY
- ATTENDANCE
- SAFETY
- SUPERVISOR PERFORMANCE ONLY

1 2 3 4 5 SUPERVISOR PERFORMANCE ONLY

- PLANNING SKILLS
- SUPERVISORY SKILLS
- LEADERSHIP SKILLS
- COMMAND ABILITY IN STRESS-EMERGENCY
- COMMAND ABILITY DURING EMERGENCY
- COMMAND ABILITY OUTSIDE OF EMERGENCY

AREAS REQUIRING IMPROVEMENT (SPECIFIC EXAMPLES):

Criteria: There is not a specific area that Officer Payne needs to improve in since he does score satisfactory or above in every category but a satisfactory rating in any category for this officer is not good enough. Those areas will improve with job experience.  
Examples:

AREAS OUTSTANDING PERFORMANCE (SPECIFIC EXAMPLES):

Criteria: Officer Payne rates outstanding in the areas of teamwork, flexibility, responsibility, and dependability. I rely on Caleb to primarily work the courtroom and keep a proper decorum. He excels in this area and easily adapts if I ask him to work transport or the checkpoint.  
Examples:

GOALS FOR THE NEXT APPRAISAL PERIOD:

EVALUATION TOTALS:

A. TOTAL POINTS 68

B. TOTAL NUMBER OF FACTORS RATED 17

OVERALL EVALUATION SCORE 4.00 (Divide A by B)

PERFORMANCE RATING:

- BELOW 2.00 UNACCEPTABLE
- 2.00-2.99 BELOW SATISFACTORY
- 3.00-3.49 SATISFACTORY
- 3.50-4.49 ABOVE EXPECTED
- ABOVE 4.49 OUTSTANDING

Employee Name Payne, Caleb

Employee #: 785

Dept. Police Corrections

ADDITIONAL COMMENTS REGARDING PERFORMANCE

SUPERVISOR'S COMMENTS:  
Officer Payne is a very mature officer that will only get better with time on the job. I am very pleased with his performance and his willingness to assist other officers. He has only been with the department since June of 2012 and has made great strides in that time. very good officer!

EMPLOYEE'S COMMENTS:

*Joseph A. Murray*  
SUPERVISOR'S SIGNATURE DATE 8-19-13

EMPLOYEE'S SIGNATURE

*Caleb Payne*  
DATE 08/19/13

DEPARTMENT HEAD COMMENTS:

*J. Scott DeSantis*  
DEPARTMENT HEAD'S SIGNATURE DATE 8/21/13

CITY MANAGER COMMENTS:

CITY MANAGER SIGNATURE

DATE



**DEPARTMENT  
OF  
CIVIL SERVICE**

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

29 JUL 13 AM 09:09

1. NAME (last) <b>PAYNE</b>	(first) <b>CATRINA</b>	(M/I) <b>(M)</b>	2. ADDRESS
3. DATE OF BIRTH	4. NO. EXEMPTIONS	5. SOCIAL SECURITY NO.	6. HIRE DATE
8. BUDGET CODE <b>10-140-144</b>	9. PENSION TYPE <b>PPRS</b>	10. DEPARTMENT <b>SARNOY</b>	DIVISION <b>POLICE</b>
11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	7. EMPLOYEE NO. <b>40853</b>	12. DATE CHANGE EFFECTIVE <b>JULY 24 2013</b>	SECTION NO. <b>16</b>

**13. REASON FOR CHANGE** (check appropriate action)

Acting Status-Start	Dismissal	Layoff-Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reclassification	Other (Explain in Remarks)	

**FROM** (Present status) **TO** (Proposed status or new hire)

14. CLASSIFICATION - CODE NO.	<b>9025</b>
15. CLASSIFICATION TITLE	<b>REGISTRATION OFFICER</b>
16. DEPARTMENT - DIVISION	<b>SARNOY POLICE</b>
17. DUTY STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF
19. LONGEVITY PAY	\$
20. SALARY (bi-weekly) RATE (per hour)	\$ <b>17.15</b>

21. EMPLOYMENT STANDING	<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT
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22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	REGISTRATION	LAST DAY WORKED <b>20</b>	DATE NOTICE GIVEN <b>20</b>	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RETIREMENT	LAST DAY WORKED <b>20</b>	AGE	VACATION DAYS DUE
	MERIT ADJ.	DATE OF LAST MERIT <b>20</b>	GRADE OF LAST PERFORMANCE EVALUATION	HOURS SICK LEAVE CREDIT
	LEAVE	LAST DAY WORKED <b>20</b>	DATE ANTICIPATED FOR RETURN TO DUTY	
	INJURY PAY	DATE OF INJURY <b>20</b>	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:		LAST PERFORMANCE RATING

IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS?  YES  NO

ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED:  YES

**23. REMARKS**

**PAYEE WITH 99 ON UNPAID LEAVE FOR 2.0 HOURS ON JULY 24, 2013**

Acting Status-Step	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Mert Adj.	Reallocation	Other (Explain in Remarks)	

**FROM**  
(Present status)

**TO**  
(Proposed status or new hire)

14. CLASSIFICATION - CODE NO. 8025

15. CLASSIFICATION TITLE OPERATIONS OPERATOR

16. DEPARTMENT - DIVISION OPERATIONS - PORTER

17. DUTY STATUS  ON  OFF

18. PAYROLL STATUS  ON  OFF

19. LONGEVITY PAY \$

20. SALARY (bi-weekly) \$ 17.15

RATE (per hour)

21. EMPLOYMENT STANDING  FULL TIME  PART TIME

PERMANENT  SEASONAL  STUDENT

TEMPORARY

22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION

RESIGNATION	LAST DAY WORKED	20	DATE NOTICE GIVEN	20	RECOMMEND FOR REHIRE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
RETIREMENT	LAST DAY WORKED	20	AGE		VACATION DAYS DUE	
MERIT ADJ.	DATE OF LAST MERIT	20	GRADE OF LAST PERFORMANCE EVALUATION			HOURS SICK LEAVE CREDIT
LEAVE	LAST DAY WORKED	20	DATE ANTICIPATED FOR RETURN TO DUTY			
INJURY PAY	DATE OF INJURY	20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:				20	LAST PERFORMANCE RATING
IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLAN?			<input type="checkbox"/> YES <input type="checkbox"/> NO			

ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED:  YES

23. REMARKS  
C.O. PAYNE WILL BE ON UNPAID LEAVE FOR 2.0 HOURS ON JULY 26, 2013

25 JUL 15 2013

24. APPROVALS

<p>City Manager</p> <p><i>[Signature]</i></p> <p>Director</p> <p>Date <u>7-26-13</u></p>	<p>Appointing Authority</p> <p><i>[Signature]</i></p> <p>Supervisor</p> <p>Date <u>7-26-13</u></p>
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PERSONNEL DEPARTMENT COPY



**DEPARTMENT  
OF  
CIVIL SERVICE**

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (last)	PAYNE		(first)	CATHER		(MI)	2. ADDRESS	
3. DATE OF BIRTH		4. NO. EXEMPTIONS		5. SOCIAL SECURITY NO.		6. HIRE DATE		7. EMPLOYEE NO.
8. BUDGET CODE	9. PENSION TYPE	10. DEPARTMENT		DIVISION		11. CIVIL SERVICE STATUS		40853
100-120-144		SARBYRY		DOCTOR		<input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified		SECTION NO.
610-1000 PROG								16
								12. DATE CHANGE EFFECTIVE
								JULY 8 2013

**13. REASON FOR CHANGE** (check appropriate action)

Aging Status-Start	Dismissal	Layoff-Return	Leave-Other	Name Change	Reclassification	Retire
Aging Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reallocation	Other (Explain in Remarks)	

**FROM** (Present status)  
**TO** (Proposed status or new hire)

14. CLASSIFICATION - CODE NO.	4025	
15. CLASSIFICATION TITLE	CORRECTIONS OVERSEER	
16. DEPARTMENT - DIVISION	SARBYRY - DOCTOR	
17. DUTY STATUS	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF
19. LONGEVITY PAY	\$	\$
20. SALARY (bi-weekly) RATE (per hour)	\$ 17.15	\$
21. EMPLOYMENT STANDING	<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT
22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RANGE NO. 23 STEP 2	RANGE NO. STEP
REGISTRATION	LAST DAY WORKED 20	DATE NOTICE GIVEN 20
RETIREMENT	LAST DAY WORKED 20	AGE
MERIT ADJ.	DATE OF LAST MERIT 20	YEARS SERVICE
LEAVE	LAST DAY WORKED 20	VACATION DAYS DUE
INJURY PAY	DATE OF INJURY 20	HOURS SICK LEAVE CREDIT
SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:	
IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	LAST PERFORMANCE RATING	

23. REMARKS

00225

Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Relocation	Other (Explain in Remarks)	

**FROM**  
(Present status)

**TO**  
(Proposed status or new hire)

14. CLASSIFICATION - CODE NO. 8025

15. CLASSIFICATION TITLE ~~CONDUCTING RESEARCH~~

16. DEPARTMENT - DIVISION ~~SARREY - DOCTOR~~

17. DUTY STATUS  ON  OFF

18. PAYROLL STATUS  ON  OFF

19. LONGEVITY PAY \$

20. SALARY (bi-weekly) \$ 17.150

RATE (per hour)

RANGE NO. 23 STEP 2

RANGE NO. STEP

21. EMPLOYMENT STANDING  FULL TIME  PART TIME

PERMANENT  SEASONAL  STUDENT

TEMPORARY

RECOMMEND FOR REHIRE?  YES  NO

22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION

RESIGNATION	LAST DAY WORKED	20	DATE NOTICE GIVEN	20	VACATION DAYS DUE	HOURS SICK LEAVE CREDIT
RETIREMENT	LAST DAY WORKED	20	AGE	YEARS SERVICE	GRADE OF LAST PERFORMANCE EVALUATION	
MERIT ADJ.	LAST DAY WORKED	20	DATE ANTICIPATED FOR RETURN TO DUTY			
LEAVE	DATE OF INJURY	20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
INJURY PAY	DATE OF INJURY	20	LAST PERFORMANCE RATING			
SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:		20			

*COERS*

ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED:  YES

C.O. BAYNE WILL BE ON UNPAID LEAVE JULY 9, 9 & 10, 2013.

21 JUN 27 2013

24.

APPROVALS

City Manager: *[Signature]* Date: 6-27-13

Civil Service Personnel Director: *[Signature]* Date: 6/27/13

Appointing Authority: *[Signature]* Date: 6/27/13

Supervisor: *[Signature]* Date:

PERSONNEL DEPARTMENT COPY

## Leave Application

Payne, Caleb

Sent: Thursday, June 06, 2013 2:57 PM

To: Murray, Joe

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Sir,

This e-mail is to accompany my leave application for the week of July 08th to July 12th, 2013. I have already requested vacation days for the month of October for a trip that I will be taking to visit a loved one in Ireland. However, I will be out of state for a trip that has come up on the week in question in July. I am aware that I have insufficient paid time off to cover both trips, so I am requesting to take three unpaid days of leave for the week in July.

Thank you for your consideration.

Respectfully submitted,

CO Caleb Payne #785  
513-868-5811 Ext. 1785

*Approved at this end it is a cost savings & does not involve any OT to cover his already scheduled absence*

*Sincerely,  
Joe Murray*

21 JUN '13 PM 01:16

## **Lymburner & Payne**

**Pennington, Sheila**

**Sent:** Friday, February 22, 2013 9:13 AM

**To:** Wagers, Kim

**Cc:** Civil Service Personnel

**Importance:** High

Hi Kim:

Andrew Lymburner and Caleb Payne went to full time effective February 23, 2013. They need to be set up on a 5/2 schedule.

Thanks,  
Sheila



**DEPARTMENT  
OF  
CIVIL SERVICE**

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (last) (first) (MI) <b>PAYNE CALSB</b>			2. ADDRESS			
3. DATE OF BIRTH	4. NO. EXEMPTIONS	5. SOCIAL SECURITY NO.	6. HIRE DATE	7. EMPLOYEE NO. <b>40853</b>	SECTION NO. <b>16</b>	
8. BUDGET CODE <b>100-145-144</b> <b>610-100</b>	9. PENSION TYPE <b>RRPS</b>	10. DEPARTMENT <b>SAFETY</b>	DIVISION <b>POLICE</b>	11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	12. DATE CHANGE EFFECTIVE <b>JUNE 15 2013</b>	

**13. REASON FOR CHANGE** (check appropriate action)

Acting Status-Start	Dismissal	Layoff-Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj. <b>XX</b>	Reallocation	Other (Explain in Remarks)	

	FROM (Present status)	TO (Proposed status or new hire)
14. CLASSIFICATION - CODE NO.	<b>8025</b>	
15. CLASSIFICATION TITLE	<b>CORRECTIONS OFFICER</b>	
16. DEPARTMENT - DIVISION	<b>SAFETY - POLICE</b>	
17. DUTY STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF
19. LONGEVITY PAY	\$	\$
20. SALARY (bi-weekly) RATE (per hour)	\$ <b>16.74</b>	\$ <b>17.15</b>
21. EMPLOYMENT STANDING	RANGE NO. <b>23</b> STEP <b>1</b> <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT	RANGE NO. <b>23</b> STEP <b>2</b> <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT

22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RESIGNATION	LAST DAY WORKED <b>20</b>	DATE NOTICE GIVEN <b>20</b>	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RETIREMENT	LAST DAY WORKED <b>20</b>	AGE	YEARS SERVICE	VACATION DAYS DUE
	MERIT ADJ.	DATE OF LAST MERIT <b>20</b>	GRADE OF LAST PERFORMANCE EVALUATION		
	LEAVE	LAST DAY WORKED <b>20</b>	DATE ANTICIPATED FOR RETURN TO DUTY <b>20</b>		
	INJURY PAY	DATE OF INJURY <b>20</b>	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION: <b>20</b>	LAST PERFORMANCE RATING		
	IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES				
	23. REMARKS				

*corrections*

**G.O. PAYNE IS DUE AN ANNUAL INCREASE ON THIS DATE.**

Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reallocation	Other (Explain in Remarks)	

<b>FROM</b> (Present status)		<b>TO</b> (Proposed status or new hire)	
14. CLASSIFICATION - CODE NO.	#025		
15. CLASSIFICATION TITLE	CORRECTIONS OFFICER		
16. DEPARTMENT - DIVISION	SAFETY - POLICE		
17. DUTY STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	
19. LONGEVITY PAY	\$	\$	
20. SALARY (bi-weekly) RATE (per hour)	\$ 16.74	\$ 17.15	
	RANGE NO. 23      STEP 1	RANGE NO. 23      STEP ?	
21. EMPLOYMENT STANDING	<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT	<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT	

COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RESIGNATION	LAST DAY WORKED 20	DATE NOTICE GIVEN 20	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RETIREMENT	LAST DAY WORKED 20	AGE	YEARS SERVICE
	MERIT ADJ.	DATE OF LAST MERIT 20	GRADE OF LAST PERFORMANCE EVALUATION	
	LEAVE	LAST DAY WORKED 20	DATE ANTICIPATED FOR RETURN TO DUTY 20	
	INJURY PAY	DATE OF INJURY 20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION: 20	LAST PERFORMANCE RATING	
	IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES			

23. REMARKS

C.O. PAYNE IS DUE AN ANNUAL INCREASE ON THIS DATE.

2 MAY 19 AM 11:00

24. APPROVALS	<i>[Signature]</i> City Manager	<i>[Signature]</i> Civil Service-Personnel Director	<i>[Signature]</i> Appointing Authority	<i>[Signature]</i> Supervisor
	Date	5-2-13	Date	5/1/13



**DEPARTMENT  
OF  
CIVIL SERVICE**

FEB 21 2013

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (last) <b>PAYNE</b> (first) <b>CALEB</b> (MI)			2. ADDRESS		
3. DATE OF BIRTH	4. NO. EXEMPTIONS	5. SOCIAL SECURITY NO.	6. HIRE DATE	7. EMPLOYEE NO. <b>40853</b>	SECTION NO. <b>16</b>
8. BUDGET CODE <b>100-140-144</b> <b>610-100</b>	9. PENSION TYPE <b>VERS</b>	10. DEPARTMENT <b>SAFETY</b>	DIVISION <b>POLICE</b>	11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	12. DATE CHANGE EFFECTIVE <b>FEBRUARY 23 2013</b>

**13. REASON FOR CHANGE** (check appropriate action)

Acting Status-Start	Dismissal	Layoff-Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reallocation	Other (Explain in Remarks) <b>XX</b>	

	FROM (Present status)	TO (Proposed status or new hire)
14. CLASSIFICATION - CODE NO.	<b>8025</b>	
15. CLASSIFICATION TITLE	<b>CORPORATIONS OFFICER</b>	
16. DEPARTMENT - DIVISION	<b>SAFETY - POLICE</b>	
17. DUTY STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF
19. LONGEVITY PAY	\$	\$
20. SALARY (bi-weekly) RATE (per hour)	\$ <b>16.74</b>	\$ <b>16.74</b>
	RANGE NO. <b>23</b> STEP <b>1</b>	RANGE NO. <b>23</b> STEP <b>1</b>
21. EMPLOYMENT STANDING	<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT

<b>COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION</b>	22. RESIGNATION	LAST DAY WORKED 20	DATE NOTICE GIVEN 20	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	RETIREMENT	LAST DAY WORKED 20	AGE	YEARS SERVICE	VACATION DAYS DUE HOURS SICK LEAVE CREDIT	
	MERIT ADJ.	DATE OF LAST MERIT 20	GRADE OF LAST PERFORMANCE EVALUATION			
	LEAVE	LAST DAY WORKED 20	DATE ANTICIPATED FOR RETURN TO DUTY 20			
	INJURY PAY	DATE OF INJURY 20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION: 20	LAST PERFORMANCE RATING			
	IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES					

**23. REMARKS**

C.O. PAYNE IS GOING FROM PART TIME TO FULL TIME.

Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reallocation	Other (Explain in Remarks)	

FROM (Present status)		TO (Proposed status or new hire)	
14. CLASSIFICATION - CODE NO.	8025		
15. CLASSIFICATION TITLE	COMBINATIONS OFFICER		
16. DEPARTMENT - DIVISION	SAFETY - POLICE		
17. DUTY STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	
19. LONGEVITY PAY	\$	\$	
20. SALARY (bi-weekly) RATE (per hour)	\$ 16.74	\$ 16.74	
	RANGE NO. 23 STEP 1	RANGE NO. 23 STEP 1	
21. EMPLOYMENT STANDING	<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME	<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT	

22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RESIGNATION	LAST DAY WORKED 20	DATE NOTICE GIVEN 20	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RETIREMENT	LAST DAY WORKED 20	AGE	YEARS SERVICE	VACATION DAYS DUE 20
	MERIT ADJ.	DATE OF LAST MERIT 20	GRADE OF LAST PERFORMANCE EVALUATION		
	LEAVE	LAST DAY WORKED 20	DATE ANTICIPATED FOR RETURN TO DUTY 20		
	INJURY PAY	DATE OF INJURY 20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION: 20		LAST PERFORMANCE RATING	
	IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED? <input type="checkbox"/> YES				

23. REMARKS  
C.O. PAYNE IS GOING FROM PART TIME TO FULL TIME.

15 FEB 13 AM 11:40

24. APPROVALS	<i>John A. M.</i> City Manager Date: 2/18/13	<i>Madison Hill</i> Civil Service/Personnel Director Date: 2-19-13	<i>J. Scott</i> Appointing Authority Date: 2/18/13	Supervisor Date:
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**SUPPLEMENTAL ENROLLMENT FORM - CITY OF HAMILTON 2012 INSURANCE PLANS - REVISED**

**A. ACTION: (COMPLETE APPLICABLE BOX BELOW)**  
 NEW ENROLLMENT/QUALIFYING EVENT (CHECK ONE)

NEW HIRE - DATE OF HIRE: 06/23/12  
 POLICE DEPT.  
 CITY DEPARTMENT

OPEN ENROLLMENT

**B. Family Information:** Information regarding the employee, spouse and/or dependents must be provided on the appropriate carrier's enrollment form.  
 - Medical / Drug Coverage: United Healthcare  
 - Dental Coverage: Dental Care Plus  
 - Vision Coverage: EyeMed  
**SEE SECTION I FOR DEPENDENT ENROLLMENT (AGE 26&27)**

**C. EMPLOYEE INFORMATION:**  
 SOCIAL SECURITY NUMBER: [REDACTED] FIRST NAME: CAUER MIDDLE INITIAL: E LAST NAME: PAYNE DATE OF BIRTH: [REDACTED]

HOME STREET ADDRESS: [REDACTED] CITY: HAMILTON STATE: OH ZIP CODE: 45015 COUNTY: BUTLER  
 HOME PHONE: [REDACTED] WORK PHONE: [REDACTED] WORK STATUS:  FULL TIME  PART TIME

**D. PLAN ELECTION (CHECK ONE):**  "HDHP" PLAN OPTION  WAIVE ALL COVERAGE

**E. COVERAGE ELECTION (CHECK ONE):** (ALL DEDUCTION AMOUNTS & INCENTIVES ARE BASED ON 24 PAYS)

"HDHP" HSA COVERAGE ELECTION - PER PAY CONTRIBUTION	"HDHP" HRA COVERAGE ELECTION - ONLY FOR EMPLOYEES NOT ELIGIBLE FOR HSA PER PAY CONTRIBUTION	85% CITY CONTRIBUTION / 15% EMPLOYEE CONTRIBUTION	85% CITY CONTRIBUTION / 15% EMPLOYEE CONTRIBUTION	INCENTIVE TO WAIVE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE ..... \$33.21	EMPLOYEE ..... \$33.21	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE + 1 ..... \$61.87	EMPLOYEE + 1 ..... \$61.87	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	FAMILY ..... \$97.01	FAMILY ..... \$97.01	<input type="checkbox"/>

**TO QUALIFY FOR THE INCENTIVE TO WAIVE PROGRAM YOU MUST PROVIDE PROOF OF INSURANCE. PLEASE ATTACH PROOF TO ENROLLMENT FORM.**

I agree that my compensation will be reduced on a pre-tax basis by the amount of my required contributions for the coverage I have elected and I authorize the City of Hamilton to deduct that amount from my compensation. I understand that completing and signing this agreement does not initiate health coverage. I also understand that I cannot change or revoke the amount of my contributions made on a pre-tax basis before the next January 1<sup>st</sup> unless a "Change in Election Event" occurs as defined in the City of Hamilton Section 125 Plan. This agreement is subject to the terms and conditions of the City of Hamilton Section 125 Plan as may be amended from time to time. This agreement will also be governed by the laws of the State of Ohio. This agreement supersedes and revokes any prior election regarding the City of Hamilton Section 125 Plan. ANY PERSON WHO, WITH THE INTENT TO DEFAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**F. EMPLOYEE SIGNATURE:** 

**DATE:** 07/23/12

**G. TO BE COMPLETED BY EMPLOYER**  
 DATE OF HIRE: 10-25-12 DATE SUBMITTED: 7-21-12 HEALTH CHANGE EFF. DATE: 8-1-12 CHANGE: New - Single DATE SENT COPY TO PAYROLL: [REDACTED]

#40853

ALL SECTIONS MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED.

**ENROLLMENT FORM**

SOCIAL SECURITY NUMBER [REDACTED]		GROUP NUMBER	EMPLOYER AND LOCATION CITY OF HAMILTON (OHIO)	
EMPLOYEE LAST NAME PAYNE	FIRST NAME CALEB	MI E.	EMPLOYEE'S HOME PHONE [REDACTED]	EMPLOYEE'S WORK PHONE [REDACTED]
HOME ADDRESS [REDACTED]		APT#	SEX MALE	DATE OF BIRTH [REDACTED]
CITY HAMILTON	STATE OH	ZIP CODE 45015	COUNTY IN WHICH YOU RESIDE BUTLER	
MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE (01) <input type="checkbox"/> MARRIED (02)		EMPLOYMENT DATE 06/23/12	EFFECTIVE DATE 8-1-12	
APPLICATION FOR DENTAL COVERAGE (CHECK THOSE THAT APPLY) <input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD(REN)				

**COMPLETE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE COVERED BY THE PLAN**

	NAME - IF LAST NAME DIFFERENT FROM ABOVE INDICATE LAST NAME	RELATIONSHIP	SEX	BIRTH DATE
01		SPOUSE		
02				
03				
04				
05				
06				

WILL YOU OR ANY DEPENDENT HAVE OTHER DENTAL INSURANCE COVERAGE? NO

IF YES, PLEASE LIST THE NAME OF THE OTHER INSURANCE COMPANY AND PHONE NUMBER:

**REFUSAL/WAIVER - COMPLETE ONLY IF YOU ARE DECLINING COVERAGE FOR YOURSELF OR ANY DEPENDENT**

I DECLINE COVERAGE FOR:    MYSELF    MY SPOUSE    MY CHILDREN

REASON FOR REFUSAL:

On behalf of myself and any dependants listed above, I hereby apply for coverage under the Master Group Contract issued to my employer by Dental Care Plus, Inc. I understand that the benefits for which I (we) will be eligible are in accordance with those described in the Master Group Contract and any changes provided for therein. I understand that certain services may require copayment or deductible, payable by me (or my dependents) directly to the provider of such services. I authorize my employer to deduct the necessary contributions, if any, from my wages or salary, with the understanding that he acts as my agent in all dealings with the plan, and that all acts performed by him and all notices given to him in such dealings are binding upon me, as not prohibited by statute or regulation.

I hereby waive the dentist-patient privilege and authorize any dentist or other provider of dental services to give Dental Care Plus, Inc., its agents and representatives any information concerning the claims for reimbursement for covered services of any person included under such coverage, including the undersigned, the undersigned's spouse and the undersigned's dependents.

To the best of my knowledge, the above information is complete, true, and correct. In the absence of fraud, however, all statements made by applicants or by an insured person shall be deemed representations and not warranties.

X EMPLOYEE SIGNATURE       DATE 07/23/12  
CITY/STATE HAMILTON, OHIO

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

**Fraud Notice - Kentucky Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

*Handwritten mark: checkmark and initials*



# Enrollment/Change Form

Please print and complete all sections.  
See instructions below.

Underwritten by Fidelity Security Life Insurance Company of  
Kansas City, Missouri

## EMPLOYER INFORMATION: To be Completed by Employer

Group Number	Employer Name			Effective Date
				8-1-12

## EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

<input checked="" type="checkbox"/> ADD <input type="checkbox"/> TERM <input type="checkbox"/> CHG	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Member ID	Last Name (Employee or subscriber) PAYNE	First Name CALEB	M.I. E	Date of Birth
--	--	-----------	---	---------------------	-----------	---------------

Social Security Number	Home Street Address	City/State/Zip	Home Phone
		HAMILTON, OH, 45015	

## FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number

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

Date: 07/23/12

### Instructions:

**Employer name:** Legal name of the employer.  
**Group Number:** Provided by EyeMed or EyeMed representative.  
**Location code:** Optional field for employers to track multiple locations.  
**Effective date:** Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

**Family Information:** List only eligible family members who are enrolling.  
 Dependent eligibility is the same as employer's health plan.  
**(A) Add:** Open (group) enrollment or new (individual) enrollment during the contract period.  
**(T) Terminate:** To terminate enrollment.  
**(C) Change:** A change of name, employee address or employee phone.

Once you elect EyeMed vision coverage, you cannot cancel for a 12-month period based upon your enrollment date. Deductions are adjusted according to payroll frequency.

# Medicaid and the Children's Health Insurance Program

July 25, 2012

CALEB E. PAYNE  


**From:** City of Hamilton  
**Subject:** Children's Health Insurance Program

## **Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2012. You should contact your State for further information on eligibility.**

### **ALABAMA – Medicaid**

Website: <http://www.medicaid.alabama.gov>

Phone: 1-855-692-5447

### **ALASKA – Medicaid**

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>

Phone (Outside of Anchorage): 1-888-318-8890

Phone (Anchorage): 907-269-6529

### **ARIZONA – CHIP**

Website: <http://www.azahcccs.gov/applicants>

Phone (Outside of Maricopa County): 1-877-764-5437

Phone (Maricopa County): 602-417-5437

**CALIFORNIA – Medicaid and CHIP**

Medicaid Website: <http://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx>

Medicaid Phone: 1-800-541-5555

CHIP Website: <http://www.healthyfamilies.ca.gov/Home/default.aspx>

CHIP Phone: 1-800-880-5305

**COLORADO – Medicaid**

Medicaid Website: <http://www.colorado.gov/>

Medicaid Phone (In state): 1-800-866-3513

Medicaid Phone (Out of state): 1-800-221-3943

**FLORIDA – Medicaid**

Website: <https://www.flmedicaidprecovery.com/>

Phone: 1-877-357-3268

**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/> (Click on Programs, then Medicaid)

Phone: 1-800-869-1150

**IDAHO – Medicaid and CHIP**

Medicaid Website: [www.accesstohealthinsurance.idaho.gov](http://www.accesstohealthinsurance.idaho.gov)

Medicaid Phone: 1-800-926-2588

CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)

CHIP Phone: 1-800-926-2588

**INDIANA – Medicaid**

Website: <http://www.in.gov/fssa>

Phone: 1-800-889-9948

**IOWA – Medicaid**

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)

Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

**KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

**LOUISIANA – Medicaid**

Website: <http://www.lahipp.dhh.louisiana.gov>

Phone: 1-888-695-2447

**MAINE – Medicaid**

Website: <http://www.maine.gov/dhhs/OIAS/public-assistance/index.html>

Phone: 1-800-572-3839

**MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

**MINNESOTA – Medicaid**

Website: <http://www.dhs.state.mn.us/> (Click on Health Care, then Medical Assistance)

Phone: 1-800-657-3629

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>

Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: [http://dhhs.ne.gov/medicaid/Pages/med\\_kidsconx.aspx](http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx)

Phone: 1-877-255-3092

**NEVADA – Medicaid**

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/ombp/index.htm>

Phone: 603-271-5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-800-356-1561

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid and CHIP**

Website: <http://www.ncdhhs.gov/dma>

Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-800-755-2604

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON – Medicaid and CHIP**

Website: <http://www.oregonhealthykids.gov>

<http://www.hijosaludablesoregon.gov>

Phone: 1-877-314-5678

**PENNSYLVANIA – Medicaid**

Website: <http://www.dpw.state.pa.us/hipp>

Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)

Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**  
Website: <http://health.utah.gov/upp>  
Phone: 1-866-435-7414

**VERMONT-- Medicaid**  
Website: <http://www.greenmountaincare.org/>  
Telephone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**  
Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>  
Medicaid Phone: 1-800-432-5924  
CHIP Website: <http://www.famis.org/>  
CHIP Phone: 1-866-873-2647

**WASHINGTON – Medicaid**  
Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>  
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**  
Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)  
Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN – Medicaid**  
Website: <http://www.badgercareplus.org/pubs/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING – Medicaid**  
Website: <http://health.wyo.gov/healthcarefin/equalitycare>  
Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

If you have any questions, contact the plan administrator:

**City of Hamilton**  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**  
Barbara A. Winkler-Toth, Personnel Specialist  
(513) 785-7030

# Important Information About Your HIPAA Rights

July 25, 2012

CALEB E. PAYNE  


**From:** City of Hamilton

**Subject:** Your Rights Under the Health Insurance Portability and Accountability Act

The federal law known as the Health Insurance Portability and Accountability Act (HIPAA) requires us to notify employees eligible to participate in our group health plan of two important enrollment provisions. One has to do with special enrollment rights; the other defines the conditions under which City of Hamilton Group Health Plan may exclude coverage due to a preexisting condition. These provisions are summarized below.

## Special Enrollment Provisions

### Enrolling Yourself and/or Your Dependents After First Declining Coverage

If you decline or cancel coverage for yourself or your dependents (including your spouse) because such individuals are covered by a different group health plan or other health insurance, you may be eligible to enroll yourself or your dependents in City of Hamilton Group Health Plan at a later date, without being required to wait for the next enrollment period. Such individuals may be entitled to special enrollment if:

1. You certified in writing that you declined coverage for yourself and/or your dependents, either when such individuals first became eligible or when coverage was cancelled, because such individuals were covered by a different group health plan or other health insurance; and,
2. The applicant meets City of Hamilton Group Health Plan eligibility rules; and,
3. The applicant lost the other coverage for one of the following reasons:
  - a. Ineligibility to remain covered; or,
  - b. The employer's contributions (for nonCOBRA coverage only) were terminated; or,
  - c. The applicant was enrolled in COBRA or state continuation coverage and his/her continuation rights were exhausted. (Exhaustion of continuation rights means the entire continuation coverage period was completed; coverage was terminated because the employer failed to pay the premiums on a timely basis; the covered individual moved out of the service area and no other continuation coverage was available; or the employer terminated all coverage for all active employees and their dependents, as well as COBRA beneficiaries.)

To apply for this special enrollment opportunity, you must request coverage within 30 days of the loss of coverage. Be aware that other qualifying conditions may apply; refer to the summary plan description for more information about special enrollment and plan eligibility rules.

## **Adding a New Dependent Due to Marriage, Birth or Adoption**

If you marry, have a newborn child, adopt a child or a child is placed for adoption with you, City of Hamilton Group Health Plan may provide a special enrollment opportunity to the new dependent and possibly to other family members.

### **Marriage**

In the case of marriage, the following special enrollment opportunities may be available:

1. If you previously declined coverage, you may qualify for special enrollment, provided you meet City of Hamilton Group Health Plan eligibility rules;
2. Enrollment of your new spouse, provided you are enrolled and your spouse meets City of Hamilton Group Health Plan eligibility rules; and,
3. Enrollment of the new spouse's child provided the child meets City of Hamilton Group Health Plan's definition of dependent and is otherwise eligible to enroll.

To apply for this special enrollment opportunity, you must notify the plan administrator within 30 days of the event. Be aware that other qualifying conditions may apply; refer to the summary plan description for more information about special enrollment and plan eligibility rules.

### **Birth, Adoption or Placement for Adoption**

In the case of birth, adoption or placement for adoption, the following special enrollment opportunities may be available:

1. If you previously declined coverage, you may qualify for special enrollment, provided you meet City of Hamilton Group Health Plan eligibility rules;
2. Enrollment of your new child, provided you are enrolled and the child meets City of Hamilton Group Health Plan eligibility rules; and,
3. Enrollment of your spouse, provided you are enrolled and your spouse meets City of Hamilton Group Health Plan eligibility rules.

To apply for this special enrollment opportunity, you must notify the plan administrator within 30 days after the date of the birth, adoption or placement for adoption. Other qualifying conditions may apply; refer to the summary plan description for more information about special enrollment and plan eligibility rules.

## **Preexisting Condition Provisions**

A preexisting condition is a physical or mental condition for which medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended or received from a licensed health practitioner during the six-month period immediately preceding the covered person's effective date of coverage, or the first day of any waiting period for eligibility, whichever was earlier.

HIPAA's preexisting condition provisions are summarized below; complete details of City of Hamilton Group Health Plan's exclusions, including any state provisions offering broader protection, can be found in the summary plan description.

### **Preexisting Condition Exclusions**

If the medical plan you enroll in has a preexisting condition clause, it will not cover any charges incurred in connection with a preexisting condition during the first 12 months of coverage (18 months if a late enrollee). This period begins on the coverage effective date or the first day of the waiting period for coverage if that date is earlier.

A preexisting condition exclusion does not apply to a child born to, or newly adopted by an enrolled subscriber or spouse, to conditions of pregnancy, or if the covered individual had prior creditable coverage that satisfies City of Hamilton Group Health Plan's exclusion provision.

### **Credit for Prior Coverage**

In general, the preexisting condition exclusion period will be reduced by the length of your prior creditable coverage, provided there was no break in coverage of 63 days or longer between the old and new group coverage. Generally, the waiting period for plan eligibility does not count towards a break in coverage.

### **Proof of Prior Coverage**

You may be required to demonstrate proof of prior coverage. The best proof is a "Certificate of Creditable Coverage," which must be provided to you by your prior plan or insurance company. You have the right to request this certificate for up to 24 months after losing coverage. If you had prior health coverage but do not have a certificate, we will help you obtain one from your prior plan or issuer. City of Hamilton Group Health Plan may agree to accept other evidence of prior creditable coverage. Submission of a fraudulent Certificate of Creditable Coverage is considered a federal crime under HIPAA and is punishable by fine and/or imprisonment.

### **More Information About Your Rights**

This notice does not grant additional rights beyond those provided in the summary plan description, or as mandated by federal or state laws. State laws may broaden federal HIPAA rights. Please read the summary plan description for complete details about plan benefits.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, HIPAA, and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

If you have any questions, contact the plan administrator:

**City of Hamilton**  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**  
Barbara A. Winkler-Toth, Personnel Specialist  
(513) 785-7030

# Event Notification Procedures With Notice to COBRA Administrator

July 25, 2012

CALEB E. PAYNE  


**From:** City of Hamilton  
**Subject:** Notice to COBRA Administrator—Procedures & Form

## **When to Use the Notice to COBRA Administrator**

You must use the Notice to COBRA Administrator, which is included in this document, to report the occurrence of the events listed below.

### **Divorce/Legal Separation:**

You must notify the COBRA administrator when:

- a spouse covered under the plan becomes divorced or legally separated from the covered employee; or,
- the covered employee reduced or eliminated spouse/dependent coverage in anticipation of their divorce or legal separation, and the divorce or legal separation has subsequently occurred.

**Deadline:** The deadline to report the divorce or legal separation is 60 days after the later of: (1) the date of the divorce or legal separation; and, (2) the date on which spouse and dependent coverage would terminate due to the divorce or legal separation.

**Loss of Dependent Child Status:** You must notify the COBRA administrator when a child covered under the plan ceases to be a dependent under the terms of the plan.

**Deadline:** The deadline to report the loss of dependent child status is 60 days after the later of: (1) the loss of dependent child status; and (2) the date on which the dependent child coverage would terminate.

**Death of Covered Employee:** You must notify the COBRA administrator when the covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

**Deadline:** The deadline to report the death of the covered employee is 60 days after the date of the employee's death.

**Other Group Coverage:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes covered under other group health plan coverage, provided preexisting condition limitations or exclusions, if any, are not applicable to the qualified beneficiary or have been exhausted or satisfied under the other coverage.

**Deadline:** The deadline to report enrollment under other group coverage is 30 days after such coverage becomes effective with no preexisting condition exclusions or limitations applicable to the qualified beneficiary.

**Medicare Entitlement:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes entitled to Medicare.

**Deadline:** The deadline to report the Medicare entitlement is 60 days after the first day of Medicare entitlement (as shown on the Medicare card or the Medicare benefits award letter).

**Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA has determined that a qualified beneficiary became disabled on or before the 60<sup>th</sup> day of COBRA coverage when the qualifying event is the covered employee's termination of employment or reduction of hours. (If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.)

**Deadline:** The administrator must be notified of the disability determination before the 18-month COBRA coverage period expires, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the termination of employment or reduction of hours, or 3) the date when coverage was originally lost.

**End of Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA determines that a disabled qualified beneficiary is no longer disabled, if the maximum period of COBRA coverage was previously extended due to the qualified beneficiary's disability.

**Deadline:** The deadline to report the end of disability is 30 days after the date of the SSA's determination.

## **Reporting Procedures**

1. You must report the occurrence of the events described above using the Notice to COBRA Administrator form on the next page, which must be mailed or hand-delivered.
2. If mailed, the notice must be postmarked no later than the deadline described under the applicable event description.
3. If hand-delivered, your notice must be received by the individual at the address specified below no later than the deadline described under the applicable event description.
4. The applicable section on the Notice to COBRA Administrator must be completed in full and delivered to the COBRA administrator:

Barbara A. Winkler-Toth, Personnel Specialist  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

For more information about your COBRA rights and obligations, refer to the summary plan description, the COBRA General Notice or contact the plan administrator. For additional information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

## Notice to COBRA Administrator

Name of Covered Employee: \_\_\_\_\_

Address of Covered Employee: \_\_\_\_\_

### Divorce/Legal Separation

Check one:    \_\_\_ Divorced            \_\_\_ Legally separated

Name of spouse: \_\_\_\_\_

Address of spouse: \_\_\_\_\_

Date of divorce or legal separation: \_\_\_\_\_

**You must provide a copy of the judgment or decree of divorce or legal separation. If spouse/dependent coverage was reduced or eliminated prior to the divorce or legal separation, you must provide evidence with this notice that the coverage was eliminated or reduced in anticipation of the divorce or legal separation.**

### Loss of Dependent Child Status

Name of child: \_\_\_\_\_

Provide the child's address only if different from employee's address:

Child's address: \_\_\_\_\_

Date of event causing loss of dependent eligibility: \_\_\_\_\_

### Death of Covered Employee

Date of employee's death: \_\_\_\_\_

### Other Group Coverage

Name of beneficiary(ies) who obtained other coverage: \_\_\_\_\_

Provide the beneficiary's address only if different from employee's address:

Beneficiary's address: \_\_\_\_\_

Date that other group health plan coverage became effective (and, if there were any preexisting condition exclusions applicable to the qualified beneficiary, provide date that these exclusions were exhausted or satisfied): \_\_\_\_\_

**You must include evidence of the effective date of the other coverage.**

### Medicare Entitlement

Name of beneficiary who became entitled to Medicare: \_\_\_\_\_

Date that Medicare entitlement began: \_\_\_\_\_

**You must include a copy of the qualified beneficiary's Medicare card or Medicare benefits award letter.**

## Notice to COBRA Administrator

### Social Security Administration (SSA) Disability

Name of disabled beneficiary: \_\_\_\_\_

Provide the disabled beneficiary's address only if different from employee's address:

Disabled beneficiary's address: \_\_\_\_\_

Date of SSA determination: \_\_\_\_\_

Date disabled beneficiary became disabled (according to SSA determination): \_\_\_\_\_

**You must provide a copy of the SSA disability award letter with this notice.**

### End of Social Security Administration (SSA) Disability

Name of beneficiary: \_\_\_\_\_

Provide the beneficiary's address only if different from employee's address:

Beneficiary's address: \_\_\_\_\_

Date of SSA determination: \_\_\_\_\_

Date disability ended (according to SSA determination): \_\_\_\_\_

**You must provide a copy of the SSA determination letter with this notice.**

### Certification, Signature, and Date

The undersigned certifies that the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

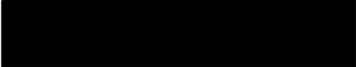
\_\_\_\_\_  
Relationship to Employee

\_\_\_\_\_  
Print Address

\_\_\_\_\_  
Telephone Number

# Your Rights Under the Women's Health and Cancer Rights Act

July 25, 2012

CALEB E. PAYNE  


**From:** City of Hamilton

**Subject:** Your Rights Under the Women's Health and Cancer Rights Act

## All Covered Family Members Must Read This Notice

### What is the Women's Health and Cancer Rights Act?

The Women's Health and Cancer Rights Act (WHCRA) provides protections for mastectomy patients who choose to have breast reconstruction in connection with a mastectomy. The WHCRA applies only to those group health plans and health insurers that cover benefits for mastectomies; it *does not require* health plans to pay for mastectomies. But for plans that do provide coverage for mastectomies, the WHCRA requires coverage for reconstruction as well. According to the U.S. Department of Labor, the WHCRA is not limited to cancer patients; this law should cover anyone seeking reconstruction after a mastectomy for any reason.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prosthesis (e.g. breast implant); and
4. Treatment for physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

**NOTE: State laws may broaden federal WHCRA rights. For complete details about your plan benefits, please read your summary plan description or contact the plan administrator:**

**City of Hamilton**  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**  
Barbara A. Winkler-Toth, Personnel Specialist  
(513) 785-7030

**More information** about the WHCRA may be obtained by calling the Employee Benefits Security Administration of the U.S. Department of Labor toll-free at: 1-866-444-3272.

# General Notice Of COBRA Continuation Coverage Rights

July 25, 2012

CALEB E. PAYNE  


**From:** City of Hamilton

**Subject:** Your Group Health Coverage Continuation Rights Under COBRA

## IMPORTANT INFORMATION ABOUT THIS NOTICE

**PURPOSE OF THIS NOTICE:** You are enrolled, or soon will be enrolled, effective August 1, 2012, in group health benefits under City of Hamilton Group Health Plan. This coverage entitles you to rights under the Consolidated Omnibus Budget Reconciliation Act of 1985, a federal law known as COBRA, which guarantees your right to continue health coverage that would otherwise be lost due to the occurrence of certain events. The purpose of this notice is to inform you of your rights and obligations under COBRA if you experience one of these events in the future.

**This notice summarizes your health insurance continuation rights under federal COBRA.** For more detailed information about your rights and obligations under the plan and under federal law, see your summary plan description or contact the plan administrator.

**WHO MUST READ THIS NOTICE:** Each addressee, including the parent or legal guardian of dependent children who are plan participants, *must* read this notice.

### **TERMS USED IN THIS NOTICE:**

- "you" and "your" refer to each addressee of this notice;
- "we," "us" and "our" refer to City of Hamilton;
- "plan" refers to one or more health plans maintained by us that are subject to COBRA.

**ADDRESS CORRECTIONS:** If any plan participant does not live at the above address, you must inform us immediately of the correct mailing address.

### **PLAN ADMINISTRATOR:**

City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

### **Administrative Contact:**

Barbara A. Winkler-Toth, Personnel Specialist  
(513) 785-7030

COBRA is the federal law that guarantees a temporary continuation of group health coverage when eligibility for such coverage is lost due to the occurrence of a qualifying event. This notice provides a general explanation of COBRA continuation coverage, when and to whom it may become available, and what you must do to protect your right to receive it. These topics are covered:

- COBRA Qualifying Events and Maximum Coverage Periods;
- Qualified Beneficiaries
- Premium Payments;
- Available Coverage;
- Your Event Reporting Obligations;
- Your COBRA Election Rights;
- Extending COBRA Coverage; and

- Adding Dependents to COBRA Coverage.

## **COBRA Qualifying Events And Maximum Coverage Periods**

**What is a qualifying event?** A qualifying event is a certain type of event that causes an individual to lose eligibility for coverage under a COBRA-eligible plan.

**Loss of eligibility is required.** To be COBRA-qualifying, the event must result in a loss of eligibility under the plan rules; the employee's voluntary termination of his or her coverage, or the coverage of a spouse or dependent child, is never a qualifying event.

**The events listed below do not always trigger a loss of eligibility.** For example, some plans do not terminate coverage when a divorce or legal separation occurs, and plans rarely terminate coverage when an active employee becomes entitled to Medicare. For more information about plan eligibility rules, refer to the summary plan description or contact the plan administrator.

### **COBRA Qualifying Events**

<b>Events Applicable To <u>Employees</u></b>	<b>Maximum Coverage</b>
Termination of employment for reasons other than gross misconduct	18 months
Reduction in hours of employment	18 months
<b>Events Applicable To <u>Spouses</u></b>	
Termination of employee's employment for reasons other than gross misconduct	18 months
Reduction in the employee's hours of employment	18 months
Death of the employee	36 months
Divorce or legal separation from the employee	36 months
Employee becomes entitled to Medicare benefits	36 months
<b>Events Applicable To <u>Dependent Children</u></b>	
Termination of employee's employment for reasons other than gross misconduct	18 months
Reduction in employee's hours of employment	18 months
Death of the employee	36 months
Divorce or legal separation of the employee	36 months
Ceases to be a dependent under the plan	36 months
Employee becomes entitled to Medicare benefits	36 months

### **Qualified Beneficiaries**

**Employees, Spouses and Dependent Children.** Covered employees, spouses and dependent children are qualified to elect COBRA continuation coverage when a qualifying event occurs. Employees and family members who are qualified to elect COBRA are called **qualified beneficiaries**.

**Children Covered Under A Qualified Medical Child Support Order.** A child of the covered employee who is enrolled in COBRA-eligible coverage due to a Qualified Medical Child Support Order received by City of Hamilton during the covered employee's employment has the same COBRA rights as an eligible dependent child of the covered employee.

**Can A Domestic Partner Be A Qualified Beneficiary?** Under federal law, a domestic partner of an employee, whether of the same or opposite sex, cannot be a qualified beneficiary under COBRA and thus does not have the right to independently elect COBRA coverage. However, an employee who elects COBRA may add the domestic partner to his or her coverage without having to wait for the next open enrollment period, provided the domestic partner was actively enrolled under the employee's group coverage on the day before the qualifying event.

**Dropping coverage in anticipation of a qualifying event.** If an employee drops the coverage of a dependent spouse or child in anticipation of a qualifying event, such as divorce or legal separation, the dependent will be entitled to COBRA benefits from the date coverage would otherwise have been lost as a result of the qualifying event.

### **Premium Payments**

**You are required to pay the premiums for your coverage under COBRA.** You are required to pay 100% of your COBRA premium. An administration fee may be added to the premium as allowed by law.

### **Available Coverage**

If you become qualified for continuation coverage under COBRA, we will offer coverage that is identical to the group coverage provided to you on the day before the qualifying event occurred. If coverage under the plan is modified for similarly situated active employees, your COBRA coverage will be identically modified. Once enrolled in COBRA, all qualified beneficiaries will have the same options to change coverage as do similarly situated active employees.

City of Hamilton Group Health Plan currently offers the following COBRA-eligible coverage. The coverage offered is subject to change at any time.

- Dental
- Health Flexible Spending Arrangement (health FSA)
- Medical
- Vision

**Maximum coverage period for health FSA.** The maximum continuation period of enrollment in a health flexible spending arrangement (health FSA) under COBRA may be limited to the balance of the current health FSA plan year. Qualified beneficiaries who have overspent their health FSA account allocations for the plan year may not be permitted to continue health FSA coverage under COBRA.

### **Your Event Reporting Obligations**

You must notify the plan administrator when certain life events occur. Failure to provide timely notification of these events may result in the loss of COBRA rights for one or more qualified beneficiaries. Notification procedures are enclosed with this notice; contact the plan administrator if you need assistance.

#### **Events requiring immediate notification:**

- A change in address for any covered family member.

#### **Events requiring notification within 30 days:**

- A family member, after electing COBRA, becomes covered under another group health plan;
- The Social Security Administration determines that a family member, after electing COBRA, is no longer disabled;

#### **Events requiring notification within 60 days:**

- The Social Security Administration (SSA) determines that a family member who is a COBRA qualified beneficiary, is disabled;  
**Note:** The 60-day period is counted from the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.
- Divorce or legal separation;

- Death of the employee while one or more family members are receiving COBRA coverage;
- A family member, after electing COBRA, becomes entitled to Medicare; or
- A child loses dependent status under the plan, such as ineligibility due to age.

Refer to the enclosed notification procedures for details regarding your reporting obligations.

### **Your COBRA Election Rights**

**We will notify you of your COBRA election rights.** When we receive timely notification that you have experienced a qualifying event, we will send you a notice called the "Notice of Right to Elect COBRA Continuation Coverage." The election notice summarizes your rights and obligations with respect to the qualifying event and includes instructions for electing COBRA.

### **Extending COBRA Coverage**

When the qualifying event is termination of employment or reduction in hours, qualified beneficiaries may be entitled to extend the maximum continuation period as a result of certain subsequent qualifying events.

#### **Extension Due to Medicare Entitlement**

If the employee is entitled to Medicare at the time he or she experiences an 18-month qualifying event, his qualified beneficiary spouse and dependent children may be entitled to an extension of the 18-month period to a maximum of 36 months. Be aware that this 36-month coverage period is measured from the employee's Medicare entitlement date, not from the original 18-month COBRA start date. For example, an employee and her spouse are covered under the group health plan at the time she voluntarily terminates her employment. If she became entitled to Medicare six months prior to the start of the 18-month COBRA coverage period, then her spouse's actual continuation coverage period will be a maximum of 30 months (36 months measured from the Medicare entitlement date; 30 months from the COBRA start date).

**SSA disability and the 29-month maximum coverage period.** If the Social Security Administration (SSA) determines that a qualified beneficiary is disabled, the 18-month COBRA coverage period may be extended by 11 months to a maximum of 29 months from the date COBRA coverage began. The extension applies to the disabled qualified beneficiary and to all other qualified beneficiaries who initially elected COBRA and who are still enrolled in continuation coverage at the time the disability determination is reported to the plan administrator. The following conditions must be met to qualify for the 11-month extension:

1. The SSA must determine that the qualified beneficiary is disabled;
2. The effective date of the disability, which is determined by the SSA, must be no later than the 60<sup>th</sup> day of COBRA coverage<sup>\*</sup>; and,
3. The plan administrator must be notified of the SSA determination of disability within the original 18-month coverage period, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.

<sup>\*</sup>If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.

An administration fee of no more than 50 percent of the monthly premium may be charged during the 11-month extension period. Also be aware that the law requires you to notify the plan administrator within 30 days after the date of any final determination by the SSA that the qualified beneficiary is no longer disabled.

**Second qualifying events that extend the coverage period to 36 months.** When certain events occur, the maximum coverage period for the spouse and/or a dependent child, if they are qualified

beneficiaries, may be extended from 18 or 29 months to a maximum of 36 months from the date COBRA coverage began. The plan administrator must be notified of a second qualifying event within 60 days of its occurrence.

Events that may extend coverage to 36 months are:

- Divorce or legal separation from the employee;
- Death of the employee; and
- A child loses dependent status under the plan (only the child is eligible for the extension).

#### *Medicare Entitlement as a Second Qualifying Event*

Under rare circumstances, if an employee becomes entitled to Medicare *after* he elects COBRA coverage, his qualified beneficiary spouse and/or dependent children will be entitled to an extension of the coverage period to a maximum of 36 months. In most cases, such an extension is not permitted.

#### **Adding Dependents To COBRA Coverage**

Depending on plan eligibility rules, you may be permitted to add dependents to coverage after you have elected COBRA. In certain circumstances, a dependent added to coverage will be a qualified beneficiary, having independent election and continuation rights. In many cases, however, dependents added to coverage are not qualified beneficiaries; they do not have independent election rights, nor can they continue coverage independently of the person who added them.

#### **Declining COBRA Coverage**

When a qualifying event occurs, be certain to examine your options carefully before declining COBRA coverage. Companies selling individual health insurance typically require a review of your medical history that could result in a higher premium, or you could be denied coverage entirely.

#### **For More Information About Your Rights**

This notice does not fully describe continuation coverage or other rights under the plan. For more information about your rights under the plan, refer to your summary plan description or contact the plan administrator. For additional information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

07/12/2012 08:14



### Submitted Form: Form A

#### CITY OF HAMILTON BUTLER COUNTY - 314100

Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address
PAYNE, CALEB E	[REDACTED]	Male	[REDACTED]	06/25/2012	No	No	No	[REDACTED]
Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address

Reporting Method: Data Entry

Form Type: Form A

Last Change Date/Time: 07/12/12 01:34 PM

Last Change By: WAGERS, KIM

If you have any questions, please send a message via the ECS Message Center, or contact the OPERS Employer Call Center at 1-888-400-0965.

4/25/12 -  
New hire  
#8025 Corrections Officer



**Employer Section** (To be completed by the employer/plan administrator. Required fields are marked with an asterisk (\*).)

*Employer's Name: City of Hamilton		*Effective Date: 10/01/12	Group ID:
Sub Group ID:	Location Code:	Class: 00000	Occupation:
*Salary:	*Date of Hire:	Hours Worked Per Week:	

**Employee Section** (Please print clearly. Required fields are marked with an asterisk (\*).)

*Last Name: <i>Hayne</i>	*First Name: <i>Caleb</i>	MI:
*Social Security Number:	*Birth Date (MM/DD/YYYY):	*Gender:
		*Marital Status:

**Voluntary Short-Term Disability Coverage Election**

Employee Coverage Only	Enroll	Decline	Benefit Amount	Semi-Monthly Premium Amount (Per Paycheck)
Voluntary Short-Term Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ _____ per Week	\$ _____

**Voluntary Long-Term Disability Coverage Election**

Employee Coverage Only	Enroll	Decline	Benefit Amount	Semi-Monthly Premium Amount (Per Paycheck)
Voluntary Long-Term Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ _____ per Month	\$ _____

**Enrollment Information**

Enrollment must occur within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy). If you are required to pay premiums for any coverage, the enrollment form MUST be signed and dated to authorize payroll deductions. The benefit and premium amounts indicated on this form are estimates, and are subject to change based on the final terms and conditions of the benefit plan as well as your salary and age on the effective date of the plan.

**Agreement and Signature**

I represent that the information I have provided in this enrollment form is complete, true and accurate to the best of my knowledge. I understand that payment of premium does not ensure my eligibility for coverage. I understand and agree that I must satisfy all active work and/or active employment requirements that pertain to the policy to be eligible for coverage. Should I decline coverage(s), I understand and accept the Waiver of Group Insurance provisions that follow.

By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage.

SIGNATURE OF EMPLOYEE *Caleb Hayne* DATE 07 1 26 12

**Waiver of Group Insurance**

Should I apply for waived coverage(s) in the future, I understand that evidence of insurability may be required, acceptable to the insurance company, at my own expense.

The above requirements will apply unless otherwise stated in the policy, or unless prohibited by any applicable state or federal law.



# Ohio Public Employees Retirement System

## Submitted Form: Form A

### CITY OF HAMILTON BUTLER COUNTY - 314100

Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address
PAYNE, CALEB E	[REDACTED]	Male	[REDACTED]	06/25/2012	No	No	No	[REDACTED]
Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address

Reporting Method: Data Entry  
 Form Type: Form A  
 Last Change Date/Time: 07/12/12 01:34 PM  
 Last Change By: WAGERS, KIM

If you have any questions, please send a message via the ECS Message Center, or contact the OPERS Employer Call Center at 1-888-400-0965.

12 JUL '12 PM 03:57

6/25/12 -  
 New hire  
 # 8025 Corrections Officer

PEEM Part-time

NEW/RETURNING EMPLOYEE CHECK OFF:		REMARKS
EMPLOYEE NAME: <u>Caleb Payne</u>		
Position Hired For:	Benefit Group:	
✓	Auditor of State Fraud-Reporting System Information (sign acknowledgement)	
✓	Background Check	
✓	Birth certificate OR social security card OR passport	
✓	COPIES OF W-4 (for new hire reporting for state)	
✓	Direct deposit form - direct deposit is mandatory <i>need voided check</i>	
✓	DISABILITY form	
✓	Driver License	
✓	Drug Screen	
—	EMPLOYMENT DATES REVIEWED AND ADJUSTED, if applicable	
✓	I-9	
	Insurance packet	
✓	Internet / Email Usage Policy (sign acknowledgement)	
✓	Job Application	
✓	New employee info sheet	
✓	OHIO IT4 (state tax withholding form, including school district)	
✓	Personnel Notice	
✓	PERS or Police & Fire pension form (with physical information)	
✓	PHYSICAL (back x-ray required for Maint. Wkr, Laborer, & Lineman II positions)	
✓	Sexual Harassment Policy (ADMIN. DIR. NO. 323) (sign acknowledgement)	
—	Sick leave hours from another municipality - if applicable (letter required)	
✓	Social Security Statement	
—	Vacation Credit ORC 9.44 - if applicable (for time worked for City of Hamilton only)	
—	Voluntary Short & Long-Term Disability Info. (include in insurance packet)	
—	Volunteer Release Form (forms-employment \ release-volunteer)	
✓	W-4 (federal tax withholding)	
✓	Weapons Free Policy (sign acknowledgement)	

\*Note: Returning parks employees need drug screen, W-4 and PERS form (if they withdrew their money).

5/21/2012

# PAYROLL/PERSONNEL INFORMATION SHEET

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE. PRINT OR TYPE ALL INFORMATION. (If necessary attach additional sheets)

NAME <u>CALEB EDWIN PAYNE</u> <small>(FIRST, MIDDLE, LAST)</small>	STREET ADDRESS <u>[REDACTED]</u>		
SOCIAL SECURITY # <u>[REDACTED]</u>	CITY, STATE, ZIP CODE <u>HAMILTON OH, 45015</u>		
HOME TELEPHONE # <u>[REDACTED]</u>	MAILING ADDRESS IF DIFFERENT THAN ABOVE _____		
U.S. CITIZEN (Y/N) <u>YES</u>	BIRTH DATE <u>[REDACTED]</u>	BIRTH PLACE <u>SELMA CA</u>	GENDER (M/F) <u>M</u>
RACE <u>WHITE</u>	MARITAL STATUS <u>SINGLE</u>	MILITARY (Y/N) <u>N</u>	DISABLED (Y/N) <u>N</u>

**DEPENDENT INFORMATION**

SPOUSE'S NAME _____	SOCIAL SECURITY # _____	BIRTH DATE _____	
DEPENDENT NAME _____	SOCIAL SECURITY # _____	RELATIONSHIP _____	BIRTH DATE _____
DEPENDENT NAME _____	SOCIAL SECURITY # _____	RELATIONSHIP _____	BIRTH DATE _____
DEPENDENT NAME _____	SOCIAL SECURITY # _____	RELATIONSHIP _____	BIRTH DATE _____

**EMPLOYEE EDUCATION**

TYPE OF EDUCATION <u>BACHELOR'S</u>	SCHOOL NAME <u>CINCINNATI CHRISTIAN UNIV.</u>	MAJOR <u>PSYCHOLOGY</u>	DEGREE (Y/N) <u>YES</u>
CERTIFICATION <u>POLICE OFFICER CERTIFICATION</u>	DATE <u>01/20/2012</u>	SPECIAL TRAIN. _____	

HAVE YOU EVER BEEN EMPLOYED UNDER AN OHIO RETIREMENT SYSTEM? Y X N \_\_\_\_\_

IF YES, WHICH SYSTEM: PERS

DATES: 09/2003 - 08/2004

ARE YOU CURRENTLY DRAWING P.E.R.S. RETIREMENT? Y \_\_\_\_\_ N X

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

NAME <u>ROBERT C. PAYNE</u>
ADDRESS <u>[REDACTED]</u>
<u>HAMILTON OH, 45015</u> RELATIONSHIP _____
PHONE NO. <u>[REDACTED]</u> HOME <u>[REDACTED]</u> WORK _____

**FOR OFFICE USE ONLY**

DEPARTMENT <u>Police</u>	DIVISION <u>POLB</u>	TITLE <u>Perm PT</u>	EMPLOYEE NO. <u>40853</u>
SUPERVISOR _____	WORK PHONE # & EXTEN. <u>808-5801</u>		VENDOR NO. _____
CLASSIFICATION <u>Corrections Officer</u>	DATE STARTED <u>6-25-12</u>		RATE <u>\$16.74</u>

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

Employee Name CALEB E. PAYNE

Employee ID# [REDACTED]

Employer Name City of Hamilton, Ohio

Employer ID# 31-6000142

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

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

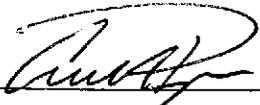
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social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

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

**For More Information**

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

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

Signature of Employee 

Date 06/25/12



**DEPARTMENT  
OF  
CIVIL SERVICE**

JUN 27 2012

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (last) <b>PAYNE</b> (first) <b>CALEB</b> (MI) <b>E.</b>			2. ADDRESS [REDACTED]		
3. DATE OF BIRTH [REDACTED]	4. NO. EXEMPTIONS	5. SOCIAL SECURITY NO. [REDACTED]	6. HIRE DATE	7. EMPLOYEE NO. <b>40853</b>	SECTION NO. <b>16</b>
8. BUDGET CODE <b>610-100</b>	9. PENSION TYPE <b>FERS</b>	10. DEPARTMENT <b>SAFETY</b>	DIVISION <b>POLICE</b>	11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	12. DATE CHANGE EFFECTIVE <b>JUNE 25 2012</b>

**13. REASON FOR CHANGE** (check appropriate action)

Acting Status-Start	Dismissal	Layoff-Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire <b>XX</b>	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reallocation	Other (Explain in Remarks)	

FROM (Present status)		TO (Proposed status or new hire)	
14. CLASSIFICATION - CODE NO.		8025	
15. CLASSIFICATION TITLE		CORRECTIONS OFFICER	
16. DEPARTMENT - DIVISION		SAFETY - POLICE	
17. DUTY STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF
18. PAYROLL STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF
19. LONGEVITY PAY	\$	\$	
20. SALARY (bi-weekly) RATE (per hour)	\$	\$ 16.74	
21. EMPLOYMENT STANDING	RANGE NO.	STEP	RANGE NO. 23      STEP 1
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT	<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME
	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT

<p><b>COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION</b></p>	22. RESIGNATION	LAST DAY WORKED 20	DATE NOTICE GIVEN 20	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RETIREMENT	LAST DAY WORKED 20	AGE	YEARS SERVICE	
	MERIT ADJ.	DATE OF LAST MERIT 20	GRADE OF LAST PERFORMANCE EVALUATION		
	LEAVE	LAST DAY WORKED 20	DATE ANTICIPATED FOR RETURN TO DUTY 20		
	INJURY PAY	DATE OF INJURY 20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION: 20	LAST PERFORMANCE RATING		
	IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED? <input type="checkbox"/> YES				

**13. REMARKS**

HIRED FROM CERTIFICATE NO. 12-8025-02-1

Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire XX	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reallocation	Other (Explain in Remarks)	

FROM (Present status)		TO (Proposed status or new hire)	
14. CLASSIFICATION - CODE NO.		8025	
15. CLASSIFICATION TITLE		CORRECTIONS OFFICER	
16. DEPARTMENT - DIVISION		SAFETY - POLICE	
17. DUTY STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	
18. PAYROLL STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	
19. LONGEVITY PAY	\$	\$	
20. SALARY (bi-weekly) RATE (per hour)	\$	\$ 16.74	
	RANGE NO. STEP	RANGE NO. 23	STEP 1
21. EMPLOYMENT STANDING	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME	
	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT	

22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RESIGNATION	LAST DAY WORKED 20	DATE NOTICE GIVEN 20	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	RETIREMENT	LAST DAY WORKED 20	AGE	YEARS SERVICE	VACATION DAYS DUE HOURS SICK LEAVE CREDIT	
	MERIT ADJ.	DATE OF LAST MERIT 20	GRADE OF LAST PERFORMANCE EVALUATION			
	LEAVE	LAST DAY WORKED 20	DATE ANTICIPATED FOR RETURN TO DUTY 20			
	INJURY PAY	DATE OF INJURY 20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION: 20			LAST PERFORMANCE RATING	
	IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES					

23. REMARKS  
HIRED FROM CERTIFICATE NO. 12-8025-02-1

18 JUN 12 PM 12:57

24. APPROVALS	 City Manager 6/27/12 Date	 Civil Service Personnel Director 6-19-12 Date	 Appointing Authority 6/19/12 Date	Supervisor Date
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PERSONNEL DEPARTMENT COPY

**CITY OF HAMILTON, OHIO  
ADMINISTRATIVE DIRECTIVE**

<b>NO.</b>	407
<b>Effective Date:</b>	6/1/04
<b>PAGE</b>	1 of 2
<b>APPROVED:</b>	Michael J. Samoviski

**SUBJECT: Weapon Free Policy**

**POLICY:**

In the interest of maintaining a safe environment for all employees and other visitors, the City of Hamilton, Ohio prohibits the possession, transport and storage of all weapons on City property at any City worksite, and in any City programs, regardless of whether or not the person responsible for the weapon is otherwise licensed to carry it.

"City property" covered by this policy includes all City-owned or leased buildings and surrounding areas, such as sidewalks, walkways, parking lots and driveways. Furthermore, "City property" includes all City-owned or leased vehicles and all locations at which employees conduct business as representatives of the City. "City worksite" includes any place that City employees are performing work. "City programs" include on and off-site meetings and any other City sponsored or arranged events of any kind.

"Weapons" include, but are not limited to, handguns, firearms, explosives, knives including but not limited to any pocketknife that has a blade exceeding three and one half inches in length, any knife that is spring loaded and other items that may be defined as weapons under state, federal or local laws or ordinances.

For purposes of monitoring compliance with this policy, the City reserves the right to search all City-owned or leased vehicles and all other vehicles, packages, containers, briefcases, purses, lockers, desks, storage devices, and the like maintained or brought onto City property or into City programs.

**This policy does not apply to any law enforcement personnel or security personnel while engaged in official duties.**

This policy does not apply to any city employee who is carrying unconcealed working tools, including, for example, a knife, which would otherwise violate the policy but the use of which is required as a function of the employee's job and for which the employee's supervisor has previously given authorization to carry the item. Approved knives in a toolbox do not constitute a violation of this policy.

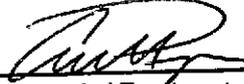
Any employee failing or refusing to comply with any aspect of this policy will be subject to discipline, up to and including dismissal.

Any contractor, vendor, visitor or guest bringing a Weapon onto City property or into a City program is in violation of this policy, forfeits any express or implied permission to

enter or remain on the property or in the program and is subject to immediate removal, without reimbursement for any fees paid for rent, programs or events. Any organization or individual using City property is responsible for communicating this policy to members and guests, and shall be responsible for enforcing it during the period of use.

Any contractor or vendor coming upon City property is responsible for communicating this policy to its employees, agents, invitees and guests and shall be responsible for enforcing the policy during the contract term or vendor relationship.

**I hereby acknowledge that I have received and read the City's  
Weapon-Free Workplace Policy. I understand that engaging in  
conduct prohibited by this policy will result in discipline up to and  
including dismissal, or for a contractor or vendor, termination of the  
contract or business relationship with the City.**

  
\_\_\_\_\_  
**Employee's/Contractor's Signature**

06/25/12  
\_\_\_\_\_  
**Date**

ACKNOWLEDGMENT OF RECEIPT  
OF  
SEXUAL HARASSMENT POLICY  
ADMINISTRATIVE DIRECTIVE NO. 323

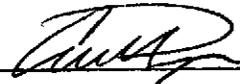
I have received a copy of the City of Hamilton's Sexual Harassment Policy and understand that harassment/discrimination, including sexual harassment, in the workplace is illegal and against City policy. Any violation of this policy will not be tolerated and will result in disciplinary action, up to and including dismissal.

I understand if I am being harassed, I can and should make it known to the harasser that the behavior is unwelcome or that I should report the harassment for investigation as set forth in this Directive. I understand that I am responsible for reporting any harassment/discrimination claims to my immediate supervisor or to the responsible department Director, Chief, Civil Service and Personnel Director or the Law Director, as I choose.

Retaliations against employees who report harassment claims and those who assist in an investigation will not be tolerated.

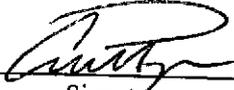
Employee Printed Name: CALEB E. PAYNE Date: 06/25/12

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



**Acknowledgement of Understanding**

I have read and agree to comply with the terms of this policy governing the use of the Internet and email systems. I understand that violation of this policy may result subject me to disciplinary action up to and including dismissal from the City's service.

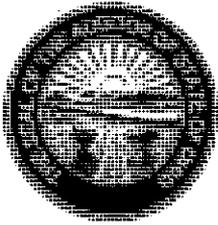


Signature

06/25/12  
Date

CALEB PAYNE

Printed Name



# Dave Yost • Auditor of State

Bulletin 2012-003

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## Auditor of State Bulletin

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**Date Re-Issued:** April 4, 2012

**TO:** All Public Offices  
Community Schools

**FROM:** Dave Yost, Ohio Auditor of State

**SUBJECT:** House Bill 66 – Fraud Hotline

In 2003, then Auditor of State Betty Montgomery created the Auditor of State's fraud hotline. The hotline was established as a way for all Ohioans to report potential fraud throughout government. Since its inception, not a week passes without the Auditor of State's office receiving tips or complaints.

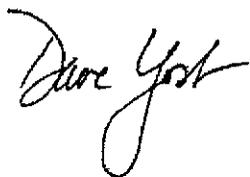
Recently passed legislation House Bill 66 (HB 66) makes several changes to the Auditor of State's fraud hotline. The bill requires the Auditor of State to maintain a system for the reporting of fraud, including misuse of public money by any public official or office. The system allows all Ohio citizens the opportunity to make anonymous complaints through a toll-free telephone number, the Auditor of State's website, or through the United States' mail.

The Auditor of State is required to keep a log of all complaints filed. The log is a public record under Section 149.43 of the Revised Code and must contain the following: the date the complaint was received, a general description of the nature of the complaint, the name of the public office or agency with regard to which the complaint is directed, and a general description of the status of the review by the Auditor's office. Information in the log may be redacted if Section 149.43 of the Revised Code or another statute provides an applicable exemption. During the course of Auditor of State investigations, information will be redacted pursuant to Section 149.43(A)(2) in order to conduct thorough investigations.

The new legislation also has a direct impact on all public employers. On the bill's effective date, May 4, 2012, public offices, including community schools, must make their employees aware of the fraud-reporting system. Public offices also must provide information about the fraud reporting system to all new hires. All new employees must confirm that they received this information within thirty days after beginning employment.

Section 117.103 requires the Auditor of State to confirm that public offices have so notified new employees. The statute provides two ways to verify compliance. First, public offices may require new employees to sign forms acknowledging the employees were notified of the fraud-reporting system. The Auditor of State has created a model form, which is appended to this Bulletin and may be found on the Auditor of State website. Alternatively, public offices may consider providing the fraud reporting system information in the employee manual for the public office. The employee should sign and verify the employee's receipt of such a manual. This option satisfies the bill's requirements on public employers.

Finally, the legislation also extends the current whistle-blower protections contained in Section 124.341 of the Revised Code to employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain retaliatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review.

A handwritten signature in black ink that reads "Dave Yost". The signature is written in a cursive style with a large, looping "D" and "Y".

Dave Yost  
Ohio Auditor of State

## **Auditor of State's Fraud Reporting System**

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail.

### **Auditor of State's fraud contact information:**

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's office  
Special Investigations Unit  
88 East Broad Street  
P.O. Box 1140  
Columbus, Ohio 43215

Web: [www.ohioauditor.gov](http://www.ohioauditor.gov)

**Acknowledgement of Receipt of  
Auditor of State Fraud-Reporting System Information**

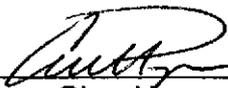
Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty (30) days after beginning employment to confirm receipt of this information.

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

I, CALEB E. PAYNE, 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.

CALEB PAYNE COLLECTIONS OFFICER HPD  
Print Name, Title, and Department

  
Please Sign Name

06/25/12  
Date



Founded 1791

**Hamilton Police Department**

**J. Scott Scrimizzi**  
Chief of Police  
City of Hamilton, Ohio

331 South Front Street  
Hamilton, Ohio 45011-2993  
Telephone 513 868-5811 ext. 2009  
FAX 513 785-7420  
[www.hamilton-city.org/depts/police](http://www.hamilton-city.org/depts/police)

11 JUN 12 AM 08:29

June 8, 2012

Mr. Caleb Payne

Dear Mr. Payne:

Congratulations! You have been accepted for employment by the Hamilton Police Department as a Corrections Officer. You should be very proud of your accomplishment. Contingent upon your successful completion of the medical and drug screening phases of the selection process, you will join the ranks of an outstanding, internationally accredited police agency.

We have enclosed a medical examination form for your pre-employment physical. Bethesda Care and Good Samaritan Occupational Medicine Centers can be used for the exam. Please see the attached list of locations. Appointments are necessary for the medical examination. You may also use your own physician if you prefer.

Bethesda Care and Good Samaritan Occupational Medicine Centers must be used for your drug screen. Appointments are not required for the drug screen.

Following successful completion of these tests, I will contact you by letter with additional information relative to this employment offer.

Feel free to contact this office if you have any questions. We are excited to welcome you to our team.

Sincerely,

J. Scott Scrimizzi  
Chief of Police

pc: Mr. Joshua Smith, City Manager  
Ms. Nadine Hill, Director of Civil Service and Personnel  
A/Captain Daniel Pratt, Administrative Commander  
Lieutenant Trent Chenoweth, Training Supervisor  
Applicant's File

Enclosures



## NOTICE AND ACKNOWLEDGMENT AUTHORIZATION RELEASE (Page 1 of 2)

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)			
Last Name	Payne	First Name	Caleb
Maiden Name		Middle Name	Edwin
Any Other Name(s) Used		[REDACTED]	
Home Address	[REDACTED]	E-Mail Address	[REDACTED]
City	Hamilton	State	OH
Zip	45015	County	Butler
From Mth/Yr	1998	To Mth/Yr	
Social Security Number	[REDACTED]	Date of Birth	[REDACTED]
Military Branch of Service	Army		
Driver's License Number	[REDACTED]	State License was Issued	OH
High School	North Atlantic Regional H.S. (Home school)	City/State Location	Lewiston, Maine
Year Graduated	2004	Full Name Diploma Issued Under	Caleb Edwin Payne
If GED received, in what State		City/State Location	
Date Received		Name Used for GED	
College	Cincinnati Christian University	City/State Location	Cincinnati, OH
Year Graduated	2008		
Degree Rec'd:	<input type="checkbox"/> Associate <input checked="" type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other		
Student ID Number:		Full Name Used	Caleb Edwin Payne
List Previous Addresses (to cover last 7 years)	Address		
City/State	Zip	County	From Mth/Yr To Mth/Yr
Address	City/State	Zip	County
From Mth/Yr	To Mth/Yr	County	From Mth/Yr To Mth/Yr
Address	City/State	Zip	County
From Mth/Yr	To Mth/Yr	County	From Mth/Yr To Mth/Yr
Are you currently employed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
May we contact your CURRENT EMPLOYER now?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If marked YES, we WILL contact.)		
	Please Initial		

**IMPORTANT:** If you are currently employed and do NOT wish for your current employer to be contacted, please check NO on the above box.

**NOTE:** The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY - DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION	SERVICES REQUESTED	<input type="checkbox"/> RUSH ORDER (\$27 extra charge)
Name: NADINE HILL	PACKAGE:	
Title: CIVIL SERVICE & PERSONNEL DIRECTOR	<input type="checkbox"/> Level I (employment, education, criminal search, credit or SSN search, driving)	
E-Mail Address: cspersonnel@ci.hamilton.oh.us	<input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving)	
Company Name: CITY OF HAMILTON	<input type="checkbox"/> Level III (employment, education, criminal search)	
Address: 345 HIGH STREET, 1st FLOOR	<input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search)	
City/State/Zip: HAMILTON, OH 45011	<input type="checkbox"/> Level V (criminal and SSN search)	
If Applicable, Division or Code #:	<input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)	
Phone Number: (513) 785-7030	(Above packages check here for 5 year emp. history ___ check here for only 3 year ___)	
Fax Number: (513) 785-7037	<input type="checkbox"/> Criminal History (county)	<input type="checkbox"/> Federal District Search
	<input type="checkbox"/> Civil Litigation	<input type="checkbox"/> Statewide Search (where available)
	<input type="checkbox"/> CrimeTrack (Criminal Database and National Sex Offender Search)	<input type="checkbox"/> GlobalTrack (Patriot Act Search)
	<input checked="" type="checkbox"/> Credit Report	
	<input type="checkbox"/> Employment History	<input type="checkbox"/> Education
	<input type="checkbox"/> Driving Record	<input type="checkbox"/> SSN Search
	<input type="checkbox"/> Workers' Comp.	<input type="checkbox"/> Military
	<input type="checkbox"/> Credential	<input type="checkbox"/> Bus/Personal Ref.

## NOTICE AND ACKNOWLEDGMENT AUTHORIZATION RELEASE (Page 1 of 2)

### NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character and general reputation which can involve interviews with sources such as your friends and/or associates. These reports may contain information regarding your credit history, criminal history from various state and private sources along with other public records available, social search, motor vehicle records ("driving records"), verification of your education or employment history, or workers' compensation claims. Workers compensation will only be requested in compliance with the ADA and/or any other applicable state laws. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. According to the Fair Credit Reporting Act, you are entitled to know if employment is denied or you otherwise suffer an adverse employment action because of information obtained from your prospective employer/employer from a consumer reporting agency. If so, you will be advised and be given the name of the agency or source of information.

**Maine and New York applicants/employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

**New York applicants/employees only:** I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, Employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants/employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company

**California applicants/employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?\*** You are not obligated to disclose sealed, annulled or expunged convictions or convictions pardoned by the governor. Please be aware that a criminal conviction will not necessarily be a bar to employment and will be considered as it relates to the job in question. Failure to honestly and completely answer this question (other than as described below) will result in discontinued consideration of the application or termination of employment.

\*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below. You are also not required to disclose violations, infractions, petty misdemeanors or summary offenses.

A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and is only relevant in determining whether the conviction is related to the job for which you are applying. Factors such as age at the time of the offense(s), recency of the offense(s), seriousness of the offense(s), nature of the violation(s), its relation, if any, to the job you are seeking, and rehabilitation will be taken into account. Failure to honestly answer these questions will result in discontinued consideration of your application or termination of employment.

YES  NO If YES, please indicate county and state where convicted. \_\_\_\_\_ Date convicted \_\_\_/\_\_\_/\_\_\_

\*CALIFORNIA applicants/residents only: You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two-years old.

\*CONNECTICUT applicants/residents only: You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

\*HAWAII applicants/residents only: Do not respond to this question until you have been given a conditional offer of employment.

\*KENTUCKY applicants/residents only: You do not respond "Yes" as a result of any misdemeanor conviction where the date of conviction was more than five years ago.

\*MASSACHUSETTS applicants/residents only: An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

\*WASHINGTON applicants/residents only: You may exclude convictions that occurred over ten years ago.

Signature X [Signature] Date 03/08/2012  
Printed Name Colcb Payne Company Applying To CITY OF HAMILTON

19 MAR '12 PM 2:00



EMPLOYMENT SCREENING SPECIALISTS

8850 Tyler Blvd., Mentor, OH 44060; Phone: 440.205.8280 Fax: 440.205.8355

[Applicant Log] [Applicant Detail] [Help] [Logout]

To: Ms. Nadine Hill  
 Client: City of Hamilton  
 Location: Hamilton, OH  
 Fax: (513) 785-7037  
 Client ID: 1078-117

Name: CALER EDWIN PAYNE  
 S. S. NO: [REDACTED]  
 Control Id: 780842  
 Client's Ref.No.:  
 Client EMail: cspersonnel@ci.hamilton.oh.us  
 EMail cc to:

If you have any questions regarding this report, you can email your BackTrack Customer Service Representative Kathy or call him/her at Extension: 252

**Returned Report Log**

Date	Report Status	Report Status Notes:
3/19/2012	In Progress	
3/19/2012	Closed	

**Credit Report**

Search #1

Status: Closed

TRANSUNION EMPLOYMENT CREDIT REPORT FOR: USER REF: 780842  
 BACKTRACK, INC DATE REPORT PRINTED: 03/19/2012  
 Z CV0001116 BUREAU: 25 CI CENTRAL STANDARD TIME: 09:16  
 IN OUR FILES SINCE: 07/2004

SUBJECT NAME:  
 PAYNE, CALEB E.

SOCIAL SECURITY NUMBER: [REDACTED]

CURRENT ADDRESS REPORTED 07/2004:  
 [REDACTED]

CREDIT INFORMATION

SPECIAL MESSAGES:

\*\*\*\*SSN YEAR OF ISSUANCE :INPUT SSN ISSUED: 1991 - 1992; STATE: OH\*\*\*

THE FOLLOWING CREDIT SUMMARY REPRESENTS THE SUBJECT'S TOTAL FILE HISTORY

PUBLIC RECORDS: 0	CURRENT NEGATIVE ACCTS: 1	REVOLVING ACCTS: 7
COLLECTIONS: 1	PREVIOUS NEGATIVE ACCTS: 6	INSTALLMENT ACCTS: 10
TRADE ACCTS: 18	PREVIOUS TIMES NEGATIVE: 28	MORTGAGE ACCTS: 0
CREDIT INQUIRIES: 2	EMPLOYMENT INQUIRIES: 2	OPEN ACCTS: 1

	HIGH CRED	CRED LIMIT	BALANCE	PAST DUE	MNTHLY	AVAIL
REVOLVING:	\$4212	\$3200	\$730	\$0	\$86	77%
INSTALLMENT:	\$80.7K	\$	\$81.6K	\$0	\$324	
CLOSED W/BAL:			\$4507	\$0	\$139	
TOTALS:	\$84.9K	\$3200	\$86.8K	\$0	\$549	

THE FOLLOWING ITEMS ARE COLLECTION RECORDS:

GC SERVICES Y 24M5001 OPEN ACCOUNT

SETTLED < FULL BLNC  
 VERIF'D 02/2010 BALANCE: \$0 COLLECTION AGENCY/ATTORNEY  
 INDIVIDUAL ACCOUNT  
 OPENED 07/2009 MOST OWED: \$437 12 T MOBILE COMMUNICATIONS  
 CLOSED 01/2010  
 STATUS AS OF 02/2010: PAID IN FULL; WAS CHRGR-OFF/COLLECTN

-----  
 THE FOLLOWING ACCOUNT INFORMATION IS PRINTED IN ORDER BY MOST NEGATIVE MANNER  
 OF PAYMENT (MOP) AND DATE MOST RECENTLY UPDATED.

VERIZON U 1R2W003 OPEN ACCOUNT  
 PAID/WAS A CHARGE OFF TELECOMMUNICATIONS/CELLULAR  
 VERIF'D 12/2009 BALANCE: \$0 INDIVIDUAL ACCOUNT  
 OPENED 01/2006 MOST OWED: \$104  
 CLOSED 09/2009  
 STATUS AS OF 12/2009: PAID IN FULL; WAS CHRGR-OFF/COLLECTN

HSBC/BSTBY B 109V300 REVOLVING ACCOUNT  
 MNGD BY FNCL CNSL PGM CHARGE ACCOUNT  
 VERIF'D 03/2012 BALANCE: \$3110 JOINT ACCOUNT  
 OPENED 04/2006 MOST OWED: \$5094 PAY TERMS: MINIMUM \$110  
 CLOSED 06/2009 CREDIT LIMIT: \$4600  
 STATUS AS OF 03/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 48 MONTHS FROM DATE VERIF'D 4 TIMES 30 DAYS LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

CAP ONE B 1DTV001 REVOLVING ACCOUNT  
 CREDIT CARD  
 VERIF'D 03/2012 BALANCE: \$354 INDIVIDUAL ACCOUNT  
 OPENED 08/2006 MOST OWED: \$2020 PAY TERMS: MINIMUM \$43  
 CREDIT LIMIT: \$1500  
 STATUS AS OF 03/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 48 MONTHS FROM DATE VERIF'D 3 TIMES 90 OR MORE DAYS,  
 1 TIME 60 DAYS, 1 TIME 30 DAYS LATE  
 MAXIMUM DELINQUENCY OF 90+ DAYS OCCURRED IN 09/2009  
 PAYMENT PATTERN: 11111111111111111111111111111111

CITI B 64DB003 REVOLVING ACCOUNT  
 MNGD BY FNCL CNSL PGM CREDIT CARD  
 VERIF'D 03/2012 BALANCE: \$1397 INDIVIDUAL ACCOUNT  
 OPENED 12/2008 PAY TERMS: MINIMUM \$29  
 CLOSED 03/2009 CREDIT LIMIT: \$3500  
 STATUS AS OF 03/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 38 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

AES/PNC/NTL E 494T67E INSTALLMENT ACCOUNT  
 PAYMENT DEFERRED STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$6017 INDIVIDUAL ACCOUNT  
 OPENED 08/2007 MOST OWED: \$5500 PAY TERMS: 117 MONTHLY  
 DEFERRED TO 10022012  
 STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

AES/PNC/NTL E 494T67E INSTALLMENT ACCOUNT  
 PAYMENT DEFERRED STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$3589 INDIVIDUAL ACCOUNT  
 OPENED 09/2005 MOST OWED: \$3500 PAY TERMS: 117 MONTHLY  
 DEFERRED TO 10022012  
 STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

AES/PNC/NTL E 494T67E INSTALLMENT ACCOUNT  
 PAYMENT DEFERRED STUDENT LOAN

VERIF'D 02/2012 BALANCE: \$8833 INDIVIDUAL ACCOUNT  
 OPENED 04/2009 MOST OWED: \$8500 PAY TERMS: 119 MONTHLY  
 DEFERRED TO 10022012

STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 33 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

AES/PNC/NTL E 494T67E INSTALLMENT ACCOUNT  
 PAYMENT DEFERRED STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$6017 INDIVIDUAL ACCOUNT  
 OPENED 08/2006 MOST OWED: \$5500 PAY TERMS: 117 MONTHLY  
 DEFERRED TO 10022012

STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

AES/PNC/NTL E 494T67E INSTALLMENT ACCOUNT  
 PAYMENT DEFERRED STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$2692 INDIVIDUAL ACCOUNT  
 OPENED 10/2004 MOST OWED: \$2625 PAY TERMS: 117 MONTHLY  
 DEFERRED TO 10022012

STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

DPT ED/SLM B 6372056 INSTALLMENT ACCOUNT  
 PAYMENT DEFERRED STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$3500 INDIVIDUAL ACCOUNT  
 OPENED 06/2011 MOST OWED: \$3500 DEFERRED TO 08082012  
 STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 08 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111

DPT ED/SLM B 6372056 INSTALLMENT ACCOUNT  
 PAYMENT DEFERRED STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$2666 INDIVIDUAL ACCOUNT  
 OPENED 06/2011 MOST OWED: \$2570 DEFERRED TO 08082012  
 STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 08 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111

KEYBNK/GLHEC E 368N13S INSTALLMENT ACCOUNT  
 STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$40047 INDIVIDUAL ACCOUNT  
 OPENED 08/2004 MOST OWED: \$40047 PAY TERMS: MONTHLY \$123  
 STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

SALLIE MAE B 6372038 INSTALLMENT ACCOUNT  
 STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$4607 JOINT ACCOUNT  
 OPENED 08/2009 MOST OWED: \$5000 PAY TERMS: 82 MONTHLY \$112  
 STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 30 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

SALLIE MAE B 6372038 INSTALLMENT ACCOUNT  
 STUDENT LOAN  
 VERIF'D 02/2012 BALANCE: \$3691 JOINT ACCOUNT  
 OPENED 09/2009 MOST OWED: \$4000 PAY TERMS: 81 MONTHLY \$89  
 STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 29 MONTHS FROM DATE VERIF'D NEVER LATE  
 PAYMENT PATTERN: 11111111111111111111111111111111

CHASE B 26QK001 REVOLVING ACCOUNT  
 CLOSD BY CRDT GRANTOR CREDIT CARD  
 VERIF'D 02/2012 BALANCE: \$376 INDIVIDUAL ACCOUNT  
 OPENED 06/2008 MOST OWED: \$1469 PAY TERMS: MINIMUM \$43  
 CREDIT LIMIT: \$1200

STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 43 MONTHS FROM DATE VERIF'D 3 TIMES 60 DAYS,  
 2 TIMES 30 DAYS LATE  
 MAXIMUM DELINQUENCY OF 60 DAYS OCCURRED IN 07/2009  
 PAYMENT PATTERN: 11111111111111111111111111111111

KOHL/CAPONE D 12EN005 REVOLVING ACCOUNT  
 CLOSD BY CRDT GRANTOR CHARGE ACCOUNT  
 VERIF'D 02/2012 BALANCE: \$0 INDIVIDUAL ACCOUNT  
 OPENED 12/2008 MOST OWED: \$419 CREDIT LIMIT: \$100  
 CLOSED 06/2009

STATUS AS OF 02/2012: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 38 MONTHS FROM DATE VERIF'D 3 TIMES 90 OR MORE DAYS,  
 1 TIME 60 DAYS, 1 TIME 30 DAYS LATE  
 MAXIMUM DELINQUENCY OF 90+ DAYS OCCURRED IN 06/2009  
 PAYMENT PATTERN: 11111111111111111111111111111111

CAP ONE B 1DTV001 REVOLVING ACCOUNT  
 CREDIT CARD  
 VERIF'D 01/2011 BALANCE: \$0 INDIVIDUAL ACCOUNT  
 OPENED 02/2009 MOST OWED: \$723 CREDIT LIMIT: \$500  
 PAID OFF 12/2010

STATUS AS OF 01/2011: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 22 MONTHS FROM DATE VERIF'D 6 TIMES 90 OR MORE DAYS,  
 1 TIME 60 DAYS, 1 TIME 30 DAYS LATE  
 MAXIMUM DELINQUENCY OF 90+ DAYS OCCURRED IN 10/2009  
 PAYMENT PATTERN: 1111111111115554443211

FST PREMIER B 41PF016 REVOLVING ACCOUNT  
 ACCT CLSD BY CONSUMER CREDIT CARD  
 VERIF'D 12/2010 BALANCE: \$0 INDIVIDUAL ACCOUNT  
 OPENED 03/2009 MOST OWED: \$353 CREDIT LIMIT: \$250  
 CLOSED 07/2009

STATUS AS OF 12/2010: CURRENT; PAID OR PAYING AS AGREED  
 IN PRIOR 20 MONTHS FROM DATE VERIF'D 1 TIME 30 DAYS LATE  
 PAYMENT PATTERN: 11111111111111111211

-----  
 THE FOLLOWING COMPANIES HAVE REQUESTED A COPY OF THE SUBJECT'S CREDIT REPORT

DATE	SUBCODE	SUBSCRIBER NAME
03/05/2012	B 2699824	CAP ONE
02/04/2012	Z 4139028	TRANS UNION

-----  
 THE FOLLOWING COMPANIES HAVE REQUESTED THE SUBJECT'S FILE FOR EMPLOYMENT USE:

DATE	SUBCODE	SUBSCRIBER NAME
03/19/2012	Z 1116	BACKTRACK
12/05/2011	V 8217600	CITY OF WYOM

-----  
 EMPLOYMENT CREDIT REPORT SERVICED BY:

TRANSUNION  
 2 BALDWIN PLACE, P. O. BOX 1000  
 CHESTER, PA. 19022  
 800-888-4213  
 Consumer disclosures can be obtained online through TransUnion at:  
<http://www.transunion.com>

END OF TRANSUNION REPORT  
YOU MUST ATTACH THE CONSUMER RIGHTS STATEMENT TO THIS REPORT AS REQUIRED BY THE  
FCRA AND AS PREVIOUSLY SUPPLIED BY TRANSUNION; YOU AGREE TO INDEMNIFY  
TRANSUNION IF YOU FAIL TO DO SO. UPON REQUEST, YOUR SALES REPRESENTATIVE CAN  
PROVIDE YOU ADDITIONAL COPIES OF THE RIGHTS STATEMENT, FREE OF CHARGE.

**CALEB E. PAYNE**



19DEC'11 AM 11:26

**CAREER OBJECTIVE**

I am seeking employment as a police officer with an agency that truly values its two-fold position in the local community, both in terms of protection and service. I have a deep desire to serve the community with courage, empathy, and integrity. It is my aim to be a faithful guardian and servant in the community in order to make a lasting impact on its citizens.

**EDUCATION**

**Basic Peace Officer Certification, December 2011**

Butler Tech Basic Peace Officer Training Academy  
Liberty Township, Ohio

**Bachelor of Science in Psychology, May 2008**

Cincinnati Christian University  
Cincinnati, Ohio

**High School Diploma, May 2004**

North Atlantic Regional High School  
Lewiston, Maine

**HONORS AND EXPERIENCE**

Top Gun Award, December 2011  
Dean's List, Fall 2004 – Spring 2008

**EMPLOYMENT**

**FIRST FINANCIAL BANK: Teller, December 2010 – Present**

- Complete monetary transactions in an efficient, customer-focused manner.
- Refer products and services in an effort to further support clients and their needs.
- Meet and exceed client needs in order to maintain strong business relationships.
- Strive to provide service excellence in every customer interaction.

**DICK'S SPORTING GOODS: Sales Lead / Supervisor, July 2009 – February 2011**

- Supervise cashiers and provide overrides and manager approvals as needed.
- Complete monetary transactions in an efficient, customer-focused manner.
- Count cashier tills, prepare and verify deposits, and count safe tenders.
- Supervise team sports associates and direct their efforts in order to maximize efficiency and performance.
- Process freight and replenish product efficiently.

- Merchandise and price product in a detail-oriented, customer-friendly fashion in order to promote and increase sales.
- Drive daily sales goals by meeting customer needs and creating repeat business.
- Work alongside management staff to discuss ideas to improve efficiency, drive sales, and exceed customer needs and expectations.
- Strive to provide service excellence in every customer interaction.

**GFS MARKETPLACE: Sales Associate, June 2005 – July 2009**

- Process freight and replenish product efficiently.
- Complete monetary transactions in an efficient, customer-focused manner.
- Merchandise and price product in a detail-oriented, customer-friendly fashion in order to promote and increase sales.
- Drive daily sales goals by meeting customer needs and creating repeat business.
- Strive to provide service excellence in every customer interaction.

**REFERENCES**

Dr. Rick Cherok  
Resident Director / Professor of History, Cincinnati Christian University  
2700 Glenway Avenue  
Cincinnati, OH, 45204  
513-244-8100

Neil Ferdelman  
Chief of Police, City of Hamilton Police Department  
331 South Front Street  
Hamilton, OH, 45011  
513-868-5811, Ext. 1501

Dr. Jon Weatherly  
Academic Dean, Cincinnati Christian University  
2700 Glenway Avenue  
Cincinnati, OH, 45204  
513-244-8100

**Butler Technology and Career Development Schools**

Adult Workforce Education

**Butler Tech Peace Officer Training Academy**

**Certificate of Completion**

This certifies that

**Caleb F. Payne**

has satisfactorily completed 680 hours of adult career-technical training in the

**Basic Peace Officer Academy Class**

**BAS 11-041**

April 4, 2011 – December 8, 2011



Brett Smith  
Chief Executive Officer



Cheryl Brackman  
Executive Director - AWE





Al Hopkins - BT-CO081  
Director of Law Enforcement Training



John Ferguson - BT-CO-0377  
Academy Coordinator



**DEPARTMENT  
OF  
CIVIL SERVICE**

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

6 JUN 14 PM 12:24

1. NAME (last) <b>PAYNE</b>	(first) <b>CALEB</b>	(MI) <b></b>	2. ADDRESS <b></b>
3. DATE OF BIRTH <b></b>	4. NO. EXEMPTIONS <b></b>	5. SOCIAL SECURITY NO. <b></b>	6. HIRE DATE <b>4/28/53</b>
8. BUDGET CODE <b>100-140-114 PERS</b>	9. PENSION TYPE <b>SAFETY</b>	10. DEPARTMENT <b>SAFETY</b>	DIVISION <b>POLICE</b>
11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	7. EMPLOYEE NO. <b>40853</b>	12. DATE CHANGE EFFECTIVE <b>JUNE 7 2014</b>	SECTION NO. <b>10</b>

13. REASON FOR CHANGE (check appropriate action)

Acting Status-Start	Dismissal	Layoff/Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign XX	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reclassification	Other (Explain in Remarks)	

FROM TO  
(Present status) (Proposed status or new hire)

14. CLASSIFICATION - CODE NO.	<b>8025</b>	<b>8025</b>
15. CLASSIFICATION TITLE	<b>CORRECTIONS DESIGNER</b>	<b>CORRECTIONS DESIGNER</b>
16. DEPARTMENT - DIVISION	<b>SAFETY - POLICE</b>	<b>SAFETY - POLICE</b>
17. DUTY STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF
18. PATROLL STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF
19. LONGEVITY PAY	\$	\$
20. SALARY (bi-weekly) RATE (per hour)	\$	\$ <b>17.15</b>

21. EMPLOYMENT STANDING	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART TIME <input type="checkbox"/> PART TIME
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22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RESIGNATION	LAST DAY WORKED <b>20</b>	DATE NOTICE GIVEN <b>20</b>	RECOMMEND FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	HOURS SICK LEAVE CREDIT
	RETIREMENT	LAST DAY WORKED <b>20</b>	AGE	VACATION DAYS DUE	
	MERIT ADJ.	DATE OF LAST MERIT <b>20</b>	GRADE OF LAST PERFORMANCE EVALUATION		
	LEAVE	LAST DAY WORKED <b>20</b>	DATE ANTICIPATED FOR RETURN TO DUTY		
	INJURY PAY	DATE OF INJURY <b>20</b>	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	LAST PERFORMANCE RATING

23. REMARKS: ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED:  YES

NO PAYNE IS RESIGNING IS POSITION EFFECTIVE JUNE 7, 2014. (LAST DAY WORKED JUNE 6, 2014).  
 TOTAL AMOUNT DUE: \$480.20 (SEE ATTACHED)

5 JUN 14 AM 5:07

24. APPROVALS

City Manager <i>[Signature]</i> Date	Civil Service Personnel Director <i>[Signature]</i> Date	Appointing Authority <i>[Signature]</i> Date	Supervisor Date
--	--	--	--------------------

PERSONNEL DEPARTMENT COPY

Caleb Payne resignation effective 6/7/14  
Hire Date: 6/25/12  
PAY RATE \$17.15

	Amount
<b>Comp Time (Hours)</b>	0.000
	\$0.00
<b>Court Time</b>	0.00
	\$0.00
<b>Holidays (Hours)</b>	16.000
	\$274.40
136 Hrs./12 Mos. = 11.33 X 6 Mos. = 67.98 (68 hr) (used 52 hours)	
<b>Vacation (Hours)</b>	12.00
	\$205.80
<b>GRAND TOTAL</b>	<b>\$480.20</b>

**PERSONNEL ORDER #:** 14.2

**ISSUANCE DATE:** 06/05/14

**PAGE:** 1 of 1

**BY ORDER OF:**

J. Scott Scrimizzi  
Chief of Police



# PERSONNEL ORDER

## **14.2 RESIGNATIONS**

### **14.2.2 RESIGNATIONS:**

1. **Corrections Officer Caleb Payne** Officer Payne has resigned his position from the Hamilton Police Department effective June 6, 2014. Officer Payne was hired on June 25, 2012. During his tenure he served as a corrections officer with the court services division.
2. **Police Officer Jo Hornschemeier** Officer Hornschemeier has resigned her position with the Hamilton Police Department effective June 15, 2014. Officer Hornschemeier was hired on July 9, 2007. During her tenure she served as a patrol and traffic officer for B shift.

To Whom It May Concern:

Effective at the end of my tour of duty on Friday, June 06, 2014, I resign from my position as a Special Police Officer with the City of Hamilton Police Department. It has truly been a privilege to have served in this capacity. The personal and professional growth I have observed in myself over the course of my employment with the City of Hamilton Police Department has been immense, and for that, I am grateful. I truly appreciate the opportunities I have been afforded over the past two years, but I am now pursuing other avenues.

Respectfully Submitted,

S.P.O.



#785

S.P.O. Caleb Payne #785

Accepted,

5/30/14

J. Scott Jennings

22 SEP 14 PM 11:23

To Whom It May Concern:

Effective at the end of my tour of duty on Friday, June 06, 2014, I resign from my position as a Special Police Officer with the City of Hamilton Police Department. It has truly been a privilege to have served in this capacity. The personal and professional growth I have observed in myself over the course of my employment with the City of Hamilton Police Department has been immense, and for that, I am grateful. I truly appreciate the opportunities I have been afforded over the past two years, but I am now pursuing other avenues.

Respectfully Submitted,

S.P.O.  #785  
S.P.O. Caleb Payne #785

Accepted,  
5/30/14  
J. Scott Bennett

3 JUN '14 AM 9:19

# Notice of Right to Elect COBRA Continuation Coverage

June 19, 2014

CALEB E. PAYNE



From: City of Hamilton

Subject: Your Right to Extend Group Health Coverage

## IMPORTANT INFORMATION ABOUT THIS NOTICE

**PURPOSE:** The purpose of this notice is to inform each addressee about his or her right to elect a temporary extension of group health coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985, the federal law known as COBRA.

**This notice also contains information about other health coverage alternatives that may be available to you through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.**

This notice summarizes your group health insurance continuation rights under COBRA. For more detailed information about your rights and obligations under the plan and under federal law, see your summary plan description or contact the plan administrator.

**WHO MUST READ THIS NOTICE:** You or your legal representative *must* read this notice.

**ADDRESS CORRECTIONS:** You must inform us immediately of a change in your mailing address. You should also keep a copy of any notices you send to the Plan Administrator.

**TERMS USED IN THIS NOTICE:**

- "we," "us" and "our" refer to City of Hamilton;
- "plan" refers to one or more group health plans maintained by us that are subject to COBRA.

**PLAN ADMINISTRATOR:**

City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**

Jennifer Cox, Administrative Specialist II  
(513) 785-7030

**You Are Qualified to Elect a Temporary Extension of Your Group Health Coverage.** Due to your termination of employment, your last day of coverage under City of Hamilton Group Health Plan is June 30, 2014. However, because you are a qualified beneficiary under COBRA, you are entitled to elect a temporary extension of your group health coverage.

**Your Maximum Coverage Period Is 18 Months.** Provided you meet the terms of eligibility as set forth in this notice, your extension of coverage will begin on **July 1, 2014**, and may continue to a maximum coverage period of 18 months, ending on **December 31, 2015**. Be aware that under certain circumstances your COBRA coverage will terminate before the end of the 18-month period. See the paragraph entitled "Termination of Your COBRA Coverage" for more information on early termination.

### **Obtaining Coverage through the Health Insurance Marketplace**

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace via the questions and answers below.

**What is the Health Insurance Marketplace?** The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.

Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at [www.healthcare.gov](http://www.healthcare.gov).

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

**When can I enroll in Marketplace coverage?** You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a “special enrollment” event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit [www.healthcare.gov](http://www.healthcare.gov).

**If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace?**

**What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?** If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

### **Electing Extended Coverage under COBRA**

**Your 60-Day Election Period** To receive this temporary extension of your group health coverage, you must complete and return the section of this notice entitled “COBRA Election Form” by August 29, 2014, or within 60 calendar days after the date this notice was delivered to you, whichever is later. The following points must be taken into account when determining your deadline for electing COBRA coverage:

- If mailed, the delivery date of this notice is its postmark date.
- If this notice's postmark date is on or before June 30, 2014, your completed election form must be delivered to the plan administrator no later than August 29, 2014.
- If this notice's postmark date is after June 30, 2014, your completed election form must be delivered to the plan administrator no later than 60 calendar days after this notice's postmark date.

**Your First Payment Amount and Due Date.** If you elect COBRA continuation coverage, we will send you a notice entitled "Confirmation of COBRA Election", which includes a list of premium payment amounts and due dates. The first payment amount will include all monthly premiums that would normally be due from July 1, 2014, through the month previous to the month in which the payment is due. For example, if the first payment due date falls in the third month of COBRA coverage, your first payment amount will include the premiums for the first two months, including applicable administration fees.

**You Will Not Be Covered if Your First Payment Is Late.** There is no grace period for your first premium payment. If it is not received or postmarked before the 45-day payment period expires:

- You will not be enrolled in COBRA continuation coverage; or
- If you were enrolled in COBRA continuation coverage, your coverage may be retroactively terminated, and you will be required to reimburse the plan for all benefits received after coverage was terminated due to the termination of employment.

### **Monthly Premium Payments**

After the first payment is made, your monthly payments will be due on the 1st day of the month for each month of coverage. You will have a grace period of 30 days from the premium due date in which to make the payment. If you elect the same coverage you had on the day before the termination of employment, the monthly COBRA premium will be \$532.04. This amount includes an administration fee of 2 percent of the premium. The premium amount may be lower if all eligible coverage is not elected. See the last page of this notice for a breakdown of premiums by coverage. Be aware that premium rates are subject to change.

**You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.** You can learn more about the Marketplace above.

**We Are Not Required to Provide Premium Invoices.** You are required to pay your monthly premium on time, whether or not you receive a bill from us.

**Coverage Will Be Canceled if Payment Is Not Received before the Grace Period Expires.** If your monthly premium payment is not received or postmarked before the grace period expires, your coverage will be canceled retroactively to the last day of coverage for which a payment was received, and you will be required to reimburse the plan for all benefits received after your last day of coverage.

**A Check Returned by Your Bank Due to Insufficient Funds Is Nonpayment.** A check received or postmarked before the grace period expires, but returned by your bank due to insufficient funds, is nonpayment of the premium; it is treated as if the check was not received.

### **Where to Send Your Payments:**

Jennifer Cox, Administrative Specialist II  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Make premium payments payable to: City of Hamilton**

### **Maximum Coverage Periods**

Provided you meet the terms of eligibility as set forth in this notice, your coverage will begin on July 1, 2014, and may continue to a maximum of 18 months, ending on December 31, 2015. Under certain conditions, your maximum coverage period may be extended. The conditions under which coverage may be extended are described below.

- Your election form must be in writing; it may be mailed or hand-delivered. If you mail your election form, its delivery date is its postmark date.

**If You Waive Your COBRA Rights, Then Change Your Mind If you waive your COBRA rights, you may change your mind, provided you complete and return your "COBRA Election Form" before your 60-day election period expires.**

### **Your Enrollment Rights**

**What Is Covered** We are offering you coverage that is identical to the group coverage you had on the day before the termination of employment. That coverage is listed in the section of this notice entitled "COBRA Election Form."

**You Have the Same Open Enrollment Rights as Similarly Situated NonCOBRA Beneficiaries.** If plan coverage is modified for similarly situated plan participants who are not enrolled in COBRA (nonCOBRA beneficiaries), your COBRA continuation coverage will be identically modified. Once enrolled in COBRA, you have the same rights to change coverage and to add dependent coverage as do similarly situated nonCOBRA beneficiaries. However, dependents added to your coverage do not have COBRA rights; they are subject to the terms and conditions of eligibility that apply to similarly situated plan participants who are not enrolled in COBRA. For example, a spouse added to a former employee's COBRA coverage is subject to the eligibility rules that apply to the spouse of a similarly situated active employee. (See the paragraph entitled "Newborn Or Adopted Children" for the exception to this rule.)

### **Other Qualified Beneficiaries**

**Newborn or Adopted Children** A child born to, adopted by, or placed for adoption with you during your period of COBRA continuation coverage may be added to coverage under the plan, provided the plan allows dependent children to be added to the coverage and the child meets all plan eligibility requirements. The added child will be a qualified beneficiary having the same COBRA rights and subject to the same terms and conditions as other qualified beneficiaries. Coverage will be retroactive to the date of birth, adoption or placement for adoption.

**Children Covered under a Qualified Medical Child Support Order** A child of yours who is enrolled in COBRA-eligible coverage due to a Qualified Medical Child Support Order (QMCSO) received by City of Hamilton prior to the termination of employment is a qualified beneficiary having the same COBRA rights as a dependent child who is a qualified beneficiary.

### **Your Premium Payments**

**You Are Required to Pay the Entire Cost of Your COBRA Coverage.** The total cost to you is the cost to the plan of coverage for a similarly situated nonCOBRA beneficiary, including both employer and employee contributions, plus an administration fee. That fee is no more than 2 percent of the premium, or 50 percent in the case of an extension of COBRA due to a disability. (For more information about the disability extension, see the section entitled "Maximum Coverage Periods.")

**You Are Not Required to Send Payment with Your Election Form.** The terms and conditions of your first premium payment are not the same as the terms and conditions of subsequent monthly payments. These differences are explained in the sections entitled "Your First Premium Payment" and "Monthly Premium Payments."

### **Your First Premium Payment**

Your first payment must be received no later than 45 days after your COBRA start date or your election date, whichever is later. Remember, if you mail your election form, its postmark date is your election date.

### **SSA Disability and the 29-Month Maximum Coverage Period**

If the Social Security Administration (SSA) determines that a qualified beneficiary is disabled, the 18-month COBRA coverage period may be extended by 11 months to a maximum of 29 months from the date COBRA coverage began. The extension applies to the disabled qualified beneficiary and to all other qualified beneficiaries who initially elected COBRA and who are still enrolled in continuation coverage at the time the disability determination is reported to the plan administrator. The following conditions must be met to qualify for the 11-month extension:

1. The SSA must determine that the qualified beneficiary is disabled;
2. The onset date of the disability, as determined by the SSA, must be no later than the 60th day of COBRA coverage<sup>\*</sup>; and,
3. The plan administrator must be notified of the SSA determination of disability within the original 18-month coverage period, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.

<sup>\*</sup> If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.

An administration fee of no more than 50 percent of the monthly premium may be charged during the 11-month extension period.

**How to Qualify for an Extension to the Maximum Coverage Period** To determine if you qualify for an extension to 29 months, you must provide the plan administrator with timely notification of the disability determination. Guidelines for notifying the plan administrator are listed in the section entitled "Your Event Reporting Obligations."

### **Termination of Your COBRA Coverage**

Your COBRA coverage will terminate prior to the end of the maximum coverage period if any of the following occurs:

1. We no longer provide group health coverage to any of our employees;
2. The premium is not paid in full and on time;
3. You become covered by another employer's group health plan that does not limit or exclude your coverage due to preexisting conditions (or after such preexisting condition limitations and exclusions have expired) (Note: there are limitations on plans imposing pre-existing condition exclusions, and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act.);
4. You first become entitled to Medicare; or,
5. The plan terminates your coverage for any reason that it would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

### **Your Event Reporting Obligations**

You must notify the plan administrator when certain life events occur during your COBRA coverage period. Failure to provide timely notification of these events may result in the loss of COBRA rights for one or more qualified beneficiaries. Notification procedures are enclosed with this notice; contact the plan administrator if you need assistance.

### **Events Requiring Immediate Notification:**

- A change in your mailing address.

### **Events Requiring Notification within 30 Days:**

- You become covered under another group health plan;
- The Social Security Administration determines that you are no longer disabled;
- A child is born to, adopted by, or placed for adoption with you, and you want to add the child to the coverage.

### **Events Requiring Notification within 60 Days:**

- The Social Security Administration determines that you are disabled.  
(The 60-day period is counted from the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.);
- You become entitled to Medicare.

### **If You Do Not Elect COBRA Coverage**

**Failing to Elect COBRA is a Final Waiver.** Failing to elect COBRA coverage before the 60-day election period expires is a final waiver of your COBRA rights.

**You Will Have Special Group Coverage Enrollment Rights.** If you do not elect COBRA coverage, you have the right to request special enrollment in another group health plan for which you would otherwise be eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends due to the termination of employment. (You will also have the same special enrollment right at the end of continuation coverage if you elect COBRA and remain covered for the maximum time available to you.)

### **Conversion Coverage**

**You May Have the Right to Enroll in an Individual Conversion Policy.** When your group coverage ends, you may have the right to enroll in an individual conversion policy (check your summary plan description or contact the plan administrator to determine the availability of conversion coverage). Be aware that the benefits provided under an individual conversion policy may not be identical to those provided under the group health plan. If an individual conversion policy is available to you, you may choose it instead of enrolling in COBRA continuation coverage, or you may have the right to enroll in the conversion policy after you have received the maximum coverage available to you under COBRA.

### **Factors to Consider When Choosing Coverage Options**

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance Payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to

# COBRA Election Form

June 19, 2014

CALEB E. PAYNE



**Instructions** You may elect continuation coverage under City of Hamilton Group Health Plan as explained in the "Notice of Right to Elect COBRA Continuation Coverage" enclosed with this election form. The notice also contains information about other health coverage alternatives that may be available to you through the Health Insurance Marketplace. Be sure to read the notice in its entirety before deciding whether to elect COBRA continuation coverage.

To receive this temporary extension of your group health coverage, you must complete and return this election form by August 29, 2014, or within 60 calendar days after the date this notice was delivered to you, whichever is later. If mailed, the delivery date of this notice is its postmark date.

The coverage eligible for continuation is listed below. Identify the coverage you wish to continue by placing an **X** in the first column:

<b>X</b>	<b>Qualified Beneficiary (QB)</b>	<b>QB Type</b>	<b>Eligible Coverage</b>
	CALEB E PAYNE	Employee	EyeMed
	CALEB E PAYNE	Employee	Superior Dental
	CALEB E PAYNE	Employee	United HealthCare

**When Your COBRA Continuation Coverage Will Begin** If you elect continuation coverage, your first day of coverage will be July 1, 2014.

**Your Total Premium Payment** If you elect all eligible coverage, your monthly premium will be \$532.04. This amount includes an administration fee of 2 percent of the premium. The premium amount may be lower if all eligible coverage is not elected. See the last page of this notice for a breakdown of premiums by coverage. All rates are subject to change.

**When Premium Payments Are Due** Premium due dates are explained in the paragraph entitled "Your Premium Payments" in the "Notice of Right to Elect COBRA Continuation Coverage." Be sure you understand the premium payment requirements and contact the plan administrator if you need to confirm the first payment amount. You are not required to send a premium payment with your election form.

**Who May Authorize the Elections Checked Above:**

- CALEB E. PAYNE; or,
- If she is legally incapacitated, her spouse or legal representative may elect continuation coverage on her behalf.

**Where to Send Your Completed Election Form:**

Jennifer Cox, Administrative Specialist II  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

This election form may be mailed or hand-delivered. If you mail your election form, its delivery date is its postmark date.

see if your plan has a service or coverage area, or other similar limitations.

- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

### **For More Information about Your Rights**

#### **This Notice Does Not Fully Describe COBRA or Other Rights You May Have under the Plan.**

More information about continuation coverage and your rights under the plan is available in your summary plan description or from City of Hamilton. If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact the COBRA administrator listed on page 1 of this notice.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). For more information about health insurance options available through the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### Monthly Premiums for COBRA Continuation Coverage

Coverage	Premium
All premiums include a 2% administration fee.	
<b>Eyemed</b>	\$ 3.50
<b>United HealthCare</b>	\$ 507.21
<b>Superior Dental</b>	\$ 21.33

Premium rates may be adjusted to reflect a change in coverage, a change in administration fees, a yearly redetermination, or as otherwise permitted by law.

**Certification of Election**

The undersigned certifies that CALEB E. PAYNE, or the person authorized to act on her behalf, has read the enclosed "Notice of Right to Elect COBRA Continuation Coverage" and elects the coverage checked above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

Print Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Medicare Entitlement:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes entitled to Medicare.

**Deadline:** The deadline to report the Medicare entitlement is 60 days after the first day of Medicare entitlement (as shown on the Medicare card or the Medicare benefits award letter).

**Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA has determined that a qualified beneficiary became disabled on or before the 60th day of COBRA coverage when the qualifying event is the covered employee's termination of employment or reduction of hours. (If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.)

**Deadline:** The administrator must be notified of the disability determination before the 18-month COBRA coverage period expires, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the termination of employment or reduction of hours, or 3) the date when coverage was originally lost.

**End of Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA determines that a disabled qualified beneficiary is no longer disabled, if the maximum period of COBRA coverage was previously extended due to the qualified beneficiary's disability.

**Deadline:** The deadline to report the end of disability is 30 days after the date of the SSA's determination.

### **Reporting Procedures**

1. You must report the occurrence of the events described above using the Notice to COBRA Administrator form on the next page, which must be mailed or hand-delivered.
2. If mailed, the notice must be postmarked no later than the deadline described under the applicable event description.
3. If hand-delivered, your notice must be received by the individual at the address specified below no later than the deadline described under the applicable event description.
4. The applicable section on the Notice to COBRA Administrator must be completed in full and delivered to the COBRA administrator:

Jennifer Cox, Administrative Specialist II  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

For more information about your COBRA rights and obligations, refer to the summary plan description, the COBRA General Notice or contact the plan administrator. For additional information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

# Event Notification Procedures With Notice to COBRA Administrator

June 19, 2014

CALEB E. PAYNE



**From:** City of Hamilton  
**Subject:** Notice to COBRA Administrator—Procedures & Form

## When to Use the Notice to COBRA Administrator

You must use the Notice to COBRA Administrator, which is included in this document, to report the occurrence of the events listed below.

### **Divorce/Legal Separation:**

You must notify the COBRA administrator when:

- a spouse covered under the plan becomes divorced or legally separated from the covered employee; or,
- the covered employee reduced or eliminated spouse/dependent coverage in anticipation of their divorce or legal separation, and the divorce or legal separation has subsequently occurred.

**Deadline:** The deadline to report the divorce or legal separation is 60 days after the later of: (1) the date of the divorce or legal separation; and, (2) the date on which spouse and dependent coverage would terminate due to the divorce or legal separation.

**Loss of Dependent Child Status:** You must notify the COBRA administrator when a child covered under the plan ceases to be a dependent under the terms of the plan.

**Deadline:** The deadline to report the loss of dependent child status is 60 days after the later of: (1) the loss of dependent child status; and (2) the date on which the dependent child coverage would terminate.

**Death of Covered Employee:** You must notify the COBRA administrator when the covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

**Deadline:** The deadline to report the death of the covered employee is 60 days after the date of the employee's death.

**Other Group Coverage:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes covered under other group health plan coverage, provided preexisting condition limitations or exclusions, if any, are not applicable to the qualified beneficiary or have been exhausted or satisfied under the other coverage.

**Deadline:** The deadline to report enrollment under other group coverage is 30 days after such coverage becomes effective with no preexisting condition exclusions or limitations applicable to the qualified beneficiary.

## Notice to COBRA Administrator

Name of Covered Employee: \_\_\_\_\_

Address of Covered Employee: \_\_\_\_\_

### Divorce/Legal Separation

Check one:     Divorced     Legally separated

Name of spouse: \_\_\_\_\_

Address of spouse: \_\_\_\_\_

Date of divorce or legal separation: \_\_\_\_\_

**You must provide a copy of the judgment or decree of divorce or legal separation. If spouse/dependent coverage was reduced or eliminated prior to the divorce or legal separation, you must provide evidence with this notice that the coverage was eliminated or reduced in anticipation of the divorce or legal separation.**

### Loss of Dependent Child Status

Name of child: \_\_\_\_\_

Provide the child's address only if different from employee's address:

Child's address: \_\_\_\_\_

Date of event causing loss of dependent eligibility: \_\_\_\_\_

### Death of Covered Employee

Date of employee's death: \_\_\_\_\_

### Other Group Coverage

Name of beneficiary(ies) who obtained other coverage: \_\_\_\_\_

Provide the beneficiary's address only if different from employee's address:

Beneficiary's address: \_\_\_\_\_

Date that other group health plan coverage became effective (and, if there were any preexisting condition exclusions applicable to the qualified beneficiary, provide date that these exclusions were exhausted or satisfied): \_\_\_\_\_

**You must include evidence of the effective date of the other coverage.**

### Medicare Entitlement

Name of beneficiary who became entitled to Medicare: \_\_\_\_\_

Date that Medicare entitlement began: \_\_\_\_\_

**You must include a copy of the qualified beneficiary's Medicare card or Medicare benefits award letter.**

## Notice to COBRA Administrator

### Social Security Administration (SSA) Disability

Name of disabled beneficiary: \_\_\_\_\_

Provide the disabled beneficiary's address only if different from employee's address:

Disabled beneficiary's address: \_\_\_\_\_

Date of SSA determination: \_\_\_\_\_

Date disabled beneficiary became disabled (according to SSA determination): \_\_\_\_\_

**You must provide a copy of the SSA disability award letter with this notice.**

### End of Social Security Administration (SSA) Disability

Name of beneficiary: \_\_\_\_\_

Provide the beneficiary's address only if different from employee's address:

Beneficiary's address: \_\_\_\_\_

Date of SSA determination: \_\_\_\_\_

Date disability ended (according to SSA determination): \_\_\_\_\_

**You must provide a copy of the SSA determination letter with this notice.**

### Certification, Signature, and Date

The undersigned certifies that the above information is correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Employee \_\_\_\_\_

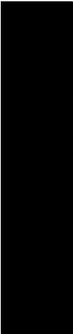
Print Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

# HIPAA Certificate of Creditable Coverage

June 19, 2014

CALEB E. PAYNE



**From:** City of Hamilton  
**Subject:** HIPAA Certificate of Creditable Coverage

**Date of this certificate:** June 19, 2014  
**Name of group health plan:** City of Hamilton Group Health Plan  
**Name of participant:** CALEB E. PAYNE  
**Identification number of participant:** 40853  
**Date waiting or affiliation period began:** June 25, 2012

Participant	Coverage	Coverage Began	Coverage Ended
PAYNE, CALEB E	Medical	08/01/2012	06/30/2014

## Statement of HIPAA Portability Rights

**IMPORTANT – KEEP THIS CERTIFICATE.** This certificate is evidence of your coverage under this plan. Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

**Preexisting condition exclusions** Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "preexisting condition exclusions." A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption.

If a plan imposes a preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage) a plan may not have to count the coverage you had before the break. Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.

**Right to get special enrollment in another plan** Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.) Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible.

**Prohibition against discrimination based on a health factor** Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

**Right to individual health coverage** Under HIPAA, if you are an "eligible individual," you have a right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- Your most recent coverage was under a group health plan (which can be shown by this certificate);
- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired, or quit your job. Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

**State flexibility** This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

**For more information** If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272. You may also contact the Centers for Medicare and Medicaid Services hotline at 1-800-633-4227 (ask for the publication titled "Protecting Your Health Insurance Coverage"). This and many other useful publications about your HIPAA rights are available on the Internet at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) and [www.cms.hhs.gov/HIPAAGenInfo](http://www.cms.hhs.gov/HIPAAGenInfo).

If you have any questions, contact the plan administrator:

**City of Hamilton**  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**  
Jennifer Cox, Administrative Specialist II  
(513) 785-7030

**SUPPLEMENTAL ENROLLMENT FORM – CITY OF HAMILTON 2013 INSURANCE PLANS**

Does your spouse work for the City of Hamilton? If so, who? NO

H.	Last Name	First Name	MI	Social Security #	Zip Code	Date of Birth (MM/DD/YY)	Sex	Other Insurance	Disabled
Employee	PAYNE	CALEB	E.	[REDACTED]	45015	[REDACTED]			
Spouse									
Child 1									
Child 2									
Child 3									
Child 4									

**\*\*Dependents, age 26 and 27, will be required to complete the Affidavit of Dependency for Ohio Group Coverage\*\***

<b>I. STATE OF OHIO PROVISION FOR ADULT CHILD AND DEPENDENT COVERAGE FOR DEPENDENTS AGE 26 &amp; 27</b>									
1.) NAME OF OVERAGE DEPENDENT		SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	<input type="checkbox"/> OVER AGE DEPENDENT COST \$105.05 POST TAX PER PAY PERIOD				
2.) NAME OF OVERAGE DEPENDENT		SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	<input type="checkbox"/> OVER AGE DEPENDENT COST \$105.05 POST TAX PER PAY PERIOD				
<b>J. OTHER COVERAGE DETAILS</b>									
1.) NAME OF PERSON WITH OTHER HEALTH PLAN		SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	OTHER COMPANY'S NAME AND PHONE NUMBER				
OTHER COMPANY'S POLICY NUMBER AND EFFECTIVE DATE			MEDICARE NUMBER		PART A EFFECTIVE DATE	PART B EFFECTIVE DATE			
2.) NAME OF PERSON WITH OTHER HEALTH PLAN		SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	OTHER COMPANY'S NAME AND PHONE NUMBER				
OTHER COMPANY'S POLICY NUMBER AND EFFECTIVE DATE			MEDICARE NUMBER		PART A EFFECTIVE DATE	PART B EFFECTIVE DATE			

**SUPPLEMENTAL ENROLLMENT FORM - CITY OF HAMILTON 2013 INSURANCE PLANS**

**A. ACTION: (COMPLETE APPLICABLE BOX BELOW)**  
 NEW ENROLLMENT/QUALIFYING EVENT (CHECK ONE)

NEW HIRE - DATE OF HIRE: \_\_\_\_\_ POLICE \_\_\_\_\_  
 OPEN ENROLLMENT CITY DEPARTMENT \_\_\_\_\_

**B. Family Information:** Information regarding the employee, spouse and/or dependents must be provided on the appropriate carrier's enrollment form.  
 - Medical / Drug Coverage: United Healthcare  
 - Dental Coverage: Superior Dental  
 - Vision Coverage: EyeMed  
**SEE SECTION I FOR DEPENDENT ENROLLMENT (AGE 26&27)**

**C. EMPLOYEE INFORMATION:**

SOCIAL SECURITY NUMBER: [REDACTED] FIRST NAME: CAUER E. MIDDLE INITIAL: PAYUE LAST NAME: [REDACTED] DATE OF BIRTH: [REDACTED]  
 HOME STREET ADDRESS: [REDACTED] CITY: HAMILTON STATE: OH ZIP CODE: 45015 COUNTY: BUTLER  
 HOME PHONE: [REDACTED] WORK PHONE: [REDACTED] WORK STATUS:  FULL TIME  PART TIME

**D. PLAN ELECTION (CHECK ONE):**

"HDHP" PLAN OPTION  WAIVE ALL COVERAGE  COBRA

**E. COVERAGE ELECTION (CHECK ONE):**

(ALL DEDUCTION AMOUNTS & INCENTIVES ARE BASED ON 24 PAYS)

"HDHP" HSA COVERAGE ELECTION - PER PAY CONTRIBUTION	"HDHP" HRA COVERAGE ELECTION - ONLY FOR EMPLOYEES NOT ELIGIBLE FOR HSA PER PAY CONTRIBUTION	85% CITY CONTRIBUTION / 15% EMPLOYEE CONTRIBUTION	85% CITY CONTRIBUTION / 15% EMPLOYEE CONTRIBUTION	INCENTIVE TO WAIVE
<input checked="" type="checkbox"/> EMPLOYEE ..... \$38.05	<input type="checkbox"/> EMPLOYEE ..... \$38.05	<input type="checkbox"/>	<input type="checkbox"/>	TO QUALIFY FOR THE INCENTIVE TO WAIVE PROGRAM YOU MUST PROVIDE PROOF OF INSURANCE. PLEASE ATTACH PROOF TO ENROLLMENT FORM.
<input type="checkbox"/> EMPLOYEE + 1 ..... \$70.67	<input type="checkbox"/> EMPLOYEE + 1 ..... \$70.67	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> FAMILY ..... \$110.87	<input type="checkbox"/> FAMILY ..... \$110.87	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	\$125/PAY (\$3,000 ANNUALLY)

I agree that my compensation will be reduced on a pre-tax basis by the amount of my required contributions for the coverage I have elected and I authorize the City of Hamilton to deduct that amount from my compensation. I understand that completing and signing this agreement does not terminate health coverage. I also understand that I cannot change or revoke the amount of my contributions made on a pre-tax basis before the next January 1<sup>st</sup> unless a "Change in Election Event" occurs as defined in the City of Hamilton Section 125 Plan. This agreement is subject to the terms and conditions of the City of Hamilton Section 125 Plan as they be amended from time to time. This agreement will also be governed by the laws of the State of Ohio. This agreement supersedes and revokes any prior election regarding the City of Hamilton Section 125 Plan. ANY PERSON WHO, WITH THE INTENT TO DEBAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**F. EMPLOYEE SIGNATURE:**

*[Handwritten Signature]*

**DATE:** 12/07/12

**During the year, please be sure to contact Civil Service & Personnel for status and dependent insurance changes such as marriage, divorce, birth, loss of coverage, etc. within 31 days of the qualifying event. Failure to do so may affect your coverage.**

**G. TO BE COMPLETED BY EMPLOYER**

DATE OF HIRE:	DATE SUBMITTED:	HEALTH CHANGE:	EFF. DATE:	CLASS:	DATE SENT COPY TO PAYROLL:
			1/13	State - Sick	





**DEPARTMENT  
OF  
CIVIL SERVICE**

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (Last)	GAFFR	(First)	GAFFR	(Maid)		2. ADDRESS	
3. DATE OF BIRTH		4. NO. EXEMPTIONS		5. SOCIAL SECURITY NO.		6. HIRE DATE	
8. BUDGET CODE	9. PENSION TYPE	10. DEPARTMENT	DIVISION	11. CIVIL SERVICE STATUS	12. DATE CHANGE EFFECTIVE	7. EMPLOYEE NO.	SECTION NO.
100-1404144		SARREY	PAIDOFF	<input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	JULY 8 2013	41983	14
610-1000	PROG						

**13. REASON FOR CHANGE** (check appropriate action)

Acting Status-Start	Dismissal	Leave-Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Leave-Union	Merit Adj.		Reallocation	Other (Explain in Remarks)	

**FROM**  
(Present status) **TO**  
(Proposed status or new hire)

14. CLASSIFICATION - CODE NO.	6025																																																									
15. CLASSIFICATION TITLE	NONREPRESENTATIVE OPERATOR																																																									
16. DEPARTMENT - DIVISION	SARREY - PAIDOFF																																																									
17. DUTY STATUS	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF																																																								
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF																																																								
19. LONGEVITY PAY	\$																																																									
20. SALARY (bi-weekly) RATE (per hour)	\$ 17.15																																																									
21. EMPLOYMENT STANDING	<input checked="" type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME																																																								
	<input checked="" type="checkbox"/> PERMANENT	<input type="checkbox"/> SEASONAL																																																								
	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> STUDENT																																																								
22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	<table border="1"> <tr> <td>RESIGNATION</td> <td>LAST DAY WORKED</td> <td>20</td> <td>DATE NOTICE GIVEN</td> <td>20</td> <td>RECOMMEND FOR REHIRE?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>RETIREMENT</td> <td>LAST DAY WORKED</td> <td>20</td> <td>AGE</td> <td></td> <td>VACATION DAYS DUE</td> <td></td> <td>HOURS SICK LEAVE CREDIT</td> </tr> <tr> <td></td> <td>DATE OF LAST MERIT</td> <td>20</td> <td colspan="2">GRADE OF LAST PERFORMANCE EVALUATION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MERIT ADJ.</td> <td>LAST DAY WORKED</td> <td>20</td> <td colspan="2">DATE ANTICIPATED FOR RETURN TO DUTY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEAVE</td> <td>DATE OF INJURY</td> <td>20</td> <td colspan="2">HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>INJURY PAY</td> <td>DATE OF INJURY</td> <td>20</td> <td colspan="2">EXPECTED DATE OF SEPARATION:</td> <td>20</td> <td colspan="2">LAST PERFORMANCE RATING</td> </tr> <tr> <td>SEASONAL TEMP. HIRE</td> <td colspan="2"></td> <td colspan="2">IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS?</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> </table>	RESIGNATION	LAST DAY WORKED	20	DATE NOTICE GIVEN	20	RECOMMEND FOR REHIRE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RETIREMENT	LAST DAY WORKED	20	AGE		VACATION DAYS DUE		HOURS SICK LEAVE CREDIT		DATE OF LAST MERIT	20	GRADE OF LAST PERFORMANCE EVALUATION					MERIT ADJ.	LAST DAY WORKED	20	DATE ANTICIPATED FOR RETURN TO DUTY					LEAVE	DATE OF INJURY	20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		INJURY PAY	DATE OF INJURY	20	EXPECTED DATE OF SEPARATION:		20	LAST PERFORMANCE RATING		SEASONAL TEMP. HIRE			IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		<p>ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES</p>
RESIGNATION	LAST DAY WORKED	20	DATE NOTICE GIVEN	20	RECOMMEND FOR REHIRE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																			
RETIREMENT	LAST DAY WORKED	20	AGE		VACATION DAYS DUE		HOURS SICK LEAVE CREDIT																																																			
	DATE OF LAST MERIT	20	GRADE OF LAST PERFORMANCE EVALUATION																																																							
MERIT ADJ.	LAST DAY WORKED	20	DATE ANTICIPATED FOR RETURN TO DUTY																																																							
LEAVE	DATE OF INJURY	20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																				
INJURY PAY	DATE OF INJURY	20	EXPECTED DATE OF SEPARATION:		20	LAST PERFORMANCE RATING																																																				
SEASONAL TEMP. HIRE			IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO																																																				

**23. REMARKS**

C.O. PAYROLL WILL BE ON EMPLOYED LEAVE JULY 8, 9 & 10, 2013.

*GAFFR*

**24.**

APPROVALS			
City Manager	<i>[Signature]</i>	Date	6-27-13
Civil Service Personnel Director	<i>[Signature]</i>	Date	6-27-13
Appointing Authority	<i>[Signature]</i>	Date	
Supervisor		Date	

PERSONNEL DEPARTMENT COPY



**DEPARTMENT  
OF  
CIVIL SERVICE**

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (last) <b>DAVINE</b>	(first) <b>CAIRO</b>	(MI)	2. ADDRESS
3. DATE OF BIRTH	4. NO. EXEMPTIONS	5. SOCIAL SECURITY NO.	6. HIRE DATE
8. BUDGET CODE <b>100-140-144</b>	9. PENSION TYPE <b>C10-100</b>	10. DEPARTMENT <b>2222</b>	DIVISION <b>20202</b>
11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified	7. EMPLOYEE NO. <b>40853</b>	SECTION NO. <b>16</b>	12. DATE CHANGE EFFECTIVE <b>JUNE 15 2012</b>

13. REASON FOR CHANGE (check appropriate action)

Acting Status-Start	Dismissal	Layoff/Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merti Adj. <b>KY</b>	Reassignment	Other (Explain in Remarks)	

**FROM**  
(Present status) **TO**  
(Proposed status or new hire)

14. CLASSIFICATION - CODE NO. <b>9025</b>	11. RANGE NO. <b>22</b> STEP <b>1</b>		12. RANGE NO. <b>23</b> STEP <b>2</b>	
15. CLASSIFICATION TITLE <b>APPROPRIATE QUARTER</b>	13. FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>		14. FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>	
16. DEPARTMENT - DIVISION <b>2222 - 20202</b>	15. PERMANENT <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/>		16. PERMANENT <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/>	
17. DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	17. DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF		18. DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	
18. PAYROLL STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	19. LONGEVITY PAY <b>\$</b>		20. LONGEVITY PAY <b>\$</b>	
20. SALARY (bi-weekly) RATE (per hour) <b>\$ 16.24</b>	21. RANGE NO. <b>22</b> STEP <b>1</b>		22. RANGE NO. <b>23</b> STEP <b>2</b>	
21. EMPLOYMENT STANDING	23. FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>		24. FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>	
22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RESIGNATION	LAST DAY WORKED <b>20</b>	DATE NOTICE GIVEN <b>20</b>	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RETIREMENT	LAST DAY WORKED <b>20</b>	AGE	YEARS SERVICE
	MERIT ADJ.	DATE OF LAST MERIT <b>20</b>	GRADE OF LAST PERFORMANCE EVALUATION	
	LEAVE	LAST DAY WORKED <b>20</b>	DATE ANTICIPATED FOR RETURN TO DUTY	
	INJURY PAY	DATE OF INJURY <b>20</b>	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION: <b>20</b>		LAST PERFORMANCE RATING	
IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
23. REMARKS: ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES				

C.O. DAVINE IS OUR ANNUAL INCREASE ON THIS DATE.

20120615-103

24. APPROVALS

City Manager	City Service Personnel Director	Appointing Authority	Supervisor
Date <b>6-2-12</b>	Date <b>5/1/12</b>	Date	Date

PERSONNEL DEPARTMENT COPY



DEPARTMENT OF CIVIL SERVICE

FEB 21 2010

PERSONNEL, PAYROLL CHANGE NOTICE

1. NAME (last) PAVNE (first) GAIRN (MI)  2. ADDRESS

3. DATE OF BIRTH  4. NO. EXEMPTIONS  5. SOCIAL SECURITY NO.  6. HIRE DATE  7. EMPLOYEE NO. 40853 SECTION NO. 15

8. BUDGET CODE 100-100-112 9. PENSION TYPE RRRS 10. DEPARTMENT SARVY DIVISION POLICE 11. CIVIL SERVICE STATUS  Classified  Unclassified 12. DATE CHANGE EFFECTIVE FEBRUARY 23 2010

13. REASON FOR CHANGE (check appropriate action)

Acting Status-Start	Dismissal	Layoff/Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Layoff	Leave-Union	Merit Adj.	Reallocation	Other (Explain in Remarks)	

FROM (Present status) TO (Proposed status or new hire)

14. CLASSIFICATION - CODE NO.	2005					
15. CLASSIFICATION TITLE	CORPORATION OFFICER					
16. DEPARTMENT - DIVISION	SARVY - POLICE					
17. DUTY STATUS	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF		<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF	
18. PAYROLL STATUS	<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF		<input checked="" type="checkbox"/> ON	<input type="checkbox"/> OFF	
19. LONGEVITY PAY	\$			\$		
20. SALARY (bi-weekly) RATE (per hour)	\$ 16.76			\$ 16.76		
21. EMPLOYMENT STANDING	RANGE NO. 23 STEP 1		RANGE NO. 23 STEP 1			
	<input type="checkbox"/> FULL TIME		<input checked="" type="checkbox"/> PART TIME			
	<input checked="" type="checkbox"/> PERMANENT		<input type="checkbox"/> SEASONAL			
	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> STUDENT			
22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	RESIGNATION	LAST DAY WORKED 20	DATE NOTICE GIVEN 20	RECOMMEND FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOURS SICK LEAVE CREDIT	
	RETIREMENT	LAST DAY WORKED 20	AGE	YEARS SERVICE	VACATION DAYS DUE	
	MERIT ADJ.	DATE OF LAST MERIT 20	GRADE OF LAST PERFORMANCE EVALUATION			
	LEAVE	LAST DAY WORKED 20	DATE ANTICIPATED FOR RETURN TO DUTY			
	INJURY PAY	DATE OF INJURY 20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:		LAST PERFORMANCE RATING		
	CHANGE COMPLY WITH APPROVED BUDGET PLANS?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
23. REMARKS	ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES					

C.O. PAVNE IS GOING FROM PART TIME TO FULL TIME.

APPROVALS

24. APPROVALS

<u>John C. ...</u> City Manager	<u>Angela ...</u> Civil Service Personnel Director	<u>David ...</u> Appointing Authority	
Date <u>2/16/10</u>	Date <u>2/19/10</u>	Date <u>2/18/10</u>	Date

PERSONNEL DEPARTMENT COPY

# Medicaid and the Children's Health Insurance Program

July 25, 2012

CALEB E. PAYNE

**From:** City of Hamilton

**Subject:** Children's Health Insurance Program

## **Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2012. You should contact your State for further information on eligibility.**

### **ALABAMA – Medicaid**

Website: <http://www.medicaid.alabama.gov>

Phone: 1-855-692-5447

### **ALASKA – Medicaid**

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>

Phone (Outside of Anchorage): 1-888-318-8890

Phone (Anchorage): 907-269-6529

### **ARIZONA – CHIP**

Website: <http://www.azahcccs.gov/applicants>

Phone (Outside of Maricopa County): 1-877-764-5437

Phone (Maricopa County): 602-417-5437

**CALIFORNIA – Medicaid and CHIP**

Medicaid Website: <http://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx>  
Medicaid Phone: 1-800-541-5555  
CHIP Website: <http://www.healthylfamilies.ca.gov/Home/default.aspx>  
CHIP Phone: 1-800-890-5305

**COLORADO – Medicaid**

Medicaid Website: <http://www.colorado.gov/>  
Medicaid Phone (In state): 1-800-866-3513  
Medicaid Phone (Out of state): 1-800-221-3943

**FLORIDA – Medicaid**

Website: <https://www.flmedicaidprecovery.com/>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/> (Click on Programs, then Medicaid)  
Phone: 1-800-869-1150

**IDAHO – Medicaid and CHIP**

Medicaid Website: [www.accessstohealthinsurance.idaho.gov](http://www.accessstohealthinsurance.idaho.gov)  
Medicaid Phone: 1-800-926-2588  
CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)  
CHIP Phone: 1-800-926-2588

**INDIANA – Medicaid**

Website: <http://www.in.gov/ftsa>  
Phone: 1-800-889-9948

**IOWA – Medicaid**

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-800-792-4884

**KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**

Website: <http://www.lahipp.dhh.louisiana.gov>  
Phone: 1-888-695-2447

**MAINE – Medicaid**

Website: <http://www.maine.gov/dhs/OIAS/public-assistance/index.html>  
Phone: 1-800-572-3839

**MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/MassHealth>  
Phone: 1-800-462-1120

**MINNESOTA – Medicaid**

Website: <http://www.dhs.state.mn.us/> (Click on Health Care, then Medical Assistance)  
Phone: 1-800-657-3629

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA – Medicaid**  
Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**  
Website: [http://dhhs.ne.gov/medicaid/Pages/med\\_kidscnx.aspx](http://dhhs.ne.gov/medicaid/Pages/med_kidscnx.aspx)  
Phone: 1-877-255-3092

**NEVADA – Medicaid**  
Medicaid Website: <http://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**  
Website: <http://www.dhhs.nh.gov/ombp/index.htm>  
Phone: 603-271-5218

**NEW JERSEY – Medicaid and CHIP**  
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 1-800-356-1561  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**  
Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid and CHIP**  
Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-800-755-2604

**OKLAHOMA – Medicaid and CHIP**  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON – Medicaid and CHIP**  
Website: <http://www.oregonhealthykids.gov>  
<http://www.hijosaludablesoregon.gov>  
Phone: 1-877-314-5678

**PENNSYLVANIA – Medicaid**  
Website: <http://www.dpw.state.pa.us/hipp>  
Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**  
Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)  
Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**  
Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS – Medicaid**  
Website: <https://www.gethiplexas.com/>  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**  
Website: <http://health.utah.gov/upp>  
Phone: 1-866-435-7414

**VERMONT– Medicaid**  
Website: <http://www.greenmountaincare.org/>  
Telephone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**  
Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>  
Medicaid Phone: 1-800-432-5924  
CHIP Website: <http://www.famis.org/>  
CHIP Phone: 1-866-873-2647

**WASHINGTON – Medicaid**  
Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>  
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**  
Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)  
Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN – Medicaid**  
Website: <http://www.badgercareplus.org/pubs/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING – Medicaid**  
Website: <http://health.wyo.gov/healthcarefin/equalitycare>  
Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

If you have any questions, contact the plan administrator:

**City of Hamilton**  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**  
Barbara A. Winkler-Toth, Personnel Specialist  
(513) 785-7030

# Important Information About Your HIPAA Rights

July 25, 2012

CALEBE PAYNE



**From:** City of Hamilton

**Subject:** Your Rights Under the Health Insurance Portability and Accountability Act

The federal law known as the Health Insurance Portability and Accountability Act (HIPAA) requires us to notify employees eligible to participate in our group health plan of two important enrollment provisions. One has to do with special enrollment rights; the other defines the conditions under which City of Hamilton Group Health Plan may exclude coverage due to a preexisting condition. These provisions are summarized below.

## Special Enrollment Provisions

### Enrolling Yourself and/or Your Dependents After First Declining Coverage

If you decline or cancel coverage for yourself or your dependents (including your spouse) because such individuals are covered by a different group health plan or other health insurance, you may be eligible to enroll yourself or your dependents in City of Hamilton Group Health Plan at a later date, without being required to wait for the next enrollment period. Such individuals may be entitled to special enrollment if:

1. You certified in writing that you declined coverage for yourself and/or your dependents, either when such individuals first became eligible or when coverage was cancelled, because such individuals were covered by a different group health plan or other health insurance; and,
2. The applicant meets City of Hamilton Group Health Plan eligibility rules; and,
3. The applicant lost the other coverage for one of the following reasons:
  - a. Ineligibility to remain covered; or,
  - b. The employer's contributions (for nonCOBRA coverage only) were terminated; or,
  - c. The applicant was enrolled in COBRA or state continuation coverage and his/her continuation rights were exhausted. (Exhaustion of continuation rights means the entire continuation coverage period was completed; coverage was terminated because the employer failed to pay the premiums on a timely basis; the covered individual moved out of the service area and no other continuation coverage was available; or the employer terminated all coverage for all active employees and their dependents, as well as COBRA beneficiaries.)

To apply for this special enrollment opportunity, you must request coverage within 30 days of the loss of coverage. Be aware that other qualifying conditions may apply; refer to the summary plan description for more information about special enrollment and plan eligibility rules.

### **Adding a New Dependent Due to Marriage, Birth or Adoption**

If you marry, have a newborn child, adopt a child or a child is placed for adoption with you, City of Hamilton Group Health Plan may provide a special enrollment opportunity to the new dependent and possibly to other family members.

#### **Marriage**

In the case of marriage, the following special enrollment opportunities may be available:

1. If you previously declined coverage, you may qualify for special enrollment, provided you meet City of Hamilton Group Health Plan eligibility rules;
2. Enrollment of your new spouse, provided you are enrolled and your spouse meets City of Hamilton Group Health Plan eligibility rules; and,
3. Enrollment of the new spouse's child provided the child meets City of Hamilton Group Health Plan's definition of dependent and is otherwise eligible to enroll.

To apply for this special enrollment opportunity, you must notify the plan administrator within 30 days of the event. Be aware that other qualifying conditions may apply; refer to the summary plan description for more information about special enrollment and plan eligibility rules.

#### **Birth, Adoption or Placement for Adoption**

In the case of birth, adoption or placement for adoption, the following special enrollment opportunities may be available:

1. If you previously declined coverage, you may qualify for special enrollment, provided you meet City of Hamilton Group Health Plan eligibility rules;
2. Enrollment of your new child, provided you are enrolled and the child meets City of Hamilton Group Health Plan eligibility rules; and,
3. Enrollment of your spouse, provided you are enrolled and your spouse meets City of Hamilton Group Health Plan eligibility rules.

To apply for this special enrollment opportunity, you must notify the plan administrator within 30 days after the date of the birth, adoption or placement for adoption. Other qualifying conditions may apply; refer to the summary plan description for more information about special enrollment and plan eligibility rules.

### **Preexisting Condition Provisions**

A preexisting condition is a physical or mental condition for which medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended or received from a licensed health practitioner during the six-month period immediately preceding the covered person's effective date of coverage, or the first day of any waiting period for eligibility, whichever was earlier.

HIPAA's preexisting condition provisions are summarized below; complete details of City of Hamilton Group Health Plan's exclusions, including any state provisions offering broader protection, can be found in the summary plan description.

#### **Preexisting Condition Exclusions**

If the medical plan you enroll in has a preexisting condition clause, it will not cover any charges incurred in connection with a preexisting condition during the first 12 months of coverage (18 months if a late enrollee). This period begins on the coverage effective date or the first day of the waiting period for coverage if that date is earlier.

A preexisting condition exclusion does not apply to a child born to, or newly adopted by an enrolled subscriber or spouse, to conditions of pregnancy, or if the covered individual had prior creditable coverage that satisfies City of Hamilton Group Health Plan's exclusion provision.

### **Credit for Prior Coverage**

In general, the preexisting condition exclusion period will be reduced by the length of your prior creditable coverage, provided there was no break in coverage of 63 days or longer between the old and new group coverage. Generally, the waiting period for plan eligibility does not count towards a break in coverage.

### **Proof of Prior Coverage**

You may be required to demonstrate proof of prior coverage. The best proof is a "Certificate of Creditable Coverage," which must be provided to you by your prior plan or insurance company. You have the right to request this certificate for up to 24 months after losing coverage. If you had prior health coverage but do not have a certificate, we will help you obtain one from your prior plan or issuer. City of Hamilton Group Health Plan may agree to accept other evidence of prior creditable coverage. Submission of a fraudulent Certificate of Creditable Coverage is considered a federal crime under HIPAA and is punishable by fine and/or imprisonment.

### **More Information About Your Rights**

This notice does not grant additional rights beyond those provided in the summary plan description, or as mandated by federal or state laws. State laws may broaden federal HIPAA rights. Please read the summary plan description for complete details about plan benefits.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, HIPAA, and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

If you have any questions, contact the plan administrator:

**City of Hamilton**  
345 High Street  
Suite 120  
Hamilton, OH 45011

**Administrative Contact:**  
Barbara A. Winkler-Toth, Personnel Specialist  
(513) 785-7030



# Event Notification Procedures With Notice to COBRA Administrator

July 25, 2012

CALEB E. PAYNE



**From:** City of Hamilton  
**Subject:** Notice to COBRA Administrator—Procedures & Form

## When to Use the Notice to COBRA Administrator

You must use the Notice to COBRA Administrator, which is included in this document, to report the occurrence of the events listed below.

### **Divorce/Legal Separation:**

You must notify the COBRA administrator when:

- a spouse covered under the plan becomes divorced or legally separated from the covered employee; or,
- the covered employee reduced or eliminated spouse/dependent coverage in anticipation of their divorce or legal separation, and the divorce or legal separation has subsequently occurred.

**Deadline:** The deadline to report the divorce or legal separation is 60 days after the later of: (1) the date of the divorce or legal separation; and, (2) the date on which spouse and dependent coverage would terminate due to the divorce or legal separation.

**Loss of Dependent Child Status:** You must notify the COBRA administrator when a child covered under the plan ceases to be a dependent under the terms of the plan.

**Deadline:** The deadline to report the loss of dependent child status is 60 days after the later of: (1) the loss of dependent child status; and (2) the date on which the dependent child coverage would terminate.

**Death of Covered Employee:** You must notify the COBRA administrator when the covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

**Deadline:** The deadline to report the death of the covered employee is 60 days after the date of the employee's death.

**Other Group Coverage:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes covered under other group health plan coverage, provided preexisting condition limitations or exclusions, if any, are not applicable to the qualified beneficiary or have been exhausted or satisfied under the other coverage.

**Deadline:** The deadline to report enrollment under other group coverage is 30 days after such coverage becomes effective with no preexisting condition exclusions or limitations applicable to the qualified beneficiary.

**Medicare Entitlement:** You must notify the COBRA administrator when a qualified beneficiary, after electing COBRA, first becomes entitled to Medicare.

**Deadline:** The deadline to report the Medicare entitlement is 60 days after the first day of Medicare entitlement (as shown on the Medicare card or the Medicare benefits award letter).

**Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA has determined that a qualified beneficiary became disabled on or before the 60<sup>th</sup> day of COBRA coverage when the qualifying event is the covered employee's termination of employment or reduction of hours. (If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.)

**Deadline:** The administrator must be notified of the disability determination before the 18-month COBRA coverage period expires, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the termination of employment or reduction of hours, or 3) the date when coverage was originally lost.

**End of Social Security Administration (SSA) Disability:** You must notify the COBRA administrator when the SSA determines that a disabled qualified beneficiary is no longer disabled, if the maximum period of COBRA coverage was previously extended due to the qualified beneficiary's disability.

**Deadline:** The deadline to report the end of disability is 30 days after the date of the SSA's determination.

### **Reporting Procedures**

1. You must report the occurrence of the events described above using the Notice to COBRA Administrator form on the next page, which must be mailed or hand-delivered.
2. If mailed, the notice must be postmarked no later than the deadline described under the applicable event description.
3. If hand-delivered, your notice must be received by the individual at the address specified below no later than the deadline described under the applicable event description.
4. The applicable section on the Notice to COBRA Administrator must be completed in full and delivered to the COBRA administrator:

Barbara A. Winkler-Toth, Personnel Specialist  
City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

For more information about your COBRA rights and obligations, refer to the summary plan description, the COBRA General Notice or contact the plan administrator. For additional information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

# Notice to COBRA Administrator

Name of Covered Employee: \_\_\_\_\_

Address of Covered Employee: \_\_\_\_\_

## Divorce/legal Separation

Check one:  Divorced  Legally separated

Name of spouse: \_\_\_\_\_

Address of spouse: \_\_\_\_\_

Date of divorce or legal separation: \_\_\_\_\_

**You must provide a copy of the judgment or decree of divorce or legal separation. If spouse/dependent coverage was reduced or eliminated prior to the divorce or legal separation, you must provide evidence with this notice that the coverage was eliminated or reduced in anticipation of the divorce or legal separation.**

## Loss of Dependent Child Status

Name of child: \_\_\_\_\_

Provide the child's address only if different from employee's address: \_\_\_\_\_

Child's address: \_\_\_\_\_

Date of event causing loss of dependent eligibility: \_\_\_\_\_

## Death of Covered Employee

Date of employee's death: \_\_\_\_\_

## Other Group Coverage

Name of beneficiary(ies) who obtained other coverage: \_\_\_\_\_

Provide the beneficiary's address only if different from employee's address: \_\_\_\_\_

Beneficiary's address: \_\_\_\_\_

Date that other group health plan coverage became effective (and, if there were any preexisting condition exclusions applicable to the qualified beneficiary, provide date that these exclusions were exhausted or satisfied): \_\_\_\_\_

**You must include evidence of the effective date of the other coverage.**

## Medicare Entitlement

Name of beneficiary who became entitled to Medicare: \_\_\_\_\_

Date that Medicare entitlement began: \_\_\_\_\_

**You must include a copy of the qualified beneficiary's Medicare card or Medicare benefits award letter.**

## Notice to COBRA Administrator

### Social Security Administration (SSA) Disability

Name of disabled beneficiary: \_\_\_\_\_

Provide the disabled beneficiary's address only if different from employee's address:

Disabled beneficiary's address: \_\_\_\_\_

Date of SSA determination: \_\_\_\_\_

Date disabled beneficiary became disabled (according to SSA determination): \_\_\_\_\_

**You must provide a copy of the SSA disability award letter with this notice.**

### End of Social Security Administration (SSA) Disability

Name of beneficiary: \_\_\_\_\_

Provide the beneficiary's address only if different from employee's address:

Beneficiary's address: \_\_\_\_\_

Date of SSA determination: \_\_\_\_\_

Date disability ended (according to SSA determination): \_\_\_\_\_

**You must provide a copy of the SSA determination letter with this notice.**

### Certification, Signature, and Date

The undersigned certifies that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

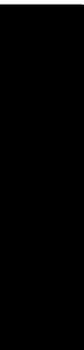
Print Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

Print Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

# General Notice Of COBRA Continuation Coverage Rights

July 25, 2012

CALERE PAYNE



**From:** City of Hamilton  
**Subject:** Your Group Health Coverage Continuation Rights Under COBRA

## IMPORTANT INFORMATION ABOUT THIS NOTICE

**PURPOSE OF THIS NOTICE:** You are enrolled, or soon will be enrolled, effective August 1, 2012, in group health benefits under City of Hamilton Group Health Plan. This coverage entitles you to rights under the Consolidated Omnibus Budget Reconciliation Act of 1985, a federal law known as COBRA, which guarantees your right to continue health coverage that would otherwise be lost due to the occurrence of certain events. The purpose of this notice is to inform you of your rights and obligations under COBRA if you experience one of these events in the future.

**This notice summarizes your health insurance continuation rights under federal COBRA.** For more detailed information about your rights and obligations under the plan and under federal law, see your summary plan description or contact the plan administrator.

**WHO MUST READ THIS NOTICE:** Each addressee, including the parent or legal guardian of dependent children who are plan participants, *must* read this notice.

### **TERMS USED IN THIS NOTICE:**

- "you" and "your" refer to each addressee of this notice;
- "we," "us" and "our" refer to City of Hamilton;
- "plan" refers to one or more health plans maintained by us that are subject to COBRA.

**ADDRESS CORRECTIONS:** If any plan participant does not live at the above address, you must inform us immediately of the correct mailing address.

### **PLAN ADMINISTRATOR:**

City of Hamilton  
345 High Street  
Suite 120  
Hamilton, OH 45011

### **Administrative Contact:**

Barbara A.-Winkler-Tohn, Personnel Specialist  
(513) 785-7030

COBRA is the federal law that guarantees a temporary continuation of group health coverage when eligibility for such coverage is lost due to the occurrence of a qualifying event. This notice provides a general explanation of COBRA continuation coverage, when and to whom it may become available, and what you must do to protect your right to receive it. These topics are covered:

- COBRA Qualifying Events and Maximum Coverage Periods;
- Qualified Beneficiaries
- Premium Payments;
- Available Coverage;
- Your Event Reporting Obligations;
- Your COBRA Election Rights;
- Extending COBRA Coverage; and

- Adding Dependents to COBRA Coverage.

### **COBRA Qualifying Events And Maximum Coverage Periods**

**What is a qualifying event?** A qualifying event is a certain type of event that causes an individual to lose eligibility for coverage under a COBRA-eligible plan.

**Loss of eligibility is required.** To be COBRA-qualifying, the event must result in a loss of eligibility under the plan rules; the employee's voluntary termination of his or her coverage, or the coverage of a spouse or dependent child, is never a qualifying event.

**The events listed below do not always trigger a loss of eligibility.** For example, some plans do not terminate coverage when a divorce or legal separation occurs, and plans rarely terminate coverage when an active employee becomes entitled to Medicare. For more information about plan eligibility rules, refer to the summary plan description or contact the plan administrator.

### **COBRA Qualifying Events**

<b>Events Applicable To Employees</b>	<b>Maximum Coverage</b>
Termination of employment for reasons other than gross misconduct	18 months
Reduction in hours of employment	18 months
<b>Events Applicable To Spouses</b>	
Termination of employee's employment for reasons other than gross misconduct	18 months
Reduction in the employee's hours of employment	18 months
Death of the employee	36 months
Divorce or legal separation from the employee	36 months
Employee becomes entitled to Medicare benefits	36 months
<b>Events Applicable To Dependent Children</b>	
Termination of employee's employment for reasons other than gross misconduct	18 months
Reduction in employee's hours of employment	18 months
Death of the employee	36 months
Divorce or legal separation of the employee	36 months
Ceases to be a dependent under the plan	36 months
Employee becomes entitled to Medicare benefits	36 months

### **Qualified Beneficiaries**

**Employees, Spouses and Dependent Children.** Covered employees, spouses and dependent children are qualified to elect COBRA continuation coverage when a qualifying event occurs.

Employees and family members who are qualified to elect COBRA are called **qualified beneficiaries**.

**Children Covered Under A Qualified Medical Child Support Order.** A child of the covered employee who is enrolled in COBRA-eligible coverage due to a Qualified Medical Child Support Order received by City of Hamilton during the covered employee's employment has the same COBRA rights as an eligible dependent child of the covered employee.

- Death of the employee while one or more family members are receiving COBRA coverage;
- A family member, after electing COBRA, becomes entitled to Medicare; or
- A child loses dependent status under the plan, such as ineligibility due to age.

Refer to the enclosed notification procedures for details regarding your reporting obligations.

### **Your COBRA Election Rights**

**We will notify you of your COBRA election rights.** When we receive timely notification that you have experienced a qualifying event, we will send you a notice called the "Notice of Right to Elect COBRA Continuation Coverage." The election notice summarizes your rights and obligations with respect to the qualifying event and includes instructions for electing COBRA.

### **Extending COBRA Coverage**

When the qualifying event is termination of employment or reduction in hours, qualified beneficiaries may be entitled to extend the maximum continuation period as a result of certain subsequent qualifying events.

#### **Extension Due to Medicare Entitlement**

If the employee is entitled to Medicare at the time he or she experiences an 18-month qualifying event, his qualified beneficiary spouse and dependent children may be entitled to an extension of the 18-month period to a maximum of 36 months. Be aware that this 36-month coverage period is measured from the employee's Medicare entitlement date, not from the original 18-month COBRA start date. For example, an employee and her spouse are covered under the group health plan at the time she voluntarily terminates her employment. If she became entitled to Medicare six months prior to the start of the 18-month COBRA coverage period, then her spouse's actual continuation coverage period will be a maximum of 30 months (36 months measured from the Medicare entitlement date; 30 months from the COBRA start date).

**SSA disability and the 29-month maximum coverage period.** If the Social Security Administration (SSA) determines that a qualified beneficiary is disabled, the 18-month COBRA coverage period may be extended by 11 months to a maximum of 29 months from the date COBRA coverage began. The extension applies to the disabled qualified beneficiary and to all other qualified beneficiaries who initially elected COBRA and who are still enrolled in continuation coverage at the time the disability determination is reported to the plan administrator. The following conditions must be met to qualify for the 11-month extension:

1. The SSA must determine that the qualified beneficiary is disabled;
2. The effective date of the disability, which is determined by the SSA, must be no later than the 60th day of COBRA coverage<sup>\*</sup>; and,
3. The plan administrator must be notified of the SSA determination of disability within the original 18-month coverage period, but no later than 60 days after the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.

<sup>\*</sup>If the disabled individual is a child who is born to, adopted by, or placed for adoption with the employee during his or her period of COBRA continuation coverage, the first 60-day period of COBRA coverage is measured from the date of birth, adoption or placement for adoption.

An administration fee of no more than 50 percent of the monthly premium may be charged during the 11-month extension period. Also be aware that the law requires you to notify the plan administrator within 30 days after the date of any final determination by the SSA that the qualified beneficiary is no longer disabled.

**Second qualifying events that extend the coverage period to 36 months.** When certain events occur, the maximum coverage period for the spouse and/or a dependent child, if they are qualified

**Can A Domestic Partner Be A Qualified Beneficiary?** Under federal law, a domestic partner of an employee, whether of the same or opposite sex, cannot be a qualified beneficiary under COBRA and thus does not have the right to independently elect COBRA coverage. However, an employee who elects COBRA may add the domestic partner to his or her coverage without having to wait for the next open enrollment period, provided the domestic partner was actively enrolled under the employee's group coverage on the day before the qualifying event.

**Dropping coverage in anticipation of a qualifying event.** If an employee drops the coverage of a dependent spouse or child in anticipation of a qualifying event, such as divorce or legal separation, the dependent will be entitled to COBRA benefits from the date coverage would otherwise have been lost as a result of the qualifying event.

### **Premium Payments**

**You are required to pay the premiums for your coverage under COBRA.** You are required to pay 100% of your COBRA premium. An administration fee may be added to the premium as allowed by law.

### **Available Coverage**

If you become qualified for continuation coverage under COBRA, we will offer coverage that is identical to the group coverage provided to you on the day before the qualifying event occurred. If coverage under the plan is modified for similarly situated active employees, your COBRA coverage will be identically modified. Once enrolled in COBRA, all qualified beneficiaries will have the same options to change coverage as do similarly situated active employees.

City of Hamilton Group Health Plan currently offers the following COBRA-eligible coverage. The coverage offered is subject to change at any time.

Dental  
Health Flexible Spending Arrangement (health FSA)  
Medical  
Vision

**Maximum coverage period for health FSA.** The maximum continuation period of enrollment in a health flexible spending arrangement (health FSA) under COBRA may be limited to the balance of the current health FSA plan year. Qualified beneficiaries who have overspent their health FSA account allocations for the plan year may not be permitted to continue health FSA coverage under COBRA.

### **Your Event Reporting Obligations**

You must notify the plan administrator when certain life events occur. Failure to provide timely notification of these events may result in the loss of COBRA rights for one or more qualified beneficiaries. Notification procedures are enclosed with this notice; contact the plan administrator if you need assistance.

#### **Events requiring immediate notification:**

- A change in address for any covered family member.

#### **Events requiring notification within 30 days:**

- A family member, after electing COBRA, becomes covered under another group health plan;
- The Social Security Administration determines that a family member, after electing COBRA, is no longer disabled;

#### **Events requiring notification within 60 days:**

- The Social Security Administration (SSA) determines that a family member who is a COBRA qualified beneficiary, is disabled;  
Note: The 60-day period is counted from the latest of: 1) the date of the determination of disability by the SSA, 2) the date of the initial qualifying event, or 3) the date when coverage was originally lost.
- Divorce or legal separation;

beneficiaries, may be extended from 18 or 29 months to a maximum of 36 months from the date COBRA coverage began. The plan administrator must be notified of a second qualifying event within 60 days of its occurrence.

Events that may extend coverage to 36 months are:

- Divorce or legal separation from the employee;
- Death of the employee; and
- A child loses dependent status under the plan (only the child is eligible for the extension).

#### *Medicare Entitlement as a Second Qualifying Event*

Under rare circumstances, if an employee becomes entitled to Medicare after he elects COBRA coverage, his qualified beneficiary spouse and/or dependent children will be entitled to an extension of the coverage period to a maximum of 36 months. In most cases, such an extension is not permitted.

#### **Adding Dependents To COBRA Coverage**

Depending on plan eligibility rules, you may be permitted to add dependents to coverage after you have elected COBRA. In certain circumstances, a dependent added to coverage will be a qualified beneficiary, having independent election and continuation rights. In many cases, however, dependents added to coverage are not qualified beneficiaries; they do not have independent election rights, nor can they continue coverage independently of the person who added them.

#### **Declining COBRA Coverage**

When a qualifying event occurs, be certain to examine your options carefully before declining COBRA coverage. Companies selling individual health insurance typically require a review of your medical history that could result in a higher premium, or you could be denied coverage entirely.

#### **For More Information About Your Rights**

This notice does not fully describe continuation coverage or other rights under the plan. For more information about your rights under the plan, refer to your summary plan description or contact the plan administrator. For additional information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws that affect group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272, or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).



**DEPARTMENT  
OF  
CIVIL SERVICE**

JUN 27 2012

**PERSONNEL,  
PAYROLL  
CHANGE NOTICE**

1. NAME (last) LAVNIE	(first) CALINE	(MI) E.	2. ADDRESS 3997 RAYMOND BLVD., WATLIDON, ON L4S0L5
3. DATE OF BIRTH 8/25/86	4. NO. EXEMPTIONS	5. SOCIAL SECURITY NO. 295 92 9812	6. HIRE DATE
8. BUDGET CODE 610-100	9. PENSION TYPE PERS	10. DEPARTMENT SAFETY	11. CIVIL SERVICE STATUS <input checked="" type="checkbox"/> Classified <input type="checkbox"/> Unclassified
		DIVISION POLITICO	7. EMPLOYEE NO. 40853
			12. DATE CHANGE EFFECTIVE JUNE 25 20 12
			SECTION NO. 10

**13. REASON FOR CHANGE** (check appropriate action)

Acting Status-Start	Dismissal	Looff-Return	Leave-Other	Name Change	Reclassification	Retire
Acting Status-Stop	Injury Pay-Start	Leave-Military	Leave-Return	New Hire	Reinstatement	Suspension
Deceased	Injury Pay-Stop	Leave-Pregnancy	Longevity Adj.	Promotion	Resign	Transfer
Demotion	Looff	Leave-Union	Merit Adj.	Relocation	Other (Explain in Remarks)	

**FROM**  
(Present status)

**TO**  
(Proposed status or new hire)

14. CLASSIFICATION - CODE NO.	8025	CORRECTIONS OFFICER																																										
15. CLASSIFICATION TITLE																																												
16. DEPARTMENT - DIVISION		SAFETY - POLICE																																										
17. DUTY STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF																																										
18. PAYROLL STATUS	<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF																																										
19. LONGEVITY PAY	\$	\$																																										
20. SALARY (bi-weekly) RATE (per hour)	\$	\$ 16.74																																										
21. EMPLOYMENT STANDING	RANGE NO. 23 <input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	STEP 1 <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT																																										
22. COMPLETE THIS SECTION AS REQUIRED BY NATURE OF PROPOSED CHANGE ACTION	<table border="1"> <tr> <td>RESIGNATION</td> <td>LAST DAY WORKED</td> <td>20</td> <td>DATE NOTICE GIVEN</td> <td>20</td> <td>RECOMMEND FOR REHIRE?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>RETIREMENT</td> <td>LAST DAY WORKED</td> <td>20</td> <td>AGE</td> <td></td> <td>VACATION DAYS DUE</td> <td></td> </tr> <tr> <td>MERIT ADJ.</td> <td>DATE OF LAST MERIT</td> <td>20</td> <td>YEARS SERVICE</td> <td></td> <td>HOURS SICK LEAVE CREDIT</td> <td></td> </tr> <tr> <td>LEAVE</td> <td>LAST DAY WORKED</td> <td>20</td> <td>DATE ANTICIPATED FOR RETURN TO DUTY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INJURY PAY</td> <td>DATE OF INJURY</td> <td>20</td> <td>HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?</td> <td></td> <td></td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>SEASONAL TEMP. HIRE</td> <td>EXPECTED DATE OF SEPARATION:</td> <td></td> <td></td> <td>20</td> <td>LAST PERFORMANCE RATING</td> <td></td> </tr> </table>	RESIGNATION	LAST DAY WORKED	20	DATE NOTICE GIVEN	20	RECOMMEND FOR REHIRE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	RETIREMENT	LAST DAY WORKED	20	AGE		VACATION DAYS DUE		MERIT ADJ.	DATE OF LAST MERIT	20	YEARS SERVICE		HOURS SICK LEAVE CREDIT		LEAVE	LAST DAY WORKED	20	DATE ANTICIPATED FOR RETURN TO DUTY				INJURY PAY	DATE OF INJURY	20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:			20	LAST PERFORMANCE RATING		<p>ALL SEPARATIONS: HAS CITY ISSUED EQUIPMENT BEEN RETURNED: <input type="checkbox"/> YES</p> <p>IF EXPENDITURES ARE INVOLVED, DOES PROPOSED CHANGE COMPLY WITH APPROVED BUDGET PLANS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
RESIGNATION	LAST DAY WORKED	20	DATE NOTICE GIVEN	20	RECOMMEND FOR REHIRE?	<input type="checkbox"/> YES <input type="checkbox"/> NO																																						
RETIREMENT	LAST DAY WORKED	20	AGE		VACATION DAYS DUE																																							
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LEAVE	LAST DAY WORKED	20	DATE ANTICIPATED FOR RETURN TO DUTY																																									
INJURY PAY	DATE OF INJURY	20	HAS PHYSICIAN'S STATEMENT BEEN PROVIDED?			<input type="checkbox"/> YES <input type="checkbox"/> NO																																						
SEASONAL TEMP. HIRE	EXPECTED DATE OF SEPARATION:			20	LAST PERFORMANCE RATING																																							
23. REMARKS	HIRSD FROM CERTIFICATE NO. 12-8025-02-1																																											

13 JUN 12 PM 12:57

24.

APPROVALS	APPROVALS
<p>City Manager</p> <p>Date</p>	<p>Civil Service Personnel Director</p> <p>Date</p>
<p>Appointing Authority</p> <p>Date</p>	<p>Supervisor</p> <p>Date</p>

PERSONNEL DEPARTMENT COPY

**CITY OF HAMILTON, OHIO  
ADMINISTRATIVE DIRECTIVE**

**NO. 407**

**Effective 6/1/04**

**Date:**

**PAGE 1 of 2**

**APPROVED: Michael J. Samoviski**

**SUBJECT: Weapon Free Policy**

**POLICY:**

In the interest of maintaining a safe environment for all employees and other visitors, the City of Hamilton, Ohio prohibits the possession, transport and storage of all weapons on City property at any City worksite, and in any City programs, regardless of whether or not the person responsible for the weapon is otherwise licensed to carry it.

"City property" covered by this policy includes all City-owned or leased buildings and surrounding areas, such as sidewalks, walkways, parking lots and driveways. Furthermore, "City property" includes all City-owned or leased vehicles and all locations at which employees conduct business as representatives of the City. "City worksite" includes any place that City employees are performing work. "City programs" include on and off-site meetings and any other City sponsored or arranged events of any kind.

"Weapons" include, but are not limited to, handguns, firearms, explosives, knives including but not limited to any pocketknife that has a blade exceeding three and one half inches in length, any knife that is spring loaded and other items that may be defined as weapons under state, federal or local laws or ordinances.

For purposes of monitoring compliance with this policy, the City reserves the right to search all City-owned or leased vehicles and all other vehicles, packages, containers, briefcases, purses, lockers, desks, storage devices, and the like maintained or brought onto City property or into City programs.

**This policy does not apply to any law enforcement personnel or security personnel while engaged in official duties.**

This policy does not apply to any city employee who is carrying unconcealed working tools, including, for example, a knife, which would otherwise violate the policy but the use of which is required as a function of the employee's job and for which the employee's supervisor has previously given authorization to carry the item. Approved knives in a toolbox do not constitute a violation of this policy.

Any employee failing or refusing to comply with any aspect of this policy will be subject to discipline, up to and including dismissal.

Any contractor, vendor, visitor or guest bringing a Weapon onto City property or into a City program is in violation of this policy, forfeits any express or implied permission to

enter or remain on the property or in the program and is subject to immediate removal, without reimbursement for any fees paid for rent, programs or events. Any organization or individual using City property is responsible for communicating this policy to members and guests, and shall be responsible for enforcing it during the period of use.

Any contractor or vendor coming upon City property is responsible for communicating this policy to its employees, agents, invitees and guests and shall be responsible for enforcing the policy during the contract term or vendor relationship.

I hereby acknowledge that I have received and read the City's Weapon-Free Workplace Policy. I understand that engaging in conduct prohibited by this policy will result in discipline up to and including dismissal, or for a contractor or vendor, termination of the contract or business relationship with the City.

  
\_\_\_\_\_  
Employee's/Contractor's Signature

06/25/12  
\_\_\_\_\_  
Date



# Dave Yost • Auditor of State

Bulletin 2012-003

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## Auditor of State Bulletin

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**Date Re-Issued:** April 4, 2012

**TO:** All Public Offices  
Community Schools

**FROM:** Dave Yost, Ohio Auditor of State

**SUBJECT:** House Bill 66 – Fraud Hotline

In 2003, then Auditor of State Betty Montgomery created the Auditor of State's fraud hotline. The hotline was established as a way for all Ohioans to report potential fraud throughout government. Since its inception, not a week passes without the Auditor of State's office receiving tips or complaints.

Recently passed legislation House Bill 66 (HB 66) makes several changes to the Auditor of State's fraud hotline. The bill requires the Auditor of State to maintain a system for the reporting of fraud, including misuse of public money by any public official or office. The system allows all Ohio citizens the opportunity to make anonymous complaints through a toll-free telephone number, the Auditor of State's website, or through the United States' mail.

The Auditor of State is required to keep a log of all complaints filed. The log is a public record under Section 149.43 of the Revised Code and must contain the following: the date the complaint was received, a general description of the nature of the complaint, the name of the public office or agency with regard to which the complaint is directed, and a general description of the status of the review by the Auditor's office. Information in the log may be redacted if Section 149.43 of the Revised Code or another statute provides an applicable exemption. During the course of Auditor of State investigations, information will be redacted pursuant to Section 149.43(A)(2) in order to conduct thorough investigations.

The new legislation also has a direct impact on all public employers. On the bill's effective date, May 4, 2012, public offices, including community schools, must make their employees aware of the fraud-reporting system. Public offices also must provide information about the fraud reporting system to all new hires. All new employees must confirm that they received this information within thirty days after beginning employment.

Section 117.103 requires the Auditor of State to confirm that public offices have so notified new employees. The statute provides two ways to verify compliance. First, public offices may require new employees to sign forms acknowledging the employees were notified of the fraud-reporting system. The Auditor of State has created a model form, which is appended to this Bulletin and may be found on the Auditor of State website. Alternatively, public offices may consider providing the fraud reporting system information in the employee manual for the public office. The employee should sign and verify the employee's receipt of such a manual. This option satisfies the bill's requirements on public employers.

Finally, the legislation also extends the current whistle-blower protections contained in Section 124.341 of the Revised Code to employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain retaliatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review.

A handwritten signature in black ink, appearing to read "Dave Yost", is written over the printed name and title.

Dave Yost  
Ohio Auditor of State

## **Auditor of State's Fraud Reporting System**

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail.

### **Auditor of State's fraud contact information :**

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's office  
Special Investigations Unit  
88 East Broad Street  
P.O. Box 1140  
Columbus, Ohio 43215

Web: [www.ohioauditor.gov](http://www.ohioauditor.gov)

**Top to Bottom:**

1. Photograph of Applicant
2. Driving Record
3. Criminal History
4. BCI Report
5. Finger Print Card

Oct 22, 2015 12:52:54 PM

Printed By: RQ667287 from: MNRPPDD001

OHBMV0001

Received Time: 12:52:48 10-22-15  
View Message Details

Source ORI:

ORI/OH0090500  
REA/BACKGROUND  
SSN/ [REDACTED]  
REQ/BUCHANANB

OLN/ [REDACTED]  
SSN/ [REDACTED]  
HGT/6-05  
WGT/250  
SEX/M  
HAIR/BRO  
EYE/BLU  
ISS/8-26-2015

Buchanan P Officer  
10/22/2015 Date of Dispatcher's Initials

Begin Image



End Image

UNLESS OTHERWISE NOTED, THIS LEADS THROUGHPUT IS EXEMPT FROM PUBLIC RECORDS  
REQUESTS PER ORC:149.43 AND OAC:4501:2-10-06.

MRI: 9038835 SENT TO:OH0090500  
IN: OHBMV0001 #25082 AT 22OCT2015 12:52:48  
OUT: OH0090500 #78 AT 22OCT2015 12:52:49

Received Time: 12:52:29 10-22-15

Summary: DS: SSN=2 [REDACTED]

Source ORI:

OHBMV0000

View Message Details

DS: OH0090500.293929812

CALEB EDWIN PAYNE

DOB: [REDACTED] AGE: 29

SSN: [REDACTED]

KEY: 018628608

COUNTY: 09-BUTLER

\*\* PHYSICAL DESCRIPTION \*\*

SEX: M HGT: 6' 05" WGT: 250 HAIR: BROWN

\*\* ANATOMICAL DONOR: YES EYES: BLUE \*\*

\*\* DRIVER LICENSE INFORMATION \*\*

DLN: [REDACTED] CLASS: D ISS: 08/26/2015 EXP: 08/29/2019

STATUS: VALID

RESTRICTIONS: CORRECTIVE LENSES

*Buchanan* Officer  
08/29/2015 Date of Dispatcher's Initials

----- CONVICTIONS: 1 -----

01 C1 IN-STATE CONVICTION

RECORD ADDED ON: 12/05/2005

SEQ NUMBER: 001

OFF: TRAFFIC CONTROL LIGHTS

BATCH NUMBER: 120505

CONVICTION DATE: 10/28/2005

OFFENSE DATE: 10/23/2005

COURT: 3120-HAMILTON CO MUNI COURT

TYPE: MUN CASE: 51958528

PLEA: GUILTY

SENTENCE: CONVICTION

POINTS: 02

HAZARDOUS MATERIAL: NO

----- ACCIDENTS: 1 -----

01 LINE OF DUTY DATE: 10/04/2012

COUNTY: BUTLER

CASE: 28127619

RECORD ADDED ON: 01/22/2013

SEQ NUMBER: 001

HAZARDOUS MATERIAL: NO

COMMERCIAL VEHICLE: NO

SEVERITY: UNKNOWN

STATE: OHIO

REPORTING AGENCY: 00918-FAIRFIELD TOWNSHIP

----- INFORMATION: 1 -----

01 CS COSIGNER

RECORD ADDED ON: 04/30/2003

SEQ NUMBER: 001

DATE: 04/29/2003

NAME: ROBERT PAYNE

DLN: [REDACTED] RELATIONSHIP: FATHER

END

UNLESS OTHERWISE NOTED, THIS LEADS THROUGHPUT IS EXEMPT FROM PUBLIC RECORDS REQUESTS PER ORC:149.43 AND OAC:4501:2-10-06.

MRI: 9038539

IN: OHBMV0000 #57340 AT 22OCT2015 12:52:29

OUT: OH0090500 #77 AT 22OCT2015 12:52:29

Oct 22, 2015 12:52:36 PM

Printed By: RQ667287 from: MNRPDD001

Received Time: 12:52:29 10-22-15

Source ORI: [REDACTED]

OH00000000

Summary: DS: SSN= [REDACTED]

View Message Details

{P}\*\*\*\*\* FOR LAW ENFORCEMENT USE ONLY \*\*\*\*\*

MKE/CONCEALED HANDGUN LICENSE - PERMANENT

IDX/ZX06018656 LID/06018656 LEADS GENERATED PERMIT/09-BUT-011652-P

ORI/OH0090018 LOCAL PERMIT NUMBER/09BUT012619

ENTERED ON/20120222 DLI/20150616 LAI/OH05002299

NAM/PAYNE, CALIB EDWIN SEX/M RAC/W

DOB/ [REDACTED] SOC/ [REDACTED]

ADR/ [REDACTED]

<p><i>Buchanan</i> Officer  <i>U</i> Dispatcher's Initials  10/22/2015 Date</p>
---

DATE OF ISSUE/20120222 DATE OF EXPIRE/20170222 COUNTY/09

STATUS/ACTIVE ISSUING SHERIFF NAME/JONES, RICHARD K

ISSUING OFFICE IS: BUTLER COUNTY SHERIFF RECORDS OFFICE 5137851310

UNLESS OTHERWISE NOTED, THIS LEADS THROUGHPUT IS EXEMPT FROM PUBLIC RECORDS REQUESTS PER ORC:149.43 AND OAC:4501:2-10-06.

MRI: 9038536

IN: OH0000000 #119381 AT 22OCT2015 12:52:29

OUT: OH0090500 #75 AT 22OCT2015 12:52:29

**IF you live in...**

**THEN use this address if you:**

	Are not enclosing a check or money order ...	Are enclosing a check or money order ...
Florida, Louisiana, Mississippi, Texas	Department of the Treasury Internal Revenue Service Austin, TX 73301-0002	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Frasno, CA 93888-0002	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Department of the Treasury Internal Revenue Service Frasno, CA 93888-0002	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, Missouri, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Department of the Treasury Internal Revenue Service Austin, TX 73301-0215	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail with Your Payment and Return ▼

Form 1040-V (2013)

Department of the Treasury  
Internal Revenue Service

(99) **2013**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the United States Treasury.
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment	<b>745.</b>
----------------------------------	-------------

REV 03/07/14 INTUIT.CG 1555

**CALEB E PAYNE**



INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

2939929812 0Y PAYN 30 0 201312 610

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning 2013, ending 20.

Your first name and initial CaLeb E Last name RAYNE Your social security number [REDACTED]  
 If a joint return, spouse's first name and initial Last name [REDACTED] Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.  
[REDACTED] Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Hamilton OH 45015-2135 Foreign province/state/country [REDACTED] Foreign postal code [REDACTED]  
 Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶  
 4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5  Qualifying widow(er) with dependent child

**Exemptions**

6a  Yourself, if someone can claim you as a dependent, do not check box 6a. . . . . 1  
 b  Spouse

**Dependents:**  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7  
 7a Taxable interest. Attach Schedule B if required . . . . . 8a  
 b Tax-exempt interest. Do not include on line 7a . . . . . 8b  
 8a Ordinary dividends. Attach Schedule B if required . . . . . 9a  
 b Qualified dividends . . . . . 9b  
 10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10  
 11 Alimony received . . . . . 11  
 12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12  
 13 Capital gain or (loss). Attach Schedule D if required, if not required, check here  . . . . . 13  
 14 Other gains or (losses). Attach Form 4797 . . . . . 14  
 15a IRA distributions . . . . . 15a  
 b Taxable amount . . . . . 15b  
 16a Pensions and annuities . . . . . 16a  
 b Taxable amount . . . . . 16b  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17  
 18 Farm income or (loss). Attach Schedule F . . . . . 18  
 19 Unemployment compensation . . . . . 19  
 20a Social security benefits . . . . . 20a  
 b Taxable amount . . . . . 20b  
 21 Other income. List type and amount . . . . . 21  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ . . . . . 46,649.

**Adjusted Gross Income**

23 Educator expenses . . . . . 23  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24  
 25 Health savings account deduction. Attach Form 8889 . . . . . 25  
 26 Moving expenses. Attach Form 3903 . . . . . 26  
 27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27  
 28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28  
 29 Self-employed health insurance deduction . . . . . 29  
 30 Penalty on early withdrawal of savings . . . . . 30  
 31a Alimony paid b Recipient's SSN ▶ . . . . . 31a  
 32 IRA deduction . . . . . 32  
 33 Student loan interest deduction . . . . . 33  
 34 Tuition and fees. Attach Form 8917 . . . . . 34  
 35 Domestic production activities deduction. Attach Form 8903 . . . . . 35  
 36 Add lines 23 through 35 . . . . . 2,763.  
 37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . 43,886.



**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor  
Caleb E Payne

Social security number (SSN)  
[REDACTED]

**A** Principal business or profession, including product or service (see instructions)  
Law Enforcement

**B** Enter code from instructions  
▶ 9 | 9 | 9 | 9 | 9 | 9

**C** Business name. If no separate business name, leave blank.

**D** Employer D number (EIN), (see instr.)  
[REDACTED]

**E** Business address (including suite or room no.) ▶  
City, town or post office, state, and ZIP code

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses . . . . .  Yes  No

**H** If you started or acquired this business during 2013, check here . . . . .  Yes  No

**I** Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**J** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

**Part I** Income

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	5,220.
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	5,220.
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	5,220.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	5,220.

**Part II** Expenses

Enter expenses for business use of your home only on line 30.

<b>8</b>	Advertising . . . . .	<b>8</b>		<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>9</b>	Car and truck expenses (see instructions). . . . .	<b>9</b>		<b>19</b>	Pension and profit-sharing plans	<b>19</b>	
<b>10</b>	Commissions and fees . . . . .	<b>10</b>		<b>20</b>	Rent or lease (see instructions):	<b>20a</b>	
<b>11</b>	Contract labor (see instructions)	<b>11</b>		<b>a</b>	Vehicles, machinery, and equipment	<b>20b</b>	
<b>12</b>	Depletion . . . . .	<b>12</b>		<b>b</b>	Other business property . . . . .	<b>21</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b>	Repairs and maintenance . . . . .	<b>22</b>	1,500.
<b>14</b>	Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b>	Supplies (not included in Part III)	<b>22</b>	
<b>15</b>	Insurance (other than health)	<b>15</b>		<b>23</b>	Taxes and licenses . . . . .	<b>23</b>	
<b>16</b>	Interest:	<b>16a</b>		<b>24</b>	Travel, meals, and entertainment:	<b>24a</b>	
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b>	Travel . . . . .	<b>24a</b>	
<b>b</b>	Other . . . . .	<b>16b</b>		<b>b</b>	Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b>	Legal and professional services	<b>17</b>		<b>25</b>	Utilities . . . . .	<b>25</b>	
<b>28</b>	<b>Total expenses before expenses for business use of home.</b> Add lines 8 through 27a . . . . .	<b>28</b>	1,500.	<b>26</b>	Wages (less employment credits)	<b>26</b>	
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	3,720.	<b>27a</b>	Other expenses (from line 48)	<b>27a</b>	
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: . . . . . and (b) the part of your home used for business: . . . . . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>27b</b>	Reserved for future use . . . . .	<b>27b</b>	
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	3,720.				

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).  
 • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.  
 • If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.  
 • If a loss, you must go to line 32.  
 • If you checked 32b, you must attach Form 6198. Your loss may be limited.

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation				<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation				35
36	Purchases less cost of items withdrawn for personal use				36
37	Cost of labor. Do not include any amounts paid to yourself				37
38	Materials and supplies				38
39	Other costs				39
40	Add lines 35 through 39				40
41	Inventory at end of year				41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4				42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶
- 44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
  - a Business b Commuting (see instructions) c Other
  - 45 Was your vehicle available for personal use during off-duty hours?  Yes  No
  - 46 Do you (or your spouse) have another vehicle available for personal use?  Yes  No
  - 47a Do you have evidence to support your deduction?  Yes  No
  - b If "Yes," is the evidence written?  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

48	Total other expenses. Enter here and on line 27a	48

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulесе](http://www.irs.gov/schedulесе).

▶ Attach to Form 1040 or Form 1040NR.

Name of person with self-employment income (as shown on Form 1040)

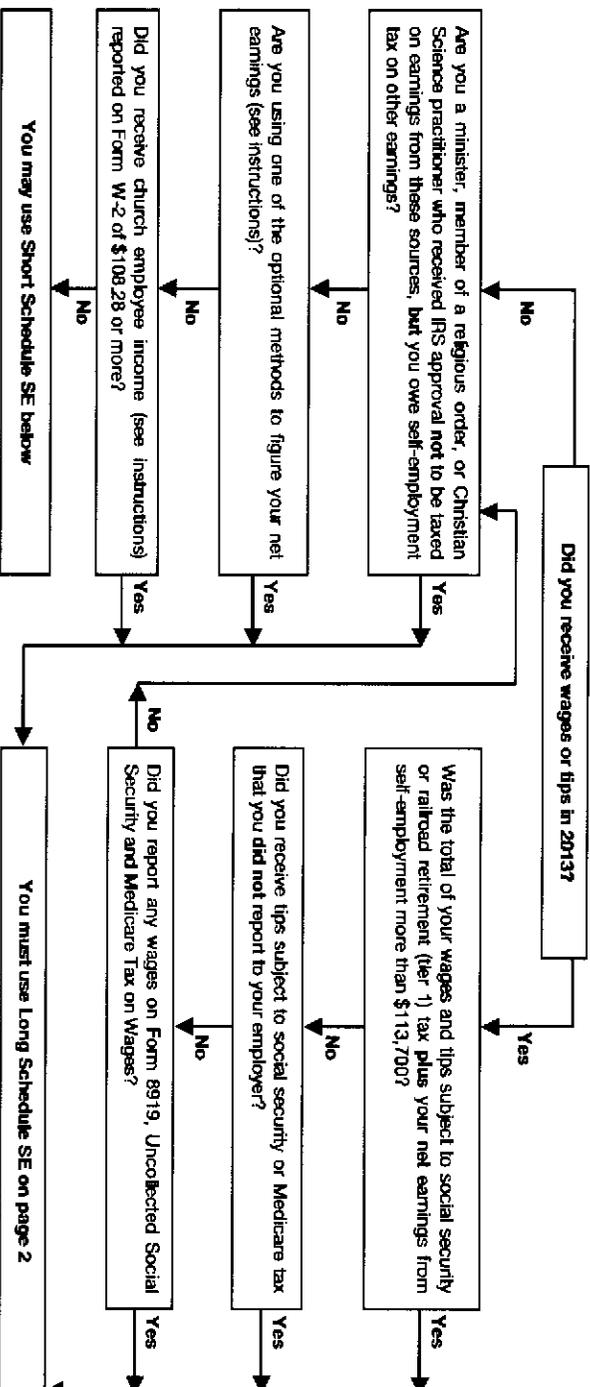
Caleb E. Payne

Social security number of person  
with self-employment income ▶

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. . . . .		
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z		
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>1b</b> ( )	
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>2</b>	3,720.
<b>4</b>	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . . . ▶ <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>3</b>	3,720.
<b>5</b>	Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54. . . . .	<b>4</b>	3,435.
<b>6</b>	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>5</b>	526.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 03/07/14 (114994)P

Schedule SE (Form 1040) 2013

263.

Department of the Treasury  
Internal Revenue Service

Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).  
Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR  
Caleb E. Payne

Social security number of HSA beneficiary, if both spouses have HSAs, see instructions

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2013 (see instructions).	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2013 (or those made on your behalf, including those made from January 1, 2014, through April 15, 2014, that were for 2013. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)).	2	0.
3	If you were under age 55 at the end of 2013, and on the first day of every month during 2013, you were, or were considered, an eligible individual with the same coverage, enter \$3,250 (\$6,450 for family coverage). All others, see the instructions for the amount to enter.	3	3,250.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2013 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2013, also include any amount contributed to your spouse's Archer MSAs.	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,250.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2013, see the instructions for the amount to enter.	6	3,250.
7	If you were age 55 or older at the end of 2013, married, and you or your spouse had family coverage under an HDHP at any time during 2013, enter your additional contribution amount (see instructions).	7	0.
8	Add lines 6 and 7.	8	3,250.
9	Employer contributions made to your HSAs for 2013	9	1,000.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,250.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2013 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a.	14c	
15	Unreimbursed qualified medical expenses (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount.	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<p><b>18</b> Last-month rule . . . . .</p>	<b>18</b>	
<p><b>19</b> Qualified HSA funding distribution . . . . .</p> <p><b>20</b> Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .</p>	<b>19</b>	
<p><b>21</b> Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HDHP" and the amount . . . . .</p>	<b>20</b>	
	<b>21</b>	

REV 10/2013 HSA-2013-SP

# Tax History Report

2013

▶ Keep for your records

Name(s) Shown on Return  
Caleb E Payne

	Five Year Tax History:				
	2009	2010	2011	2012	2013
Filing status .....	Single	Single	Single	Single	Single
Total income .....	15,566.	15,566.	22,724.	35,697.	46,649.
Adjustments to income .....	1,149.	1,149.	978.	2,500.	2,763.
Adjusted gross income .....	14,417.	14,417.	21,746.	33,197.	43,886.
Tax expense .....	549.	549.	828.	1,402.	1,984.
Interest expense .....					
Contributions .....			385.	230.	
Miscellaneous deductions .....					
Other itemized deductions .....					
Total itemized/standard deduction ...	5,700.	5,700.	5,800.	5,950.	6,100.
Exemption amount .....	3,650.	3,650.	3,700.	3,800.	3,900.
Taxable income .....	5,067.	5,067.	12,246.	23,447.	33,886.
Tax .....	508.	508.	1,409.	3,079.	4,635.
Alternative minimum tax .....					
Total credits .....			1,202.		
Other taxes .....			253.	216.	526.
Payments .....	1,533.	1,533.	1,861.	2,952.	4,416.
Form 2210 penalty .....					
Amount owed .....				343.	745.
Applied to next year's estimated tax .....					
Refund .....	1,025.	1,025.	1,401.		
Effective tax rate % .....	0.75	0.75	0.95	9.27	10.56
**Tax bracket % .....	10.0	10.0	15.0	15.0	15.0

\*\*Tax bracket % is based on Taxable income.

## Read and accept this Disclosure Consent

This is an IRS requirement to transfer your information to purchase Amazon.com Gift Cards from Intuit.

To complete your purchase of Amazon.com Gift Card(s) we need to send your name, email address and refund amount to Sunrise Banks N.A. of St. Paul, Minnesota ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'). They will process your request and forward your name and email address to ACI Gift Cards, Inc., a subsidiary of Amazon.com, Inc. ('ACI'). ACI will email the Amazon.com Gift Card(s) to you at the email address you have provided.

We send this information via an encrypted transmission for the sole purpose of providing you with this refund option. The parties referred to above will protect your confidentiality and use this information only per the refund processing agreement and their privacy policies.

---

### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigma.treas.gov](mailto:complaints@tigma.treas.gov).

---

To agree, simply enter your name(s) and date in the boxes below after reading this consent and select "I Agree".

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG my name, email address and refund amount, necessary to enable processing of my refund. SBTPG will send my name and email address to ACI so the Amazon.com Gift Card(s) I am buying from Intuit can be emailed to me.

Taxpayer's First Name

Taxpayer's Last Name

Spouse's First Name  
(if applicable)

Spouse's Last name  
(if applicable)

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement to transfer your information to purchase Amazon.com Gift Cards from Intuit.

To complete your purchase of Amazon.com Gift Card(s) we need to send your name, email address and refund amount to The Citizens Banking Company of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'). They will process your request and forward your name and email address to ACI Gift Cards, Inc., a subsidiary of Amazon.com, Inc. ('ACI'). ACI will email the Amazon.com Gift Card(s) to you at the email address you have provided.

We send this information via an encrypted transmission for the sole purpose of providing you with this refund option. The parties referred to above will protect your confidentiality and use this information only per the refund processing agreement and their privacy policies.

---

### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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---

To agree, simply enter your name(s) and date in the boxes below after reading this consent and select "I Agree".

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG my name, email address and refund amount, necessary to enable processing of my refund. SBTPG will send my name and email address to ACI so the Amazon.com Gift Card(s) I am buying from Intuit can be emailed to me.

Taxpayer's First Name

Taxpayer's Last Name

Spouse's First Name  
(if applicable)

Spouse's Last name  
(if applicable)

Please type the date below:

Date

---

**Let's see if you're eligible for this offer**

This is an IRS requirement

If you tell us it's okay, we'll use some of your tax information in order to make sure your correct refund amount is processed for your e-gift card.

---

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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I authorize Intuit, the maker of TurboTax, to use the information provided in this 2013 return to determine whether I am eligible to purchase an Amazon.com Gift Card and receive the associated bonus

---

Taxpayer's First Name

Taxpayer's Last Name

---

Spouse's First Name  
(if applicable)

Spouse's Last name  
(if applicable)

Please type the date below:

Date

---



**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign income taxes . . . . .	1	
2	Investment income . . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	State, local and foreign income taxes allocable to investment income . . . . .	5	

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	1	
2	Investment income . . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	Tax preparations fees allocable to investment income . . . . .	5	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**

**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations:	
2	Enter the total of all items listed on line 1	2
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3
4	Enter the lesser of the total reported on line 2 or line 3	4

**Part II - Application of Section 67 Limitation to Specific Deductions**

	(A)	(B)	(C)
	Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
		X	=
		X	=
		X	=
		X	=
		X	=

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II:	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	1
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:	2
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3	3
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	4
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	5
7	Subtract line 6 from line 5	6
8	Enter the lesser of line 7 or line 4	7

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment		
Income reportable on Form 8960, line 9c:		

<b>1</b>	X	=
	X	=
	X	=
	X	=
	X	=
Total miscellaneous investment expenses to Form 8960, line 9c: . . . . .		

**2** State, local, and foreign income taxes . . . . . X \_\_\_\_\_ = \_\_\_\_\_

**3** Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:

	X	=
	X	=
	X	=
	X	=
	X	=

Penalty on early withdrawal of savings \_\_\_\_\_  
 Other modifications: \_\_\_\_\_

Total additional modifications to Form 8960, line 10 \_\_\_\_\_

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against III**

**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2012	(c) Suspended 12/31/2013	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2012	(c) Suspended 12/31/2013	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2012	(c) Suspended 12/31/2013	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return  
Caleb E Payne

Social Security Number

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814. . . . .		
2 Gambling winnings:		
a From Form W-2G . . . . .		
b Winnings (prizes, etc.) from Form 1099-MISC, box 3. . . . .		
c Not reported on Form W-2G or Form 1099-MISC. . . . .		
3 Taxable income from Form 1099-MISC:		
a Substitute payments in lieu of interest or dividends. . . . .		
b Other income from box 3 . . . . .		
c Alaska Permanent Fund. . . . .		
d Tribal Gaming . . . . .		
e Non-Employee Compensation from Form 1099-MISC box 7		
f Rent from personal property from Form 1099-MISC box 1. . . . .		
4 Taxable income from Form 1099-Q:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Foreign earned income and housing exclusion, from Form 2555		
7 Net operating loss carryover from a prior year		
8 Other income, from Schedule(s) K-1		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions		MSA
2 Taxable Medicare Advantage distributions		Med MSA
3 Taxable long term care distributions		LTC
4 Total Form 8853		
b Form 8989, Health Savings Accounts		
10 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
	Type of Tax	State or Local ID
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements		
11 Recoveries of bad debts deducted in a prior year		
12 Jury duty pay		
13 Bartering income not reported elsewhere		
14 Income from the rental of personal property		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2		
2 Amount of canceled debt excluded from income		
3 Taxable amount of canceled debt		
b From Schedule(s) K-1		
16 Income from "not for profit" activities (hobbies):		
17 Other taxable income:		
18 Income from Community Property:		
a Positive community property adjustment		
b Negative community property adjustment (enter as positive)		
19 Total. Add lines 1 through 14, 15a(3), 15b, 16, 17 and 18. Enter here and on Form 1040 or Form 1040NR, line 21		

**Part I – Personal Information**  
Information in Part I is completely calculated from entries on Personal Information Worksheets.

**Taxpayer:**  
 First name . . . . . Caleb  
 Middle initial . . . . . E Suffix . . . . .  
 Last name . . . . . Payne  
 Social security no. . . . .  
 Occupation . . . . . Police Officer  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2014 . . . . . 27  
 Daytime phone . . . . . Ext  
 Legally blind . . . . .  
 Date of death . . . . .

**Spouse:**  
 First name . . . . . Suffix  
 Middle initial . . . . .  
 Last name . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2014 . . . . .  
 Daytime phone . . . . . Ext  
 Legally blind . . . . .  
 Date of death . . . . .

**Dependent of Someone Else:**

Can taxpayer be claimed as dependent of another person (such as parent)? . . . . .  Yes  No  
 If yes, was taxpayer claimed as dependent on that person's return? . . . . .  Yes  No

**Dependent of Someone Else:**

Can spouse be claimed as dependent of another person (such as parent)? . . . . .  Yes  No  
 If yes, was spouse claimed as dependent on that person's return? . . . . .  Yes  No

**Credit for the Elderly or Disabled (Schedule R):**

Is the taxpayer retired on total and permanent disability? . . . . .  Yes  No

**Credit for the Elderly or Disabled (Schedule R):**

Is the spouse retired on total and permanent disability? . . . . .  Yes  No

**Presidential Election Campaign Fund:**

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . . .  Yes  No

**Presidential Election Campaign Fund:**

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . . .  Yes  No

**Part II – Address and Federal Filing Status** (enter information in this section)

**Address**  
 City HAMILTON State OH ZIP code 45015-2135  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign code \_\_\_\_\_ Foreign country \_\_\_\_\_  
 APO/FPO/DPO address, check if appropriate  
 APO  FPO  DPO

Home phone \_\_\_\_\_ Home  Taxpayer daytime  Spouse daytime \_\_\_\_\_  
 Check to print phone number on Form 1040

**Federal filing status:**

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately  
Check this box if you did not live with your spouse at any time during the year. Check this box if you are eligible to claim your spouse's exemption (see Help)
- 4 Head of household  
If the 'qualifying person' is your child but not your dependent:  
Child's first name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Child's social security number \_\_\_\_\_
- 5 Qualifying widow(er)  
Check the appropriate box for the year your spouse died  
2011  2012

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**  
 Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)		Qualified child/dep care exps incurred and paid 2013	Lived with taxpyr in U.S.	Educ Tultn and Fees	* D e p
			Age	Not qual for child tax cr				

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

**Part IV — Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . .  Yes  No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2013? . . . . .  Yes  No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) . . . . .  Yes  No

Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2013 . . . . .  Yes  No

Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? . . . . .  Yes  No

Check if you were notified by the IRS that EIC cannot be claimed in 2013 or if you are ineligible to claim the EIC in 2013 for any other reason . . . . .  Yes  No

**Part V — Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . .  Yes  No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . . .  Yes  No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional)  First Financial Bank

Check the appropriate box  Checking  Savings

Routing number  ██████████ Account number  ██████████

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above  \_\_\_\_\_

Balance-due amount from this return  \_\_\_\_\_

**Part VI — Additional Information for Your Federal Return**

**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction  Yes  No

Check this box if you are married filing separately and your spouse itemized deductions  Yes  No

Check this box to take the standard deduction even if less than itemized deductions  Yes  No

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ  Yes  No

**Real Estate Professionals:**

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help)  Yes  No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student?  Yes  No

Is the spouse a full-time student?  Yes  No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 Resident country  USA  \_\_\_\_\_

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands \_\_\_\_\_

Excludable income from Puerto Rico \_\_\_\_\_

**Dual Status Alien Return:**

Check this box if you are a dual-status alien  Yes  No

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS?  Yes  No

If Yes, complete the following:

Third party designee name  \_\_\_\_\_

Third party designee phone number  \_\_\_\_\_

Personal identification number (enter any 5 numbers)  \_\_\_\_\_

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help)  \_\_\_\_\_

**Part VI – Additional Information for Your Federal Return - Continued**

**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse . . . . .

**Part VII – State Filing Information**

**Identify Protection PIN:**

If the IRS sent the taxpayer an Identify Protection PIN, enter it here . . . . .  
If the IRS sent the spouse an Identify Protection PIN, enter it here . . . . .

▶  ▶   
▶  ▶

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2013 . . . . .

▶ OH

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year

▶

Taxpayer is a resident of the state above for only part of year

▶

Date the taxpayer established residence in state above

▶  ▶

In which state (or foreign country) did the taxpayer reside before this change?

▶  ▶

**Spouse:**

Enter the spouse's state of residence as of December 31, 2013

▶

Check the appropriate box:

Spouse is a resident of the state above for the entire year

▶

Spouse is a resident of the state above for only part of year

▶

Date the spouse established residence in state above

▶  ▶

In which state (or foreign country) did the spouse reside before this change?

▶  ▶

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union

▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS

▶

Check if this is the joint return created to file joint state tax return (see Help)

▶

Check this box if you are in a same-sex marriage

▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your federal return to be filed.

▶

Check if this is your individual return for filing state return only (see Help)

▶

# Personal Information Worksheet For the Taxpayer

2013

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet . . . . .  
QuickZoom to Federal Information Worksheet . . . . .

## Part I — Taxpayer's Personal Information

First name . . . Caleb Middle initial . E Last name . Payne

Social security no. . . [REDACTED] Member of U.S. Armed Forces in 2013?  Yes  No

Date of birth . . . . . [REDACTED] (mm/dd/yyyy) age as of 1-1-2014. 27

Occupation . . . . . Police Officer Daytime phone . . . . . [REDACTED] Ext \_\_\_\_\_

Marital status Single

If widowed, check the appropriate box for the year your spouse died:  
After 2013  2013  2012  2011  Before 2011

Are you retired on total and permanent disability? (for Schedule R, see Help).  Yes  No  
Check if this person is legally blind  Yes  No  
If deceased, enter the date of death  (mm/dd/yyyy) \_\_\_\_\_

Were you under the age of 16 as of 1-1-2014 and this is the first year you are filing a tax return?  Yes  No

Do you want \$3 to go to Presidential Election Campaign Fund?  Yes  No

## Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent?  Yes  No
- 2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return?  Yes  No  
*Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.*
- 3 Were you a full-time student during any part of five months during 2013?  Yes  No
- 4 Did your earned income exceed one-half of your support?  Yes  No
- 5 Was at least one of your parents alive on December 31, 2013?  Yes  No

## Part III — Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2013 OH

Check the appropriate box:

This person is a resident of the state above for the entire year  Yes  No

This person is a resident of the state above for only part of year  Yes  No  
Date this person established residence in state above \_\_\_\_\_  
In which state (or foreign country) did this person reside before this change? \_\_\_\_\_

## Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2013 \_\_\_\_\_

▶ Keep for your records

Name of Student  
Caleb R. Payne

Resident County Number  
██████████

### Part I – Student Status

- 1 Was this person a student during 2013?  Yes  No
- 2 What kind of school did the student attend during 2013? (Check all that apply.)
 

<input type="checkbox"/> a Elementary	<input type="checkbox"/> c College (postsecondary)	<input type="checkbox"/> e Military academy
<input type="checkbox"/> b High school (secondary)	<input type="checkbox"/> d Vocational school	<input checked="" type="checkbox"/> f Not applicable
- 3 Did the student receive scholarships or other education assistance?  Yes  No

### Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2013?  Yes  No  NA
- 2 Was this student enrolled at an eligible education institution during 2013?  Yes  No  NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential?  Yes  No  NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills?  Yes  No  NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period?  Yes  No  NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance?  Yes  No  NA
- 7 Is this student an eligible dependent of the taxpayer?  Yes  No  NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? ▶
- 9 In how many prior years has a Hope Credit been claimed for this student? ▶

### Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit?  Yes  No  
Did not attend institution of higher education
- 2 Is this student qualified for the Lifetime Learning Credit?  Yes  No  
Did not attend institution of higher education
- 3 Is this student qualified for the Tuition and Fees Deduction?  Yes  No  
Did not attend institution of higher education

### Part IV – Educational Institution and Tuition Summary

Received 2012 1098T with Box 2 filled and box 7 checked?

	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholarships or grants	On Form 1098-T	
School Name				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
EIN				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address:	foreign province/state: _____ Country: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal code:	_____			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address:	foreign province/state: _____ Country: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal code:	_____			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals					





**Part VII -- Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII -- Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to QTP distributions	
4	Excess distributions. Subtract line 3 from line 1.	
If line 4 is greater than zero, complete lines 5 through 8.		
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 8.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

**Part IX -- Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

**Part X -- Series EE and I U.S. Savings Bonds Issued After 1989**

- 1 Total proceeds from U.S. Savings Bonds cashed during 2013 for this student \_\_\_\_\_
- 2 Adjusted Qualified Higher Education Expenses \_\_\_\_\_
- 3 Qualified Higher Education Expenses applied to exclusion of U.S. bond interest \_\_\_\_\_
- 4 Interest included in line 1 \_\_\_\_\_
- 5 Name and address of eligible educational institution(s) attended: \_\_\_\_\_  
Institution Name \_\_\_\_\_

Street address \_\_\_\_\_

Street address \_\_\_\_\_

City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____
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# Personal Information Worksheet For the Spouse

2013

▶ Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ▶  
**QuickZoom** to Federal Information Worksheet . . . . . ▶

### Part I — Spouse's Personal Information

First name . . . \_\_\_\_\_ Middle initial . \_\_\_\_\_ Last name . \_\_\_\_\_

Suffix . . . . .

Social security no. . . . . \_\_\_\_\_ Member of U.S. Armed Forces in 2013?  Yes  No

Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy) age as of 1-1-2014. \_\_\_\_\_

Occupation . . . . . \_\_\_\_\_ Daytime phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_

**Marital status** \_\_\_\_\_

If widowed, check the appropriate box for the year your spouse died:

After 2013 ▶  2013 ▶  2012 ▶  2011 ▶  Before 2011 ▶

Are you retired on total and permanent disability? (for Schedule R, see Help).  Yes  No

Check if this person is legally blind

If deceased, enter the date of death  Yes  No  
 ▶ (mm/dd/yyyy) \_\_\_\_\_

Were you under the age of 16 as of 1-1-2014 and this is the first year you are filing a tax return?  Yes  No

Do you want \$3 to go to Presidential Election Campaign Fund?  Yes  No

### Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent?  Yes  No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return?  Yes  No

*Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2013?  Yes  No

4 Did your earned income exceed one-half of your support?  Yes  No

5 Was at least one of your parents alive on December 31, 2013?  Yes  No

### Part III — Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2013 \_\_\_\_\_

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above \_\_\_\_\_ ▶

In which state (or foreign country) did this person reside before this change? \_\_\_\_\_ ▶

### Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2013 \_\_\_\_\_

▶ Keep for your records

Name(s) Shown on Return  
Caleb E Payne

Social Security Number  
[REDACTED]

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation: Non-statutory & statutory wages not on Sch C . . . . . Statutory wages reported on Schedule C . . . . . Foreign wages included in total wages. . . . . Unreported tips . . . . .	42,929.		42,929.
2	Total federal tax withheld . . . . .	4,416.		4,416.
3 & 7	Total social security wages/tips . . . . .	0.		0.
4	Total social security tax withheld			
5	Total Medicare wages and tips	47,769.		47,769.
6	Total Medicare tax withheld	692.		692.
8	Total allocated tips	0.		0.
9	Not used			
10	Total dependent care benefits	0.		0.
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	7,088.		7,088.
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	7,088.		7,088.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14	1,467.		1,467.
16	Total state wages and tips	42,929.		42,929.
17	Total state tax withheld	965.		965.
19	Total local tax withheld	955.		955.

Name  
Caleb R. Payne

Social Security Number  
[REDACTED]

**Spouse's W-2**  
Do not transfer this W-2 to next year

**Military:** Complete Part VI on Page 2 below

**a** Employee's social security No. [REDACTED]  
**b** Employer's ID number . . . . . 31-6000142  
**c** Employer's name, address, and ZIP code  
 City Of Hamilton  
 Street 345 High Street  
 City Hamilton  
 State OH ZIP Code 45011  
 Foreign Country \_\_\_\_\_

**d** Control number \_\_\_\_\_

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Caleb M.I. E  
 Last Payne Suff.  
**f** Employee's address and ZIP code  
 Street [REDACTED]  
 City Hamilton  
 State OH ZIP Code 45015-2135  
 Foreign Country \_\_\_\_\_

<b>1</b> Wages, tips, other compensation 29,125.98	<b>2</b> Federal income tax withheld 3,469.88
<b>3</b> Social security wages 0.00	<b>4</b> Social security tax withheld 0.00
<b>5</b> Medicare wages and tips 32,499.39	<b>6</b> Medicare tax withheld 471.24
<b>7</b> Social security tips 0.00	<b>8</b> Allocated tips 0.00
<b>9</b> [REDACTED]	<b>10</b> Dependent care benefits 0.00
<b>11</b> Nonqualified plans 0.00	Distributions from sect. 457 and nonqualified plans (Important, see Help)
<b>12</b> Enter box 12 below	

**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

**14** Enter box 14 below after entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 before entering box 14.

<b>Box 12</b> Code DD 6,087.60 W 1,000.00	<b>Box 12</b> Amount	If Box 12 code is:			
		A: Enter amount attributable to RRTA Tier 2 tax			
		M: Enter amount attributable to RRTA Tier 2 tax			
		P: Double click to link to Form 3903, line 4			
		R: Enter MSA contribution for Taxpayer Spouse			
		W: Enter HSA contribution for Taxpayer Spouse			1,000.00
		G: <input type="checkbox"/> Employer is not a state or local government			

<b>Box 15</b> State OH	<b>Box 15</b> Employer's state I.D. no. 51-1599516	<b>Box 16</b> State wages, tips, etc. 29,125.98	<b>Box 17</b> State income tax 750.27
<b>Box 20</b> Locality name CHAML	<b>Box 18</b> Local wages, tips, etc. 32,499.39	<b>Box 19</b> Local income tax 649.98	<b>Box 20</b> Associated State OH

<b>Box 14</b> Description or Code on Actual Form W-2	<b>Box 14</b> Amount	<b>Box 14</b> TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).



Taxpayer's name  
Caleb E Payne

Social Security No.  
[REDACTED]

**1098-T Information (Required):**

- A A Form 1098-T was received from this institution . . . . . Yes  No
- B A Form 1098-T was received from this institution in 2012 with Box 2 filled in and Box 7 checked . . . . . Yes  No

A If student is Caleb

**Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet** . . . . . ▶ Caleb

B If student is \_\_\_\_\_  
**Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet** . . . . . ▶ \_\_\_\_\_

Filer's name Street address City State Zip Code Foreign province/country Foreign postal code Foreign country	1 Payments received for qualified tuition and related expenses \$ _____ 2 Amounts billed for qualified tuition and related expenses \$ _____ 3 If this box is checked, your educational institution has changed its reporting method for 2013 <input type="checkbox"/>
--	--

Filer's Federal identification number Student's name Street address City State Zip Code Hamilton OH 45015-2135 Service Provider/ Acct No	Student's Social Security Number [REDACTED] Apt. No. 8 Check if at least half-time student <input type="checkbox"/>	4 Adjustments made for a prior year \$ _____ 6 Adjustments to scholarships or grants for a prior year \$ _____ 9 Checked if a graduate student <input type="checkbox"/>	5 Scholarships or grants \$ _____ 7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2014 <input type="checkbox"/> 10 Ins. contract reimb./refund \$ _____
---	--	---	---

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**

- A Enter box 1 amount not paid during 2013 \_\_\_\_\_
- B Enter box 1 amount actually paid during 2013 \_\_\_\_\_

**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses**

- A Enter box 2 amount not paid during 2013 \_\_\_\_\_
- B Enter box 2 amount actually paid during 2013 \_\_\_\_\_

**Reconciliation of Box 5, Veteran- or Employer-Provided Assistance Included in Box 5**

- A Enter portion of box 5 amount from veteran- or tax free employer-provided assistance \_\_\_\_\_
- B Enter portion of box 5 amount from employer-provided assistance included in income \_\_\_\_\_
- C Portion of box 5 amount from scholarships or grants \_\_\_\_\_
- D Box 5 amount includes veteran- or employer-provided educational assistance

# Form 1099-Q Summary

▶ Keep for your records

2013

Name(s) Shown on Return  
 Galch E Payne

Social Security No. XXXXXXXXXX

## Coverdell Educational Savings Account (ESA) Distributions

	Recipient Taxpayer	Recipient Spouse
<b>1</b> Total gross distributions from box 1 of Form 1099-Q . . . . .		
<b>a</b> Less: Rollover to another ESA of beneficiary . . . . .		
<b>b</b> Less: Transfer to another family member . . . . .		
<b>c</b> Less: Transfer to a non-family member . . . . .		
<b>d</b> Less: Return of 2013 contributions . . . . .		
<b>e</b> Less: Return of pre 2013 contributions. These are reported on the tax return in the year the contribution was made, not on the 2013 tax return . . . . .		
<b>2</b> Balance of gross Coverdell ESA distributions		
<b>3</b> Education expenses not used as basis for credits		
<b>4</b> Amount of ESA distributions after return of basis		
<b>5</b> Earnings on return of 2013 contributions		
<b>6</b> Earnings on non-family member transfer		
<b>7</b> Taxable amount of ESA distributions on line 2		
<b>8</b> Taxable amount included on Form 1040, line 21		
<b>9</b> Non-taxable ESA distributions		

## Gross State Qualified Tuition Plan (QTP) Distributions

<b>10</b> Total gross distributions from box 1 of Form 1099-Q		
<b>a</b> Less: Rollover to another QTP of beneficiary		
<b>b</b> Less: Transfer to another family member		
<b>c</b> Less: Transfer to a non-family member		
<b>11</b> Balance of gross state QTP distributions		
<b>12</b> Earnings on state QTP distributions on line 11		

## Gross Private Qualified Tuition Plan (QTP) Distributions

<b>13</b> Total gross distributions from box 1 of Form 1099-Q		
<b>a</b> Less: Rollover to another QTP of beneficiary		
<b>b</b> Less: Transfer to another family member		
<b>c</b> Less: Transfer to a non-family member		
<b>14</b> Balance of gross private QTP distributions		
<b>15</b> Earnings on private QTP distributions on line 14		

## Taxable Qualified Tuition Plan (QTP) Distributions

<b>16</b> Balance of gross QTP distributions		
<b>17</b> Earnings on QTP distributions on line 16		
<b>18</b> Education expenses not used as basis for credits		
<b>19</b> Non-taxable QTP distributions		
<b>20</b> Taxable amount of earnings on line 17		
<b>21</b> Earnings on non-family member transfer (state)		
<b>22</b> Earnings on non-family member transfer (private)		
<b>23</b> Taxable amount included on Form 1040, line 21		



**Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)**

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total .....							

**Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)**

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total					

# Form 1099-MISC Summary

2013

▶ Keep for your records

Name(s) Shown on Return  
Caleb E Payne

Social Security Number  
[REDACTED]

## Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents . . . . . ▶ Schedule C . . . . . ▶ Schedule E . . . . . ▶ Form 4835 . . . . . ▶ Other Income . . . . .	0.		0.
2	Total Royalties . . . . . ▶ Schedule C . . . . . ▶ Schedule E . . . . .	0.		0.
3	Total Other income ▶ Schedule C ▶ Schedule F ▶ Form 4835 For Form 1040: ▶ Winnings (Prizes, etc.) ▶ Tribal Gaming ▶ Alaska Permanent Fund ▶ Other Income	0.		0.
4	Federal tax withheld	0.		0.
5	Fishing boat proceeds	0.		0.
6	Medical and health care payments	0.		0.
7	Total Nonemployee compensation ▶ Schedule C ▶ Schedule F ▶ Wages ▶ Other Income	5,220. 5,220.		5,220. 5,220.
8	Substitute payments	0.		0.
10	Total Crop insurance proceeds ▶ Schedule F ▶ Form 4835	0.		0.
11	Foreign Tax paid			
13	Excess golden parachute payments	0.		0.
14	Gross proceeds paid to an attorney ▶ Taxable amount	0.		0.
15a	Section 409A deferrals	0.		0.
15b	Section 409A income	0.		0.
16	State tax withheld - total	0.		0.

Name  
Caleb E Payne

Social Security Number

Payer's Name . . . . . Martin Marietta Materials, Inc.  
Payer's Identification No. EIN . 56-1848578 or SSN .  
Account number (for your records only) . . . . .

Spouse's 1099-MISC

Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

<b>Box 1</b>	Rents . . . . . <b>Required: double-click to select the form on which to report this income:</b> Schedule C _____ Form 4835 Schedule E _____ <input type="checkbox"/> Other Income	0.00
<b>Box 2</b>	Royalties . . . . . <b>Required: double-click to select the form on which to report this income:</b> Schedule C _____ Schedule E _____	0.00
<b>Box 3</b>	Other income <b>Required: double-click to select the form on which to report this income:</b> Schedule F _____ Form 4835 Schedule C _____ Schedule E _____ Winnings (Prizes, etc.) _____ Tribal Member Gaming Payments _____ From Alaska Permanent Fund _____ Other Income _____ Back Wages from Lawsuit. Amount: _____	0.00
<b>Box 4</b>	Federal income tax withheld	0.00
<b>Box 5</b>	Fishing boat proceeds <b>Required: double-click to select the Schedule C on which to report this income:</b> Schedule C _____	0.00
<b>Box 6</b>	Medical and health care payments <b>Required: double-click to select the Schedule C on which to report this income:</b> Schedule C _____	0.00
<b>Box 7</b>	Nonemployee compensation <b>Required: double-click to select the form on which to report this income:</b> Law Enforcement _____ Schedule C _____ Schedule F _____ Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) If Reason Code A or C, enter determination date _____ Other Income _____ Back Wages from Lawsuit. Amount: _____	750.00
<b>Box 8</b>	Substitute payments in lieu of dividends or interest	0.00
<b>Box 10</b>	Crop insurance proceeds <b>Required: double-click to select the form on which to report this income:</b> Schedule F _____ Form 4835 _____	0.00
<b>Box 13</b>	Excess golden parachute payments Report 20% excise tax on Form 1040	0.00
<b>Box 14</b>	Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C <b>Required: double-click to select the Schedule C on which to report this income:</b> Schedule C _____	0.00
<b>Boxes 15a &amp; b</b>	Section 409A deferrals Section 409A income	0.00 0.00
<b>Boxes 16-18</b>	State tax withheld - 1st state _____ State ID number - 1st state _____ State income - 1st state _____ State tax withheld - 2nd state _____ State ID number - 2nd state _____ State income - 2nd state _____	0.00 0.00

Name  
Caleb E Payne

Social Security Number

Payer's Name . . . . . Phillips Edison Strategic Investment Firm  
Payer's Identification No. EIN . 20-8498552 or SSN .  
Account number (for your records only) . . . . .

Spouse's 1099-MISC

Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

<b>Box 1</b>	Rents . . . . . <b>Required:</b> double-click to select the form on which to report this income: Schedule C _____ Form 4835 Schedule E _____ <input type="checkbox"/> Other Income	
<b>Box 2</b>	Royalties . . . . . <b>Required:</b> double-click to select the form on which to report this income: Schedule C _____ Schedule E _____	
<b>Box 3</b>	Other income <b>Required:</b> double-click to select the form on which to report this income: Schedule C _____ Form 4835 Schedule F _____ Winnings (Prizes, etc.) _____ Tribal Member Gaming Payments _____ From Alaska Permanent Fund _____ Other Income _____ Back Wages from Lawsuit. Amount: _____	
<b>Box 4</b>	Federal income tax withheld	
<b>Box 5</b>	Fishing boat proceeds <b>Required:</b> double-click to select the Schedule C on which to report this income: Schedule C _____	
<b>Box 6</b>	Medical and health care payments <b>Required:</b> double-click to select the Schedule C on which to report this income: Schedule C _____	
<b>Box 7</b>	Nonemployee compensation <b>Required:</b> double-click to select the form on which to report this income: Law Enforcement _____ Schedule C _____ Schedule F _____ Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) _____ If Reason Code A or C, enter determination date _____ Other Income _____ Back Wages from Lawsuit. Amount: _____	4,470.00
<b>Box 8</b>	Substitute payments in lieu of dividends or interest	
<b>Box 10</b>	Crop insurance proceeds <b>Required:</b> double-click to select the form on which to report this income: Schedule F _____ Form 4835 _____	
<b>Box 13</b>	Excess golden parachute payments Report 20% excise tax on Form 1040	
<b>Box 14</b>	Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C <b>Required:</b> double-click to select the Schedule C on which to report this income: Schedule C _____	
<b>Boxes 15a &amp; b</b>	Section 409A deferrals Section 409A income	
<b>Boxes 16-18</b>	State tax withheld - 1st state _____ State ID number - 1st state _____ State income - 1st state _____ State tax withheld - 2nd state _____ State name (two letters) - 2nd state _____ State ID number - 2nd state _____ State income - 2nd state _____	

# Wages, Salaries, & Tips Worksheet

2013

▶ Keep for your records

Name(s) Shown on Return  
Caleb E Payne

Social Security Number  
[REDACTED]

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	42,929.		42,929.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137			
<b>b</b> Noncash tips			
<b>6</b> Excess moving expense reimbursement, from Form 3903			
<b>7</b> Wages earned as a household employee (if less than \$1,800 and without a Form W-2)			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments			
<b>b</b> Total foreign source income			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction ▶	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2			
<b>9</b> Other earned income			
<b>10 Subtotal.</b>	42,929.		42,929.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
<b>13</b> Scholarship/fellowship income not on Form W-2			
<b>14</b> Other non-earned income			
<b>15 Total of lines 10 through 14</b>	42,929.		42,929.

Name(s) Shown on Return  
Caleb E Payne

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[REDACTED]

	Regular Tax	Alternative Minimum Tax
<b>1</b> If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.		
<b>1</b> If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	1	
<b>2</b> Enter the amount from Form 4797, line 25g, for the property for which you made an entry on line 1 . . . . .	2	
<b>3</b> Subtract line 2 from line 1 . . . . .	3	
<b>4</b> Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
<b>5</b> Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
<b>6</b> Add lines 3 through 5	6	
<b>7</b> Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
<b>8</b> Enter the amount, if any, from Form 4797, line 8	8	
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-	9	
<b>10</b> Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain	10	
<b>11</b> Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	<b>Regular</b>	<b>AMT</b>
<b>a</b> On Form 1099-DIV		
<b>b</b> On Form 2439		
<b>c</b> On Schedule(s) K-1		
<b>d</b> On Form 1099-R		
<b>e</b> From Form 8814		
<b>f</b> Other		
<b>Total</b>	<b>11</b>	
<b>12</b> Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
<b>13</b> Add lines 9 through 12	13	
<b>14</b> If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0-	14	0.
<b>15</b> Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
<b>16</b> Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16	
<b>a</b> Enter your capital gain excess, if you are filing Form 2555	a	0.
<b>17</b> Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
<b>18</b> <b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19	18	0.

**Schedule D  
Line 18**

**28% Rate Gain Worksheet**

▶ Keep for your records

**2013**

Name(s) Shown on Return  
Caleb E Payne

Social Security Number  
[REDACTED]

		Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .		
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), for which you excluded 60% of the gain		
	50 %                      Exclusion		
	60 %                      Exclusion		
	<ul style="list-style-type: none"> <li>a Schedule D</li> <li>b Form 8814</li> <li>c Schedule B</li> <li>d Form 6252</li> <li>e Form 2439</li> <li>f Other</li> </ul>		
	Total		
<b>3</b>	Enter the total of all collectibles gain or (loss) from:		
	<b>Regular</b>		<b>AMT</b>
	a Form 4684, line 4 (but only if line 15 is more than zero)		
	b Form 6252		
	c Form 6781, Part II		
	d Form 8824		
	Total		
<b>4</b>	Enter the total of any collectibles gain reported to you on:		
	<b>Regular</b>		<b>AMT</b>
	a Form 1099-DIV, box 2d		
	b Form 2439, box 1d		
	c Schedule K-1 from a partnership, S corporation, estate, or trust		
	d Disposition of interest in partnership or S corporation		
	e Other		
	Total		
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C		
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-		
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18		
<b>8</b>	Enter the amount of any capital gain excess		
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	0.	0.

Name(s) Shown on Return  
Caleb E Payne

Social Security Number  
[REDACTED]

1	a	Enter your taxable income from Form 1040, line 43.	1 a	33,886.
	b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
	c	Add lines 1a and 1b	1 c	33,886.
2	a	Enter your qualified dividends from Form 1040, line 9b	2 a	
	b	Enter any capital gain excess attributable to qualified dividends	b	
	c	Subtract line 2b from line 2a	2 c	
3	a	Amount from Form 4952, line 4g	3	
	b	Amount from Form 4952, line 4e	4 a	
	c	Line 4b, if applicable, line 4e, if not	c	
5	a	Subtract line 4c from line 3	5	0.
6	a	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7	a	Enter line 15 of Schedule D	7 a	
	b	Enter line 16 of Schedule D	b	
8	a	Enter the smaller of line 7a or line 7b	7 c	0.
	b	Enter the smaller of line 3 or line 4c	8	
9	a	Subtract line 8 from line 7.	9 a	0.
	b	Enter any capital gain excess attributable to capital gains	b	
	c	Subtract line 9b from line 9a	9 c	0.
10	a	Add lines 6 and 9c	10	0.
11	a	Enter the amount from Schedule D, line 18	11 a	0.
	b	Enter the amount from Schedule D, line 19	b	
	c	Add lines 11a and 11b	11 c	0.
12	a	Enter the smaller of line 9c or line 11c	12	0.
13	a	Subtract line 12 from line 10	13	0.
14	a	Subtract line 13 from line 1c. If zero or less, enter -0- Enter:	14	33,886.
15	a	• \$36,250 if single or married filing separately, • \$72,500 if married filing jointly or qualifying widow(er), or • \$48,600 if head of household.	15	36,250.
16	a	Enter the smaller of line 1c or line 15	16	33,886.
17	a	Subtr in 10 from ln 1c. If zero or less, enter -0-	17	33,886.
18	a	Enter the larger of line 17 or line 18	18	33,886.
19	a	Subtract line 17 from line 16. This amount is taxed at 0% and go to line 42. Otherwise, go to line 21.	19	33,886.
20	a	Enter the smaller of line 1c or line 13	20	0.
21	a	Enter the amount from line 20 (if line 20 is blank, enter -0-)	21	
22	a	Subtract line 22 from line 21. If zero or less, enter -0- Enter:	22	
23	a	• \$400,000 if single, • \$225,000 if married filing separately, • \$450,000 if married filing jointly or qualifying widow(er), • \$425,000 if head of household.	23	
24	a	Enter the smaller of line 1c or line 24	24	
25	a	Add lines 19 and 20	25	
26	a	Subtract line 26 from line 25. If zero or less, enter -0-	26	
27	a	Enter the smaller of line 23 or line 27	27	
28	a	Multiply line 28 by 15% (.15)	28	
29	a	Add lines 20 and 28	29	
30	a	Subtract line 30 from line 21	30	
31	a	Multiply line 31 by 20% (.20)	31	

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33	a	Enter the amount from line 1c above	33	
34	a	Add lines 10 and 19	34	
35	a	Enter the amount from line 1c above	35	
36	a	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	a	Subtract line 36 from line 33. If zero or less, enter -0-	37	
38	a	Multiply line 37 by 25% (.25)	38	

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19. If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	4,635.
43	Add lines 29, 32, 38, 41, and 42	43	4,635.
44	Figure the tax on the amount on line 1c. If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	4,635.
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44	45	4,635.

**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet 2013**  
**Line 44** ▶ Keep for your records

Name(s) Shown on Return  
 Caleb E Payne

Social Security Number

<b>1</b>	Enter the amount from Form 1040, line 43	<b>1</b>	
<b>2</b>	Enter the amount from Form 1040, line 9b	<b>2</b>	
<b>3</b>	Are you filing Schedule D? <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or less, enter -0- <input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.	<b>3</b>	
<b>4</b>	Add lines 2 and 3	<b>4</b>	
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0-	<b>6</b>	
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0-	<b>7</b>	
<b>8</b>	Enter: \$36,250 if single or married filing separately, \$72,500 if married filing jointly or qualifying widow(er), \$48,600 if head of household.	<b>8</b>	
<b>9</b>	Enter the smaller of line 1 or line 8	<b>9</b>	
<b>10</b>	Enter the smaller of line 7 or line 9	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%)	<b>11</b>	
<b>12</b>	Enter the smaller of line 1 or line 6	<b>12</b>	
<b>13</b>	Enter the amount from line 11	<b>13</b>	
<b>14</b>	Subtract line 13 from line 12. Enter:	<b>14</b>	
<b>15</b>	\$400,000 if single, \$225,000 if married filing separately, \$450,000 if married filing jointly or qualifying widow(er), \$425,000 if head of household.	<b>15</b>	
<b>16</b>	Enter the smaller of line 1 or line 15	<b>16</b>	
<b>17</b>	Add lines 7 and 11	<b>17</b>	
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0-	<b>18</b>	
<b>19</b>	Enter the smaller of line 14 or line 18	<b>19</b>	
<b>20</b>	Multiply line 19 by 15% (.15)	<b>20</b>	
<b>21</b>	Add lines 11 and 19	<b>21</b>	
<b>22</b>	Subtract line 21 from line 12	<b>22</b>	
<b>23</b>	Multiply line 22 by 20% (.20)	<b>23</b>	
<b>24</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	<b>24</b>	
<b>25</b>	Add lines 20, 23, and 24	<b>25</b>	
<b>26</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	<b>26</b>	
<b>27</b>	<b>Tax on all taxable income.</b> Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.	<b>27</b>	

# Tax Payments Worksheet

2013

▶ Keep for your records

Name(s) Shown on Return  
Caleb E Payne

Social Security Number  
[REDACTED]

**Estimated Tax Payments for 2013** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State		Local		
	Date	Amount	Date	Amount	ID	Amount	ID
1	04/15/13		04/15/13		04/15/13		
2	06/17/13		06/17/13		06/17/13		
3	09/16/13		09/16/13		09/16/13		
4	01/15/14		01/15/14		01/15/14		
5							
<b>Total Estimated Payments</b>							

**Tax Payments Other Than Withholding**  
(If multiple states, see Tax Help)

	Federal	State	ID	Local	ID
6 Overpayments applied to 2013					
7 Credited by estates and trusts					
8 <b>Totals</b> Lines 1 through 7					
9 2013 extensions					

**Taxes Withheld From:**

	Federal	State	State	Local	Local
10 Forms W-2	4,416.			965.	955.
11 Forms W-2G					
12 Forms 1099-R					
13 Forms 1099-MISC and 1099-G		0.		0.	
14 Schedules K-1					
15 Forms 1099-INT, DIV and OID					
16 Social Security and Railroad Benefits					
17 Form 1099-B	St	Loc			
18 a Other withholding	St	Loc			
b Other withholding	St	Loc			
c Other withholding	St	Loc			
d Positive Adjustment	St	Loc			
e Negative Adjustment	St	Loc			
f Additional Medicare Tax	St	Loc			
19 <b>Total Withholding</b> Lines 10 through 18f					
20 <b>Total Tax Payments for 2013</b>	4,416.			965.	955.
	4,416.			965.	955.

**Prior Year Taxes Paid In 2013**

(If multiple states or localities, see Tax Help)

	State	ID	Local	ID
21 Tax paid with 2012 extensions				
22 2012 estimated tax paid after 12/31/2012				
23 Balance due paid with 2012 return		64.		OH
24 Other (amended returns, installment payments, etc)				



- b Real estate taxes paid on principal residence entered on Form 1098. . . . .
- c Real estate taxes paid on additional homes or land . . . . .
- Personal portion of real estate taxes from Schedule E Worksheet for:
- d Principal residence . . . . .
- e Vacation home . . . . .
- f Less real estate taxes deducted on Form 8829 . . . . .
- g Add lines 2a through 2f (to Schedule A, line 6) . . . . .

**3 Personal property taxes:**

- a Auto registration fees based on the value of the vehicle. . . . .
- 2012 Amount Enter 2013 description: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- b Non-business portion of personal property taxes from Car & Truck Exp Wks \_\_\_\_\_
- c Other personal property taxes . . . . . \_\_\_\_\_
- d Add lines 3a through 3c (to Schedule A, line 7) . . . . . \_\_\_\_\_

**4 Other taxes:**

- a Other taxes from Schedule(s) K-1 \_\_\_\_\_
- b Foreign taxes from interest and dividends \_\_\_\_\_
- c Foreign taxes from Schedule(s) K-1 \_\_\_\_\_
- d Other foreign taxes (not used to claim a foreign tax credit) \_\_\_\_\_
- e Other taxes. \_\_\_\_\_
- 2012 Amount Enter 2013 description: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- f Add lines 4a through 4e (to Schedule A, line 8) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Interest Deductions**

**5 Home mortgage interest and points reported on Form 1098:**

- a Mortgage interest and points from the Home Mortgage Interest Worksheet \_\_\_\_\_
- b Qualified mortgage interest from Schedule E Worksheet \_\_\_\_\_
- c Less home mortgage interest/points deducted on Form 8829 \_\_\_\_\_
- d Less home mortgage interest from Form 8396, line 3 \_\_\_\_\_
- e Add lines 5a through 5d (to Sch A, line 10) or line A2 from above \_\_\_\_\_

**6 Home mortgage interest not reported on Form 1098:**

- a Mortgage interest from the Home Mortgage Interest Worksheet \_\_\_\_\_
- b Less home mortgage interest deducted on Form 8829 \_\_\_\_\_
- c Add lines 6a and 6b (to Sch A, line 11) or line B2 from above \_\_\_\_\_

**7 Points not reported on Form 1098:**

- a Amortizable points from the Home Mortgage Interest Worksheet \_\_\_\_\_
- b Other points not on Form 1098 from the Home Mortgage Interest Worksheet \_\_\_\_\_
- c Less points deducted on Form 8829 \_\_\_\_\_
- d Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above \_\_\_\_\_

Schedule A

State and Local Tax Deduction Worksheet

2013

Line 5

▶ Keep for your records

Name(s) Shown on Return

Caleb E Payne

Social Security Number

[REDACTED]

State and Local Income Taxes

<b>State income taxes:</b>		
1	State income tax withheld. . . . .	965.
2	2013 state estimated taxes paid in 2013 . . . . .	
3	2012 state estimated taxes paid in 2013 . . . . .	
4	Amount paid with 2012 state application for extension . . . . .	
5	Amount paid with 2012 state income tax return . . . . .	64.
6	Overpayment on 2012 state income tax return applied to 2013 tax . . . . .	
7	Other amounts paid in 2013 (amended returns, installment payments, etc.) . . . . .	
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Local income taxes:</b>		
9	Local income tax withheld	955.
10	2013 local estimated taxes paid in 2013	
11	2012 local estimated taxes paid in 2013	
12	Amount paid with 2012 local application for extension	
13	Amount paid with 2012 local income tax return	
14	Overpayment on 2012 local income tax return applied to 2013 tax	
15	Other amounts paid in 2013 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
<b>Other:</b>		
17	<b>Total Add lines 1 through 17</b>	1,984.
18	State and local refund allocated to 2013	
19	Nondeductible state income tax from line 28	
20	<b>Total reductions Add lines 19 and 20.</b>	
21	<b>Total state and local income tax deduction Line 18 less line 21</b>	1,984.
22	<b>Total state and local income tax deduction Line 18 less line 21</b>	

**Nondeductible State Income Tax (Hawaii Only)**

23	Nontaxable federal employee cost of living allowance	23	
24	Adjusted gross income	24	
25	Add lines 23 and 24	25	
26	Nondeductible percent. Line 23 divided by line 25	26	%
27	Hawaii state income tax included in line 18	27	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28	

Name(s) Shown on Return  
 Caleb E Payne

Social Security Number  
XXXXXXXXXX

- Step 1. List your qualified charitable contributions made during the year.**  
 1 RESERVED for future use . . . . .
- Step 2. List your other charitable contributions made during the year.**  
 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.  
 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .  
 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .  
 5 Enter your contributions "for the use" of any qualified organization . . . . .  
 6 Add lines 4 and 5 . . . . .  
 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .
- Step 3. Figure your deduction for the year and your carryover to the next year.**  
 8 Enter your adjusted gross income  
 9 Multiply line 8 by 0.5. This is your 50% limit.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
10 Enter the smaller of line 2 or line 9					0.	
11 Subtract line 10 from line 2						
12 Subtract line 10 from line 9			21,943.			0.
<b>Contributions not to 50% limit organizations</b>						
13 Add lines 2 and 3						
14 Multiply line 8 by 0.3. This is your 30% limit.		13,166.	13,166.			
15 Subtract line 13 from line 9		21,943.				
16 Enter the smallest of line 6, 14, or 15					0.	
17 Subtract line 16 from line 6						
18 Subtract line 16 from line 14			13,166.			0.
<b>Capital gain property to 50% limit organizations</b>						
19 Enter the smallest of line 3, 12, or 14					0.	
20 Subtract line 19 from line 3						
21 Subtract line 16 from line 15			21,943.			0.
22 Subtract line 19 from line 14			13,166.			
<b>Capital gain property not to 50% limit organizations</b>						
23 Multiply line 8 by 0.2. This is your 20% limit.					8,777.	
24 Enter the smaller of line 7, 19, 21, 22, or 23					0.	
25 Subtract line 24 from line 7						0.
26 Add lines 10, 16, 19, and 24.						
27 Amount for Schedule A, Line 19					0.	
28 Reserved for future use						
29 Reserved for future use						
30 Add lines 11, 17, 20, and 25. Carry to next year.						0.

# Charitable Deduction Limits Works

## For Carryover Contributions

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Name(s) Shown on Return  
Caleb E. Payne

Social Security Number

- Step 1. List your qualified charitable contributions made during the year.**  
**1 RESERVED** for future use . . . . .  
**Step 2. List your other charitable contributions made during the year.**  
**2** Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.  
**3** Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .  
**4** Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .  
**5** Enter your contributions "for the use" of any qualified organization . . . . .  
**6** Add lines 4 and 5 . . . . .  
**7** Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2) . . . . .  
**Step 3. Figure your deduction for the year and your carryover to the next year.**  
**8** Enter your adjusted gross income  
**9** Multiply line 8 by 0.5. This is your 50% limit.

21,943. less 0. 43,886.  
21,943.

Line	Description	Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>							
10	Enter the smaller of line 2 or line 9					0.	
11	Subtract line 10 from line 2						
12	Subtract line 10 from line 9		21,943.				0.
<b>Contributions not to 50% limit organizations</b>							
13	Add lines 2 and 3		0.				
14	Multiply line 8 by 0.3. This is your 30% limit.		13,166. 21,943.				
15	Subtract line 13 from line 9			13,166.			
16	Enter the smallest of line 6, 14, or 15					0.	
17	Subtract line 16 from line 6						
18	Subtract line 16 from line 14			13,166.			0.
<b>Capital gain property to 50% limit organizations</b>							
19	Enter the smallest of line 3, 12, or 14					0.	
20	Subtract line 19 from line 3						
21	Subtract line 16 from line 15					21,943.	
22	Subtract line 19 from line 14					13,166.	
<b>Capital gain property not to 50% limit organizations</b>							
23	Multiply line 8 by 0.2. This is your 20% limit.					8,777.	
24	Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25	Subtract line 24 from line 7						0.
26	Add lines 10, 16, 19, and 24.						
27	Amount for Schedule A, Line 19					0.	
28	Reserved for future use						
29	Reserved for future use						
30	Add lines 11, 17, 20, and 25. Carry to next year.						0.



Name(s) Shown on Return  
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Social Security Number  
[REDACTED]

**Employee Business Expenses – Subject to 2% Limitation**

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere . . . . .	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet) . . . . .	2a	
b	Educator Expense Deduction (from 1040, line 23) . . . . .	2b	
c	Excess Educator Expenses (line 2a less line 2b) . . . . .	2c	
3	Union and professional dues . . . . .	3	
4	Professional subscriptions . . . . .	4	
5	Uniforms and protective clothing . . . . .	5	
6	Job search costs . . . . .	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21)	8	

**Miscellaneous Expenses – Subject to 2% Limitation**  
Check the box in investment column if an investment expense

	Investment expense	
--	--------------------	--

9	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	21	
22	Hobby expense (limited to hobby income)	<input type="checkbox"/>	22	
23	Other: _____ _____ _____	<input type="checkbox"/>	23	
24	Combine lines 9 through 23 (to Schedule A, line 23)	<input type="checkbox"/>	24	

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

25	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	25	
26	Federal estate tax paid on decedent's income reported on this return	<input type="checkbox"/>	26	
27	Impairment-related expenses of a handicapped employee, from Form 2106	<input type="checkbox"/>	27	
28	Amortizable bond premiums on bonds acquired before 10/23/86	<input type="checkbox"/>	28	
29	Gambling losses	<input type="checkbox"/>	29	
30	Deduction for repayment of amounts under claim of right if over \$3,000	<input type="checkbox"/>	30	
31	Casualty/theft losses of income-producing property	<input type="checkbox"/>	31	
32	Unrecovered investment in annuity	<input type="checkbox"/>	32	
33	Combine lines 25 through 32 (to Schedule A, line 28)	<input type="checkbox"/>	33	

**Schedule A  
Line 29**

**Itemized Deductions Worksheet**

**2013**

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Name(s) Shown on Return  
Caleb E. Payne

Social Security Number

<b>1</b>	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>		1,984.
<b>2</b>	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28	<b>2</b>		
<p><b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.</p>				
<b>3</b>	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>		1,984.
<b>4</b>	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>4</b>		1,587.
<b>5</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>		43,886.
<b>6</b>	Enter \$250,000 if single; \$300,000 if married filing jointly or qualifying widow(er); \$275,000 if head of household; \$150,000 if married filing separately	<b>6</b>		250,000.
<b>7</b>	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5	<b>7</b>		
<b>8</b>	Multiply line 7 by 3% (.03)	<b>8</b>		
<b>9</b>	Enter the smaller of line 4 or line 8	<b>9</b>		
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29)	<b>10</b>		

Name(s) Shown on Return  
Caleb E. Payne

Social Security Number  
[REDACTED]

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p><b>1</b> Is your earned income* more than \$650?                  Yes. Add \$350 to your earned income. Enter the total <input type="text"/></p> <p><input type="checkbox"/> No. Enter \$1,000 <input type="text"/></p>	<p style="text-align: center;"><b>1</b></p> <p style="text-align: center;">6,100.</p>
<p><b>2</b> Enter the amount shown below for your filing status.                  • Single or married filing separately — \$6,100                  • Married filing jointly or Qualifying widow(er) — \$12,200                  • Head of household — \$8,950</p>	<p style="text-align: center;"><b>2</b></p> <p style="text-align: center;">6,100.</p>
<p><b>3 Standard deduction.</b></p>	
<p><b>3 a</b> Enter the smaller of line 1 or line 2. If born after January 1, 1949, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b</p>	<p style="text-align: center;"><b>3 a</b></p> <p style="text-align: center;">6,100.</p>
<p><b>3 b</b> If born before January 2, 1949, or blind, multiply the number on Form 1040, line 39a, by \$1,200 (\$1,500 if single or head of household)</p>	<p style="text-align: center;"><b>3 b</b></p> <p style="text-align: center;">7,320.</p>
<p><b>3 c</b> Add lines 3a and 3b. Enter the total here and on Form 1040, line 40</p>	<p style="text-align: center;"><b>3 c</b></p> <p style="text-align: center;">13,420.</p>

\***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Name(s) Shown on Return  
Caleb E Payne

Social Security Number

<p><b>1</b> Multiply \$3,900 by the total number of exemptions claimed on Form 1040, line 6d . . . . .</p>	<p><b>1</b> 3,900.</p>
<p><b>2</b> Enter the amount from Form 1040, line 38 . . . . .</p>	<p><b>2</b> 43,886.</p>
<p><b>3</b> Enter the amount shown below for your filing status:</p> <ul style="list-style-type: none"> <li>• Single, enter \$250,000</li> <li>• Married filing jointly or qualifying widow(er), enter \$300,000</li> <li>• Married filing separately, enter \$150,000</li> <li>• Head of household, enter \$275,000 . . . . .</li> </ul>	<p><b>3</b> 250,000.</p>
<p><b>4</b> Subtract line 3 from line 2. If zero or less, stop; enter the amount from line 1 above on Form 1040, line 42. . . . .</p>	<p><b>4</b> -206,114.</p>
<p><b>5</b> Is line 4 more than \$122,500 (\$61,250 if married filing separately)?</p> <p><input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not complete the rest of this worksheet.</b></p> <p><input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)</p>	<p><b>5</b> _____</p> <p><b>6</b> _____</p> <p><b>7</b> _____</p> <p><b>8</b> _____</p>
<p><b>6</b> Multiply line 5 by 2% (.02) and enter the result as a decimal</p>	<p><b>6</b> _____</p>
<p><b>7</b> Multiply line 1 by line 6</p>	<p><b>7</b> _____</p>
<p><b>8</b> Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42</p>	<p><b>8</b> _____</p>

# Earned Income Worksheet

▶ Keep for your records

2013

Name(s) Shown on Return  
Caleb F. Payne

Social Security Number  
[REDACTED]

Part I — Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	3,720.		3,720.
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .	3,720.		3,720.
<b>d</b> One-half of self-employment tax . . . . .	263.		263.
<b>e</b> Subtract line 1d from line 1c . . . . .	3,457.		3,457.
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ</b>			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks. line 5	3,457.		3,457.

Part II — Form 2441 and Standard Deduction Worksheet Computations			
<b>5</b> Net self-employment earnings (line 4 above)	3,457.		3,457.
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	42,929.		42,929.
<b>7</b> Taxable employer-provided adoption benefits			
<b>8</b> Add lines 5 through 7. To Form 2441, lines 19 and 20	46,386.		46,386.
<b>9 a</b> Taxable dependent care benefits			
<b>b</b> Nontaxable combat pay			
<b>10</b> Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5	46,386.		46,386.
<b>11</b> Scholarship or fellowship income not on W-2			
<b>12</b> SE exempt earnings less nontaxable income			
<b>13</b> Distributions from nonqualified/Sec. 457 plans			
<b>14</b> Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	46,386.		46,386.

Part III — IRA Deduction Worksheet Computation			
<b>15</b> Net self-employment income or (loss)	3,457.		3,457.
<b>16</b> Wages, salaries, tips, etc	42,929.		42,929.
<b>17</b> Net self-employment loss			
<b>18</b> Alimony received			
<b>19</b> Nontaxable combat pay			
<b>20</b> Foreign earned income exclusion			
<b>21</b> Keogh, SEP or SIMPLE deduction			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2	46,386.		46,386.

Part IV — Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations			
<b>23</b> Self-employed, church and statutory employees	3,457.		3,457.
<b>24</b> Wages, salaries, tips, etc	42,929.		42,929.
<b>25</b> Nontaxable combat pay			
<b>26</b> Foreign earned income exclusion			
<b>27</b> Combine lines 23 through 26. To Schedule 8812, line 4a & Line 11 Wks, line 2	46,386.		46,386.

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**Investment Interest Expense (Form 4952, line 1)**

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3	
	a	a	
	b	b	
	c	c	
	d	d	
4	<b>Total investment interest expense.</b> Add lines 1 through 3.	4	

**Gross Income from Property Held for Investment (Form 4952, line 4a)**

5	Taxable investment income:	5	
	a From Schedule B, Interest and Dividend Income	a	
	b From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
	c From Form 9874, Parents' Election to Report Child's Interest and Dividends	c	
	d Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9	
	a	a	
	b	b	
	c	c	
	d	d	
10	<b>Total investment income.</b> Add lines 5d through 9.	10	

**Net Capital Gain Income (Form 4952, lines 4d and 4e)**

11	Net gains from Schedule D, line 16	11	
	a	a	
	b Less net gains from property not held for investment	b	
	c Net gains from property held for investment.	c	
12	Net capital gains from Schedule D, lesser of ln 15 or ln 16	12	
	a	a	
	b Less net capital gains from property not held for investment	b	
	c Net capital gains from property held for investment.	c	

**Investment Expenses (Form 4952, line 5)**

13	Royalty expenses	13	
14	Investment expenses included as itemized deductions (after the 2% limitation)	14	
15	Investment expenses included as itemized deductions (no 2% limitation)	15	
16	Expenses from nonpassive trade or business without material participation	16	
17	Other investment expenses:	17	
	a	a	
	b	b	
	c	c	
	d	d	
18	<b>Total investment expenses.</b> Add lines 13 through 17.	18	

**Allocation of Investment Interest Expense (Schedule A, line 14)**

19	Allowed investment interest expense, Form 4952, line 8	19	
20	Less amount deducted on other forms and schedules:	20	
	a Deducted on Schedule E, page 2 for pass thru entities	a	
	b Deducted on Schedule E, page 1 for royalties	b	
	c Other amounts deducted on other forms and schedules	c	
	d Total amount deducted on other forms and schedules	d	
21	<b>Investment interest expense.</b>	21	

Name(s) Shown on Return  
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**QuickZoom to Schedule EIC** . . . . .  
**QuickZoom to Dependent Information Worksheet to enter qualifying children information** ▶  
**QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income** ▶  
**QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7.** . . . ▶

<b>1</b>	Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .	42,929.
<b>2</b>	Adjustments to line 1 amount:	
	<b>a</b> Income reported as wages <b>and</b> as self-employment income . . . . .	<b>2 a</b>
	<b>b</b> Other income entered as wages that is not considered earned income . . . . .	<b>b</b>
	<b>c</b> Distributions from section 457 and other nonqualified plans reported on W-2	<b>c</b>
<b>3</b>	Subtract lines 2a, 2b and 2c from line 1	42,929.
	<b>4 a</b> Taxpayer's nontaxable combat pay election for EIC	<b>4 a</b>
	<b>b</b> Spouse's nontaxable combat pay election for EIC	<b>b</b>
	<b>c</b> Total nontaxable combat pay election	<b>4 c</b>
<b>5</b>	If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	
<b>6</b>	<b>Earned income.</b> Add lines 3, 4c, and 5	3,457.
<b>7</b>	Enter the credit, from the <b>EIC Table</b> , for the amount on line 6. Be sure to use the correct column for filing status and number of children	46,386.
	If line 7 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 64a.	
<b>8</b>	Enter your <b>AGI</b> from Form 1040, line 38	
<b>9</b>	If you have: <ul style="list-style-type: none"> <li>• No qualifying children, is the amount on line 8 less than \$8,000 (\$13,350 if married filing jointly)?</li> <li>• 1 or more qualifying children, is the amount on line 8 less than \$17,550 (\$22,900 if married filing jointly)?</li> </ul>	
	<input checked="" type="checkbox"/> <b>Yes.</b> Go to line 10 now.	
	<input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 8. Be sure to use the correct column for filing status and number of children	
<b>10</b>	<b>Earned income credit.</b> <ul style="list-style-type: none"> <li>• If 'Yes' on line 9, enter the amount from line 7</li> <li>• If 'No' on line 9, enter the smaller of line 7 or line 9</li> </ul>	

Enter line 10 amount on Form 1040, line 64a, Form 1040A, line 38a, or Form 1040EZ, line 8a.

**If one or more of the boxes below are checked, the earned income credit is not allowed.**

- 1  The total taxable earned income (line 6 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$14,340 (\$19,680 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$37,870 (\$43,210 if married filing jointly) with one qualifying child.              |
| <input type="checkbox"/>            | \$43,038 (\$48,378 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$46,227 (\$51,567 if married filing jointly) with more than two qualifying children. |
- 2  The Adjusted Gross Income (line 8 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$14,340 (\$19,680 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$37,870 (\$43,210 if married filing jointly) with one qualifying child.              |
| <input type="checkbox"/>            | \$43,038 (\$48,378 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$46,227 (\$51,567 if married filing jointly) with more than two qualifying children. |
- 3  Investment income is more than \$3,300.  
(Investment Income Smart Worksheet, item H above)
- 4  The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5  Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6  Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7  Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8  Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9  Social Security Number is missing, or invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10  Have qualifying children, but all are either  

a	<input type="checkbox"/>	qualifying children of another person, or
b	<input type="checkbox"/>	have missing or invalid social security numbers for EIC purposes.

  
(Information Worksheet, Part III)
- 11  Disallowed by IRS to claim Earned Income Credit in 2013.  
(Information Worksheet, Part IV)
- 12  Filing Form 2555, Foreign Earned Income.
- 13  Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14  Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)



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Caleb E Payne

Social Security Number

**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Sallie Mae	Taxpayer		883.	799.
Great Lakes Educational Loan Services, Inc.	Taxpayer		1,227.	1,727.
American Education Services	Taxpayer		1,220.	3,206.
Total student loan interest				5,732.

**Part II Computation of Student Loan Interest Deduction**

<b>1</b>	Enter the total interest you paid in 2013 on qualified student loans (see Form 1040 instructions).	<b>1</b>	5,732.
<b>2</b>	Enter the smaller of line 1 or \$2,500	<b>2</b>	2,500.
<b>3</b>	Modified AGI <b>Note:</b> If line 3 is \$75,000 or more if single, head of household, or qualifying widow(er) or \$155,000 or more if married filing jointly, <b>stop here.</b> You cannot take the deduction.	<b>3</b>	46,386.
<b>4</b>	Enter: \$60,000 if single, head of household, or qualifying widow(er); \$125,000 if married filing jointly	<b>4</b>	60,000.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	<b>5</b>	0.
<b>6</b>	Divide line 5 by \$15,000 or \$30,000 if married filing jointly.	<b>6</b>	
<b>7</b>	Enter the result as a decimal (rounded to at least three places) Multiply line 2 by line 6	<b>7</b>	0.
<b>8</b>	<b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	<b>8</b>	2,500.

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

**Schedule D Tax Worksheet**  
**as refigured for the**  
**Alternative Minimum Tax**

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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends			
<b>b</b> Adjustment from Schedules K-1			
<b>c</b> Other adjustments to qualified dividends			
<b>d</b> Total. Combine lines 2a, 2b, and 2c		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0-			0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0-			0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT			0.
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT			0.
<b>c</b> Enter the smaller of line 7a or line 7b			0.
<b>8</b> Enter the smaller of line 3 or line 4			0.
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0-			0.
<b>10</b> Add lines 6 and 9			0.
<b>A</b> Enter the amount from Form 6251, line 30.			0.
<b>B Capital gain excess.</b> Subtract line A from line 10. *			0.
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT			0.
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT			
<b>c</b> Add lines 11a and 11b			0.
<b>12</b> Enter the smaller of line 9 or line 11c			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

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1	Enter the amount from Form 1040A, line 22. . . . .	1	43,886.
2	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>● Single or Head of Household, enter \$51,900</li> <li>● Married Filing Joint or Qualifying widow(er), enter \$80,800</li> <li>● Married Filing Separately, enter \$40,400. . . . .</li> </ul>	2	51,900.
3	Subtract line 2 from line 1. If zero or less, <b>stop here</b> ; you don't owe this tax.	3	-8,014.
4	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>● Single or Head of Household, enter \$115,400</li> <li>● Married Filing Joint or Qualifying widow(er), enter \$153,900</li> <li>● Married Filing Separately, enter \$76,950. . . . .</li> </ul>	4	
5	Subtract line 4 from line 1. If zero or less, enter -0- here and on line 6, and go to line 7	5	
6	Multiply line 5 by 25% (.25)	6	
7	Add lines 3 and 6	7	
8	If line 7 is \$179,500 or less (\$89,750 or less if married filing separately) multiply line 7 by 26% (.26). Otherwise, multiply line 7 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result	8	
9	Did you use the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> to figure the tax on the amount on Form 1040A, line 27? <input type="checkbox"/> <b>No.</b> Skip lines 9 through 19 enter the amount from line 8 on line 20 and go to line 21. <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 6 of that worksheet	9	
10	Enter the <b>smaller</b> of line 7 or line 9	10	
11	Subtract line 10 from line 7	11	
12	If line 11 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 11 by 26% (.26). Otherwise, multiply line 11 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result	12	
13	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>● Single or married filing separately- \$36,250</li> <li>● Married filing jointly or qualifying widow(er) - \$72,500</li> <li>● Head of household- \$48,600</li> </ul>	13	
14	Enter the amount from line 7 of <b>Qualified Dividends and Capital Gain Tax Worksheet</b>	14	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	
16	Enter the <b>smaller</b> of line 10 or line 15	16	
17	Subtract line 16 from line 10	17	
18	Multiply line 17 by 15% (.15)	18	
19	Add lines 12 and 18	19	
20	Enter the <b>smaller</b> of line 8 or line 19	20	
21	Enter the amount you would enter on Form 1040A, line 28, if you do not owe this tax	21	
22	<b>Alternative Minimum Tax.</b> Is the amount on line 20 more than the amount on line 21? <input type="checkbox"/> <b>No.</b> You do not owe this tax. <input type="checkbox"/> <b>Yes.</b> Subtract line 21 from line 20. Also include this amount in the total on Form 1040A, line 28. Enter "AMT" and show the amount in the space to the left of line 28	22	

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**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	43,886.
2	Additions to income	2	
3	Add lines 1 and 2	3	43,886.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1.	5	43,886.

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
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**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1	<b>Attributable to mortgage used to purchase, build, or improve:</b>		
a	Main home or second home that is house, apartment, condominium or non-transient mobile home		
b	Second home that is transient mobile home or boat		
c	Total		
2	<b>Attributable to mortgage used to refinance:</b>		
a	To pay off mortgage		
b	For other purposes		
c	Total		
3	<b>Attributable to other mortgage deductible for AMT:</b>		
a	Pre-July 1, 1982 mortgage		
4	Total column (a)		
5	Total column (b). Enter result on Form 6251, line 4.		
6	Total mortgage interest from Schedule A		

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	43,886.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	43,886.
5	ATNOLD limitation. Multiply line 4 by 50%	5	39,497.
6	Enter ATNOLD carried to 2013 from other year(s)	6	
7	Enter ATNOLD included above attributable to qualified disaster losses	7	
8	ATNOLD above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOLD deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOLD Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg	11	

**Incentive Stock Options – Line 14**

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$238,550:

1	Alternative minimum taxable income, Form 6251	1	
2	Threshold amount	2	
3	Subtract line 2 from line 1	3	
4	Multiply line 3 by 25% (.25)	4	
5	Smaller of line 4 or \$40,400	5	
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6	

**Exemption – Line 29**

1	Enter \$51,900 if single or head of household, \$80,800 if married filing jointly or qualifying widow(er), \$40,400 if married filing separately	1	51,900.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	43,886.
3	Enter \$115,400 if single or head of household, \$153,900 if married filing jointly or qualifying widow(er), \$76,950 if married filing separately	3	115,400.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0- If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.	6	51,900.
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income, if any	8 a	
b	Enter any adjustments	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	

**Capital Gains – Line 49**

1	Enter: • \$400,000 if single • \$225,000 if married filing separately • \$450,000 if married filing jointly or qualifying widow(er) • \$425,000 if head of household	1	
2	Enter the amount from Form 6251, line 45	2	
3	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax) If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; but do not enter less than -0-. If you did not complete either worksheet for the regular tax and you are filing Form 2555, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the Form 1040 instructions (as figured for the regular tax)	3	
4	Add line 2 and line 3	4	
5	Subtract line 4 from line 1 and enter the result here and on Form 6251, line 49 but do not enter less than -0-	5	0.

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<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>	
<b>2</b>	Enter amount from Form(s) 2555, lines 45 and 50. . . . .	<b>2</b>	
<b>3</b>	Add line 1 and line 2. Enter the result here and on Form 6251 line 36. . . . .	<b>3</b>	
<b>4</b>	<p><b>Tax on amount on line 3.</b> . . . . .</p> <ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 54 here.</li> <li>• <b>All Others:</b> If line 3 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.</li> </ul>	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2.</b> If line 2 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 2 by 26% (.26). Otherwise, multiply line 2 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	<b>6</b>	

# Federal Carryover Worksheet

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2013

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## 2012 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
OH			657.	64.		
<b>Totals . . .</b>			657.	64.		

## Other Tax and Income Information

	2012	2013
1 Filing status	1 Single	1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	1,632.	1,984.
3 Itemized deductions	[ ]	[ ]
4 Check box if required to itemize deductions	33,197.	43,886.
5 Adjusted gross income	3,295.	5,161.
6 Tax liability for Form 2210 or Form 2210-F		
7 Alternative minimum tax		
8 Federal overpayment applied to next year estimated tax		

## QuickZoom to the IRA Information Worksheet for IRA information

	2012	2013
<b>Excess Contributions</b>		

9 a Taxpayer's excess Archer MSA contributions as of 12/31		
b Spouse's excess Archer MSA contributions as of 12/31		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31		
b Spouse's excess Coverdell ESA contributions as of 12/31		
11 a Taxpayer's excess HSA contributions as of 12/31		
b Spouse's excess HSA contributions as of 12/31		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

	2012	2013
12 a Short-term capital loss		
b AMT Short-term capital loss		
13 a Long-term capital loss		
b AMT Long-term capital loss		
14 a Net operating loss available to carry forward		
b AMT Net operating loss available to carry forward		
15 a Investment interest expense disallowed		
b AMT Investment interest expense disallowed		
16 Nonrecaptured net Section 1231 losses from:		
a 2013		
b 2012		
c 2011		
d 2010		
e 2009		
f 2008		

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**Loss and Expense Carryovers (cont'd)**

17	AMT Nonrecap'd net Sec 1231 losses from:	Year					
		2013	2012	2011	2010	2009	2008
		17 a					
		b					
		c					
		d					
		e					
		f					

**Credit Carryovers**

18	General business credit	Year		18
		2013	2012	
19	Adoption credit from:	19 a		
		b		
20	Mortgage interest credit from:	20 a		
		b		
		c		
		d		
21	Credit for prior year minimum tax	21		
22	District of Columbia first-time homebuyer credit	22		
23	Residential energy efficient property credit	23		

**Other Carryovers**

24	Section 179 expense deduction disallowed	24	2012	2013
		b		
		c		
		d		

**Charitable Contribution Carryovers**

26	2012 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
	a 2012				
	b 2011				
	c 2010				
	d 2009				
	e 2008				

27	2013 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
	a 2013				
	b 2012				
	c 2011				
	d 2010				
	e 2009				

28 Amount overpaid less earned income credit: \_\_\_\_\_ 0.

**2012 State Capital Loss Carryovers (For users not transferring from the prior year)**

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

# IRA Information Worksheet

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	<b>Part I Traditional IRA</b>	Taxpayer	Spouse
<b>1</b>	<b>Basis and Value</b>		
<b>2</b>	Total basis in traditional IRAs . . . . .		
<b>3</b>	Year-end value on 12/31/2013 . . . . .		
	Basis carryover as of 12/31/2013 . . . . .		
<b>4</b>	<b>Excess Contributions</b>		
<b>5</b>	Excess contributions as of 12/31/2012 . . . . .		
	Carryover of excess contributions to 2014 . . . . .		

	<b>Part II Roth IRA</b>	Taxpayer	Spouse
<b>6</b>	<b>Basis (Contribution and Conversion History)</b>		
<b>7</b>	Basis in Roth IRA contributions		
<b>8</b>	Basis in Roth IRA conversions		
<b>9</b>	Contribution basis carryover as of 12/31/2013		
	Conversion basis carryover as of 12/31/2013		
<b>10</b>	<b>Excess Contributions</b>		
<b>11</b>	Excess contributions as of 12/31/2012		
	Carryover of excess contributions to 2014		

	<b>Part III Traditional IRA Basis Detail</b>	Taxpayer	Spouse
<b>12</b>	Basis for 2012 and earlier years		
<b>13</b>	Adjustment due to return of excess contributions		
<b>14</b>	Rollover of nontaxable portion of a qualified retirement plan		
<b>15</b>	Basis received from former spouse due to divorce or inherited		
<b>16</b>	Basis transferred to former spouse due to divorce		
<b>17</b>	Adjusted total basis in Traditional IRAs		

	<b>Part IV Traditional IRA Year-end Value Detail</b>	Taxpayer	Spouse
<b>18</b>	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2013 (See <i>Help</i> )		
<b>19</b>	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2013. Also, include as a negative number any qualified charitable distributions (QCD) made in January 2013 to be treated as made in December 2012 (See <i>Help</i> ).		
<b>20</b>	Enter the total amount of any Traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2013		
<b>21</b>	Check this box if you converted all of the traditional IRAs you had in 2013 to Roth IRAs in 2013	<input type="checkbox"/>	<input type="checkbox"/>

# IRA Information Worksheet

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	Taxpayer	Spouse
<b>Pad V Roth IRA Contribution and Conversion Balances</b>	<b>Taxpayer</b>	<b>Spouse</b>
22 <b>Opened a Roth IRA before 2009</b> . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2012 Balances (Basis - Before 2013 Transactions)</b>		
23    Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
24    Cumulative pre 2009 conversions - taxable and nontaxable . . . . .		
25    2009 conversion contributions taxable at conversion . . . . .		
26    2009 conversion contributions not taxable at conversion . . . . .		
27    2010 conversion contributions taxable at conversion . . . . .		
28    2010 conversion contributions not taxable at conversion . . . . .		
29    2011 conversion contributions taxable at conversion		
30    2011 conversion contributions not taxable at conversion		
31    2012 conversion contributions taxable at conversion		
32    2012 conversion contributions not taxable at conversion		
<b>2013 Transactions - Contributions</b>		
33    Regular Roth IRA contributions		
34    Rollover from Roth 401(k) and Roth 403(b)		
35    Conversion contributions taxable at conversion		
36    Conversion contributions not taxable at conversion		
37    Repayments of qualified Roth reservist distributions		
<b>2013 Transactions - Distributions</b>		
38    Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39    Distributions from cumulative pre 2009 conversions		
40    Distributions from 2009 conversions taxable at conversion		
41    Distributions from 2009 conversions not taxable at conversion		
42    Distributions from 2010 conversions taxable at conversion		
43    Distributions from 2010 conversions not taxable at conversion		
44    Distributions from 2011 conversions taxable at conversion		
45    Distributions from 2011 conversions not taxable at conversion		
46    Distributions from 2012 conversions taxable at conversion		
47    Distributions from 2012 conversions not taxable at conversion		
48    Distributions from 2013 conversions taxable at conversion		
49    Distributions from 2013 conversions not taxable at conversion		
50    Did you have any open Roth IRA accounts on 12/31/2013?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Balance c/over to 2014 (Basis - After 2013 Transactions)</b>		
51    Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52    Cumulative pre 2010 conversions - taxable and nontaxable		
53    2010 conversion contributions taxable at conversion		
54    2010 conversion contributions not taxable at conversion		
55    2011 conversion contributions taxable at conversion		
56    2011 conversion contributions not taxable at conversion		
57    2012 conversion contributions taxable at conversion		
58    2012 conversion contributions not taxable at conversion		
59    2013 conversion contributions taxable at conversion		
60    2013 conversion contributions not taxable at conversion		

# IRA Information Worksheet

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	Taxpayer	Spouse
<b>Part VI Roth IRA Basis Adjustments</b>		
<b>Received From Former Spouse due to Divorce or Inheritance</b>		
61 Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
62 Cumulative pre 2009 conversions - taxable and nontaxable . . . . .		
63 2009 conversion contributions taxable at conversion . . . . .		
64 2009 conversion contributions not taxable at conversion . . . . .		
65 2010 conversion contributions taxable at conversion . . . . .		
66 2010 conversion contributions not taxable at conversion . . . . .		
67 2011 conversion contributions taxable at conversion		
68 2011 conversion contributions not taxable at conversion		
69 2012 conversion contributions taxable at conversion		
70 2012 conversion contributions not taxable at conversion		
71 2013 conversion contributions taxable at conversion		
72 2013 conversion contributions not taxable at conversion		
<b>Transferred To Former Spouse due to Divorce</b>		
73 Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
74 Cumulative pre 2009 conversions - taxable and nontaxable		
75 2009 conversion contributions taxable at conversion		
76 2009 conversion contributions not taxable at conversion		
77 2010 conversion contributions taxable at conversion		
78 2010 conversion contributions not taxable at conversion		
79 2011 conversion contributions taxable at conversion		
80 2011 conversion contributions not taxable at conversion		
81 2012 conversion contributions taxable at conversion		
82 2012 conversion contributions not taxable at conversion		
83 2013 conversion contributions taxable at conversion		
84 2013 conversion contributions not taxable at conversion		

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Description	Amount
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**Income**

Wages . . . . .	42,929.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	3,720.
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
<b>Total income</b>	<b>46,649.</b>

**Adjustments**

Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
<b>Total adjustments</b>	
<b>Modified adjusted gross income</b>	<b>46,649.</b>

## Two-Year Comparison

2013

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Caleb E Payne

Social Security Number

Income	2012	2013	Difference	%
Wages, salaries, tips, etc. . . . .	34,616.	42,929.	8,313.	24.01
Interest and dividend income. . . . .	_____	_____	_____	_____
State tax refund . . . . .	0.	_____	0.	_____
Business income (loss) . . . . .	_____	3,720.	3,720.	_____
Capital and other gains (losses) . . . . .	_____	_____	_____	_____
IRA distributions . . . . .	_____	_____	_____	_____
Pensions and annuities . . . . .	_____	_____	_____	_____
Rents and royalties . . . . .	_____	_____	_____	_____
Partnerships, S Corps, etc. . . . .	_____	_____	_____	_____
Farm income (loss) . . . . .	_____	_____	_____	_____
Social security benefits . . . . .	_____	_____	_____	_____
Income other than the above	1,081.	_____	-1,081.	-100.00
<b>Total Income</b>	<b>35,697.</b>	<b>46,649.</b>	<b>10,952.</b>	<b>30.68</b>
<b>Adjustments to Income</b>	<b>2,500.</b>	<b>2,763.</b>	<b>263.</b>	<b>10.52</b>
<b>Adjusted Gross Income</b>	<b>33,197.</b>	<b>43,886.</b>	<b>10,689.</b>	<b>32.20</b>
<b>Itemized Deductions</b>				
Medical and dental	_____	_____	_____	_____
Income or sales tax	1,402.	1,984.	582.	41.51
Real estate taxes	_____	_____	_____	_____
Personal property and other taxes	_____	_____	_____	_____
Interest paid	_____	_____	_____	_____
Gifts to charity	230.	_____	-230.	-100.00
Casualty and theft losses	_____	_____	_____	_____
Miscellaneous	0.	_____	0.	_____
Phaseout of itemized deductions	_____	_____	_____	_____
Total Itemized Deductions	1,632.	1,984.	352.	21.57
<b>Standard or Itemized Deduction</b>	<b>5,950.</b>	<b>6,100.</b>	<b>150.</b>	<b>2.52</b>
<b>Exemption Amount</b>	<b>3,800.</b>	<b>3,900.</b>	<b>100.</b>	<b>2.63</b>
<b>Taxable Income</b>	<b>23,447.</b>	<b>33,886.</b>	<b>10,439.</b>	<b>44.52</b>
Income tax	_____	_____	_____	_____
Additional income taxes	3,079.	4,635.	1,556.	50.54
Alternative minimum tax	_____	_____	_____	_____
<b>Total Income Taxes</b>	<b>3,079.</b>	<b>4,635.</b>	<b>1,556.</b>	<b>50.54</b>
Nonbusiness credits	_____	_____	_____	_____
Business credits	_____	_____	_____	_____
<b>Total Credits</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>
Self-employment tax	_____	526.	526.	_____
Other taxes	216.	_____	-216.	-100.00
<b>Total Tax After Credits</b>	<b>3,295.</b>	<b>5,161.</b>	<b>1,866.</b>	<b>56.63</b>
Withholding	2,952.	4,416.	1,464.	49.59
Estimated and extension payments	_____	_____	_____	_____
Earned income credit	_____	_____	_____	_____
Additional child tax credit	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
<b>Total Payments</b>	<b>2,952.</b>	<b>4,416.</b>	<b>1,464.</b>	<b>49.59</b>
Form 2210 penalty	_____	_____	_____	_____
Applied to next year's estimated tax	_____	_____	_____	_____
<b>Refund</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>	<b>_____</b>
<b>Balance Due</b>	<b>343.</b>	<b>745.</b>	<b>402.</b>	<b>117.20</b>

Current year effective tax rate

10.56 %

**Name (s)**  
Caleb E Payne

<b>Total income</b> .....	46,649.
<b>Adjustments to income</b> .....	2,763.
<b>Adjusted gross income</b> .....	43,886.
<b>Itemized/standard deduction</b> .....	6,100.
<b>Exemption amount</b> .....	3,900.
<b>Taxable income</b> .....	33,886.
<b>Tentative tax</b> .....	4,635.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	526.
<b>Total tax</b> .....	5,161.
<b>Total payments</b> .....	4,416.
<b>Estimated tax penalty</b>	
<b>Amount Overpaid</b>	0.
<b>Refund</b>	0.
<b>Amount Applied to Estimate</b>	0.
<b>Balance due</b>	745.

**Which Form 1040 to file?**

You must use Form 1040 because  
you filed Schedule C, Profit or Loss From Business.

# Compare to U. S. Averages

2013

▶ Keep for your records

Name(s) Shown on Return  
 Cal Job E Payne

Social Security No  
XXXXXXXXXX

Your 2013 adjusted gross income (AGI) ..... 43,886.  
 National adjusted gross income range used below ..... from 30,000. to 49,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	42,929.	37,223.
Taxable interest . . . . .		1,243.
Tax-exempt interest . . . . .		6,215.
Dividends		3,016.
Business net income	3,720.	14,396.
Business net loss		6,804.
Net capital gain		5,552.
Net capital loss		2,300.
Taxable IRA		9,936.
Taxable pensions and annuities		18,020.
Rent and royalty net income		7,620.
Rent and royalty net loss		9,112.
Partnership and S corporation net income		13,801.
Partnership and S corporation net loss		11,894.
Taxable social security benefits		7,272.
<b>Medical and dental expenses deduction</b>		<b>7,179.</b>
Taxes paid deduction	1,984.	4,124.
Interest paid deduction		7,689.
Charitable contributions deduction		2,365.
Total itemized deductions	1,984.	15,946.
Child care credit		611.
Education tax credits		1,067.
Child tax credit		1,053.
Retirement savings contributions credit		190.
Earned income credit		1,374.
<b>Other Information</b>		
	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income	43,886.	40,398.
Taxable income	33,886.	22,584.
Income tax	4,635.	2,919.
Alternative minimum tax		2,947.
Total tax liability	5,161.	3,071.

# Estimated Taxes and Form W-4 Worksheet

Name: Caleb E Payne  
 SSN: XXXXXXXXXX

**Choose the Method You Will Use to Pay Your 2014 Federal Income Taxes**  
 By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)  
 By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2014 withholding will be .....  
 Overpayment from my 2013 return. .... 0.  
 Amount of my 2013 overpayment to apply to 2014 instead of refunding it. ....

**Enter Your Filing Status and Other Information for Your 2014 Tax Return**  
 Choose your filing status ..... 1 - single

Taxpayer age as of the end of 2014 ..... 28  
 Spouse age as of the end of 2014. ....

Do you qualify for an additional standard deduction?  
 Taxpayer: \_\_\_\_\_ Total ..... 0  
 Spouse: \_\_\_\_\_

Check if you must itemize in 2014. (See Tax Help.)

**Enter the Number of Dependent Exemptions You Will Claim on Your 2014 Tax Return**  
 Check if you will be the dependent of another person (but not if married filing jointly).

Enter the number of dependents you will claim, do not include yourself or your spouse \_\_\_\_\_ 0  
 Total exemptions \_\_\_\_\_ 1

**Enter Your 2014 Income and Deductions in 2nd column**

**Compensation:**  
 Annual wages and salary for taxpayer 42,929.  
 Medicare wages for taxpayer (W-2 box 5) 47,769.  
 Annual wages and salary for spouse 0.  
 Medicare wages for spouse (W-2 box 5) 0.

Annual net income from self-employment for taxpayer 3,120.  
 Annual net income from self-employment for spouse 0.

**Other Tax Information:**  
**Note:** Include this income in the Other Income section below.  
 Net Investment Income for 3.8% tax 0.  
 Qualified dividends

**Maximum Capital Gains Rate Tax Information:**  
 Net short-term capital gains or losses  
 Net long-term capital gains or losses  
 Net 28%-rate capital gains included in long-term  
 Unrecap'd Sec 1250 gains incl in long-term (see Tax Help)  
 Investment Income election (see Tax Help)

**Other Income:**  
 Total of your other taxable income and losses (see Tax Help)  
 Foreign income or housing exclusions 0.

**Adjustments:**  
 Deductible IRA contributions, alimony, etc 2,500.

**Itemized Deductions:**  
 Total medical expenses  
 Real estate tax  
 Other deductible taxes 1,984.  
 Deductible mortgage interest  
 Charitable contributions  
 Deductible investment interest expense, casualty or theft losses (see Tax Help)  
 Miscellaneous itemized deductions subject to 2% of AGI  
 Deductible gambling losses  
 Other misc itemized deductions not subject to 2% of AGI

Income Tax Calculation for Your 2014 Tax Return	2013 Actual	2014 Expected
Taxable income . . . . .	33,886.	0.
Income tax . . . . .	4,635.	
Alternative minimum tax (Enter Alt Min tax expected in 2014) . . . . .		
Total credits (Enter credits expected in 2014) . . . . .		
Tax on self-employment income and add'l 0.9% Medicare tax . . . . .	526.	0.
New 3.8% net investment income tax . . . . .		0.
Other taxes (Enter other taxes expected in 2014) . . . . .	0.	
Total federal income tax . . . . .	5,161.	0.

**Enter the Tax Payments You've Already Made for Your 2014 Tax Return**

The federal income tax actually withheld from your paychecks to date		
Taxpayer . . . . .		
Spouse . . . . .		
Federal estimated tax payments you've already made		
Payment number 1 (April 15, 2014)		
Payment number 2 (June 17, 2014)		
Payment number 3 (September 16, 2014)		
2013 federal overpayment credited to 2014 (from page 1 above)		
Total taxes paid to date		
Balance of payments needed or (expected refund)		0.

**Summary of Taxes to be Paid for 2014**

Federal income taxes to be withheld from your paychecks		
Your 2013 federal overpayment you applied to 2014		
Your 2014 federal estimated taxes,		
based on	100% of your 2013 actual tax	
Estimate of total payments you will need to make for 2014		



## Additional Information for Form W-4

**Name:** Caleb F. Payne  
**SSN:** [REDACTED]

**Enter Salary and Pay Periods for 2014**

Your annual salary for this year . . . . .

Salary you have already received in 2014 . . . . .

Your remaining salary for this year . . . . . 0.

Number of paychecks you have remaining this year . . . . .

How often you are paid . . . . .

Your gross salary per pay period . . . . .

	Taxpayer	Spouse
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]

**Form W-4 Personal Allowances and Withholding**

**Withholding status**

Personal allowances (see Tax Help if more than 10) \_\_\_\_\_

Additional withholding per pay period \_\_\_\_\_

Estimated future withholding per pay period \_\_\_\_\_

Estimated future withholding through remainder of year \_\_\_\_\_

Top tax rate being withheld \_\_\_\_\_ %

	Taxpayer	Spouse
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]

**Change in Federal Income Tax Withholding per Pay Period**

See tax help for more information.

Current withholding per pay period \_\_\_\_\_

Estimated future withholding per pay period \_\_\_\_\_

Increase/(decrease) in net pay per pay period \_\_\_\_\_

	Taxpayer	Spouse
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]

**Summary of Federal Income Taxes to be Withheld in 2014: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.**

Taxpayer's withholding	[ ]	[ ]
Spouse's withholding	[ ]	[ ]
<b>Total withholding</b>	[ ]	[ ]

# ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Caleb E Payne

Primary SSN: [REDACTED]

Federal Return Submitted: \_\_\_\_\_

Federal Return Acceptance Date: \_\_\_\_\_

Your return has not been electronically transmitted yet

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

## 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

## TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2014. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2014, your Intuit electronic postmark will indicate April 15, 2014, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2014, and a corrected return is submitted and accepted before April 20, 2014. If your return is submitted after April 20, 2014, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2014 if your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2014, and the corrected return is submitted and accepted by October 20, 2014.

## 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

# Smart Worksheets from your 2013 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

## Tax Smart Worksheet

<b>A</b>	Tax	4,635.
Check if from:		
<b>1</b>	Tax table	<input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet	<input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
<b>5</b>	Schedule J	<input type="checkbox"/>
<b>6</b>	Form 8615	<input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814	<input type="checkbox"/>
<b>C</b>	Additional tax from Form 4972	<input type="checkbox"/>
<b>D</b>	Tax from additional Form(s) 4972	<input type="checkbox"/>
<b>E</b>	Recapture tax from Form 8863	<input type="checkbox"/>
<b>F</b>	IRC Section 197(f)(9)(B)(iii) election for an additional tax	<input type="checkbox"/>
<b>G</b>	Tax. Add lines A through F. Enter the result here and on line 44	4,635.

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

## Additional Other Taxes Smart Worksheet

<b>A</b>	Section 72(m)(5) excess benefits tax	<input type="checkbox"/>
<b>B</b>	Uncollected employee social security and Medicare or RRTA tax on tips	<input type="checkbox"/>
<b>C</b>	Uncollected employee social security and Medicare or RRTA tax on group term insurance	<input type="checkbox"/>
<b>D</b>	Golden parachute payments	0.
<b>E</b>	Accumulation distribution of trusts	<input type="checkbox"/>
<b>F</b>	Recapture of Investment Credit	<input type="checkbox"/>
<b>G</b>	Tax on Archer MSA distribution(s) from Form 8853	<input type="checkbox"/>
<b>H</b>	Tax on Medicare Advantage MSA distribution(s) from Form 8853	<input type="checkbox"/>
<b>I</b>	Tax on HSA distribution(s) from Form 8889	<input type="checkbox"/>
<b>J</b>	Additional tax from line 21 on Form(s) 8889	<input type="checkbox"/>
<b>K</b>	Additional tax on recapture of a charitable contribution deduction relating to the contribution of a fractional interest in tangible personal property	<input type="checkbox"/>
<b>L</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	<input type="checkbox"/>
<b>M</b>	Total Additional Medicare Tax from Form 8959	<input type="checkbox"/>
<b>N</b>	Net Investment Income Tax for Individuals from Form 8960	<input type="checkbox"/>
<b>O</b>		<input type="checkbox"/>

SMART WORKSHEET FOR: Schedule C (Law Enforcement): Profit or Loss from Business

**Business Address Information Smart Worksheet**

Business street address . [REDACTED]  
 City, State and Zip Code (do not enter State and Zip Code if foreign address)  
 Hamilton OH 45015-2135  
 Or, foreign country information: \_\_\_\_\_

SMART WORKSHEET FOR: Schedule C (Law Enforcement): Profit or Loss from Business

**Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
<b>A</b> Gross receipts	5,220.		
<b>B</b> Cost of goods sold			
<b>C</b> Directly allocable deductions, expenses, or losses			
<b>D</b> Indirectly allocable deductions, expenses, or losses	1,500.		
<b>E</b> W-2 wages (adjust for wages from COGS, if necessary)			

QuickZoom to Form 8903, Domestic Production Activities Deduction ▶

SMART WORKSHEET FOR: Schedule C (Law Enforcement): Profit or Loss from Business

**Activity Summary Smart Worksheet**  
Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss)	3,720.	3,720.
<b>E</b> Other preferences and adjustments		
<b>F</b> At risk disallowed loss		
<b>G</b> Passive carryover loss		
<b>H</b> Passive disallowed loss		
<b>I</b> Net profit (loss) allowed	3,720.	3,720.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss)		
<b>K</b> At risk disallowed loss		
<b>L</b> Passive carryover loss		
<b>M</b> Passive disallowed loss		
<b>N</b> Net profit (loss) allowed		

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

**Line 3 Smart Worksheet**

**A** Check if an eligible individual on December 1  Self-only  Family

**B** If eligible for less than a full year, or changed the type of plan, check the boxes below for the months you were eligible. You are not eligible for any month you were enrolled in Medicare.

1	January	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
2	February	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
3	March	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
4	April	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
5	May	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
6	June	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
7	July	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
8	August	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
9	September	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
10	October	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
11	November	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.
12	December	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,250.

**C** Maximum allowable contribution. Total of line B divided by 12

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet

A	Enter the employer contributions reported in Box 12 of Form W-2 (code W)	1,000.
B	Enter employer contributions made in 2013 for the tax year 2012	
C	Subtract line B from line A	1,000.
D	Enter employer contributions made in 2014 for the tax year 2013	
E	Other employer contributions for 2013 not reported above	
F	Employer contributions for 2013. Add lines C, D and E. Enter on line 9	1,000.

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A	Enter Section 179 carryover from prior year		
B	QuickZoom to the Asset Entry Worksheet		
C	QuickZoom to the Depreciation/Amortization Reports		
D	QuickZoom to Form 4562 for Schedule A		
E	Treat all MACRS assets for activity as qualified Indian reservation property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area?	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2.....

A Taxpayer:

- 1 Taxpayer, nontaxable combat pay .....  Yes  No
- 2 Election for earned income credit (EIC): Elect taxpayer's nontaxable combat pay as earned income for EIC? ..  Yes  No
- 3 Election for dependent care benefits (DCB): Elect taxpayer's nontaxable combat pay as earned income for DCB? ..  Yes  No
- 4 Election for child and dependent care credit: Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? .....  Yes  No

B Spouse:

- 1 Spouse, nontaxable combat pay \_\_\_\_\_
- 2 Election for earned income credit (EIC): Elect spouse's nontaxable combat pay as earned income for EIC?  Yes  No
- 3 Election for dependent care benefits (DCB): Elect spouse's nontaxable combat pay as earned income for DCB?  Yes  No
- 4 Election for child and dependent care credit: Elect spouse's nontaxable combat pay as earned income for child and dependent care credit?  Yes  No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment \_\_\_\_\_ Amount due 745.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

- A Taxable and tax exempt interest \_\_\_\_\_
- B Dividend income \_\_\_\_\_
- C Capital gain net income \_\_\_\_\_
- D Royalty and rental of personal property net income \_\_\_\_\_
- E Passive activity net income:
  - 1 Rental real estate net income or loss \_\_\_\_\_
  - 2 Farm rental net income or loss \_\_\_\_\_
  - 3 Partnerships and S corporations net income or loss \_\_\_\_\_
  - 4 Estates and trusts net income or loss \_\_\_\_\_
  - 5 Total of lines 1 through 4 \_\_\_\_\_
- F Total passive activity net income, line 5 if greater than zero \_\_\_\_\_
- G Interest and dividends from Forms 8814 Adjustments \_\_\_\_\_
- H Total investment income, add lines A through G \_\_\_\_\_ 0.

Is line H, total investment income over \$3,300?  X

No. You may take the credit.

Yes. Stop. You cannot take the credit.





**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **09**

▶ Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor  
Caleb E. Payne

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)  
Extra-Duty Detail

**B** Enter code from instructions  
▶ 9 | 9 | 9 | 9 | 9 | 9

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), (see instr.)

**E** Business address (including suite or room no.) ▶  
City, town or post office, state, and ZIP code  
Hamilton, OH 45011

**F** Accounting method:  (1) Cash  (2) Accrual  (3) Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . . . . .  Yes  No

**H** If you started or acquired this business during 2014, check here . . . . .  Yes  No

**I** Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**J** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	1,860.
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	1,860.
<b>4</b>	Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	1,860.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	1,860.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

<b>8</b>	Advertising . . . . .	<b>8</b>		<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>9</b>	Car and truck expenses (see instructions) . . . . .	<b>9</b>		<b>19</b>	Pension and profit-sharing plans Rent or lease (see instructions):	<b>19</b>	
<b>10</b>	Commissions and fees . . . . .	<b>10</b>		<b>20</b>	a Vehicles, machinery, and equipment	<b>20a</b>	
<b>11</b>	Contract labor (see instructions)	<b>11</b>		<b>b</b>	Other business property . . . . .	<b>20b</b>	
<b>12</b>	Depletion . . . . .	<b>12</b>		<b>21</b>	Repairs and maintenance . . . . .	<b>21</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>22</b>	Supplies (not included in Part III)	<b>22</b>	
<b>14</b>	Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>23</b>	Taxes and licenses . . . . .	<b>23</b>	
<b>15</b>	Insurance (other than health) interest:	<b>15</b>		<b>24</b>	Travel, meals, and entertainment:	<b>24a</b>	
<b>16</b>	a Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b>	Travel . . . . .	<b>24a</b>	
<b>b</b>	Other . . . . .	<b>16b</b>		<b>b</b>	Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b>	Legal and professional services	<b>17</b>		<b>25</b>	Utilities . . . . .	<b>25</b>	
<b>28</b>	<b>Total expenses before expenses for business use of home.</b> Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b>	Wages (less employment credits) .	<b>26</b>	
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	1,860.	<b>27a</b>	Other expenses (from line 49) . . . . .	<b>27a</b>	
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: . . . . . and (b) the part of your home used for business: . . . . . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>27b</b>	Reserved for future use . . . . .	<b>27b</b>	
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	1,860.				

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).  
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.  
• If a loss, you must go to line 32.

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .				<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .				35
36	Purchases less cost of items withdrawn for personal use . . . . .				36
37	Cost of labor. Do not include any amounts paid to yourself . . . . .				37
38	Materials and supplies . . . . .				38
39	Other costs . . . . .				39
40	Add lines 35 through 39 . . . . .				40
41	Inventory at end of year . . . . .				41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .				42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶
- 44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
- |   |          |   |                              |   |       |
|---|----------|---|------------------------------|---|-------|
| a | Business | b | Commuting (see instructions) | c | Other |
|---|----------|---|------------------------------|---|-------|
- 45 Was your vehicle available for personal use during off-duty hours? . . . . .  Yes  No
- 46 Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes  No
- 47a Do you have evidence to support your deduction? . . . . .  Yes  No

b If "Yes," is the evidence written? . . . . .  Yes  No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

48	<b>Total other expenses.</b> Enter here and on line 27a . . . . .	48

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **17**

▶ Information about Schedule SE and its separate instructions is at [www.irs.gov/schedulese](http://www.irs.gov/schedulese).

▶ Attach to Form 1040 or Form 1040NR.

Department of the Treasury  
Internal Revenue Service (99)

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

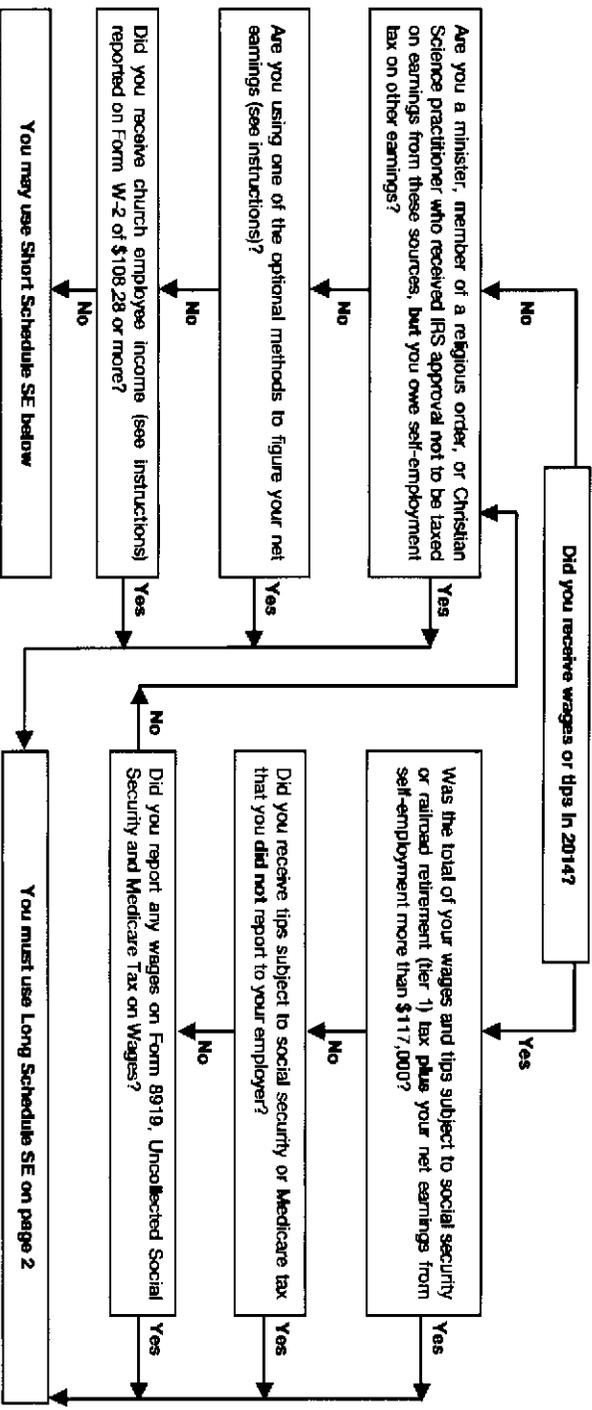
Caleb E. Payne

Social security number of person  
with self-employment income ▶

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

	<p><b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .</p>	<b>1a</b>	
	<p><b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z</p>	<b>1b</b> ( )	
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 8, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	1,860.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	1,860.
<b>4</b>	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . . . ▶ <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	1,718.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result.	<b>5</b>	263.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 . . . . .	<b>6</b>	132.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

2014

Department of the Treasury Internal Revenue Service (999)

Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Attachment Sequence No. 29

Name of individual subject to additional tax. If married filing jointly, see instructions. Caleb E Payne

Your social security number

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name

Foreign province/state/county

If this is an amended return, check here Foreign postal code

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions

Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

- 1 Early distributions included in income. For Roth IRA distributions, see instructions.
2 Early distributions included on line 1 that are not subject to the additional tax (see instructions).
3 Amount subject to additional tax. Subtract line 2 from line 1.
4 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57
Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

- 5 Distributions included in income from Coverdell ESAs and QTPs.
6 Distributions included on line 5 that are not subject to the additional tax (see instructions).
7 Amount subject to additional tax. Subtract line 6 from line 5.
8 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2014 than is allowable or you had an amount on line 17 of your 2013 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 9-17 detailing excess contributions and additional tax for 2014.

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2014 than is allowable or you had an amount on line 25 of your 2013 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 18-25 detailing excess contributions and additional tax for 2014.

**Part V Additional Tax on Excess Contributions to Coverdell ESAs**

Complete this part if the contributions to your Coverdell ESAs for 2014 were more than is allowable or you had an amount on line 33 of your 2013 Form 5329.

26	Enter the excess contributions from line 32 of your 2013 Form 5329 (see instructions). If zero, go to line 31		26	
27	If the contributions to your Coverdell ESAs for 2014 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27		
28	2014 distributions from your Coverdell ESAs (see instructions)	28		
29	Add lines 27 and 28		29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-		30	
31	Excess contributions for 2014 (see instructions)		31	
32	Total excess contributions. Add lines 30 and 31		32	
33	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		33	

**Part VI Additional Tax on Excess Contributions to Archer MSAs**

Complete this part if you or your employer contributed more to your Archer MSAs for 2014 than is allowable or you had an amount on line 41 of your 2013 Form 5329.

34	Enter the excess contributions from line 40 of your 2013 Form 5329 (see instructions). If zero, go to line 39		34	
35	If the contributions to your Archer MSAs for 2014 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35		
36	2014 distributions from your Archer MSAs from Form 8853, line 8	36		
37	Add lines 35 and 36		37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-		38	
39	Excess contributions for 2014 (see instructions)		39	
40	Total excess contributions. Add lines 38 and 39		40	
41	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		41	

**Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)**

Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2014 than is allowable or you had an amount on line 49 of your 2013 Form 5329.

42	Enter the excess contributions from line 48 of your 2013 Form 5329. If zero, go to line 47		42	0.
43	If the contributions to your HSAs for 2014 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43		
44	2014 distributions from your HSAs from Form 8889, line 16	44		
45	Add lines 43 and 44		45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-		46	
47	Excess contributions for 2014 (see instructions)		47	500.
48	Total excess contributions. Add lines 46 and 47		48	500.
49	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		49	0.

**Part VIII Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs)**

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

50	Minimum required distribution for 2014 (see instructions)		50	
51	Amount actually distributed to you in 2014		51	
52	Subtract line 51 from line 50. If zero or less, enter -0-		52	
53	<b>Additional tax.</b> Enter 50% (.50) of line 52. Include this amount on Form 1040, line 59, or Form 1040NR, line 57		53	

**Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return**

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				
	Firm's address	Your signature	Date		Firm's EIN
					Phone no.

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).  
▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR  
Calch E Payne

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ▶

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions).	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	0.
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others, see the instructions for the amount to enter.	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter.	6	
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions).	7	0.
8	Add lines 6 and 7.	8	0.
9	Employer contributions made to your HSAs for 2014	9	500.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	0.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

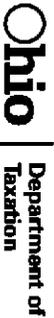
**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2014 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a.	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>	17b	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount.		

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b> Last-month rule . . . . .	<b>18</b>	
<b>19</b> Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b> <b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b> <b>Additional tax.</b> Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HDHP" and the amount . . . . .	<b>21</b>	

Do not use staples.



Taxable year beginning in  
**2014**

**IT 1040** Rev. 11/14  
Individual  
Income Tax Return

0033

Use only black ink.

Taxpayer Social Security no. (required)

If deceased

Spouse's Social Security no. (only if joint return)

If deceased

Enter school district #  
for this return (see  
pages 45-50)

Use **UPPERCASE** letters.  
Your first name

check box

M.I.

Last name

check box

0 903

CALEB

E

PAYNE

Spouse's first name (only if married filing jointly)

M.I.

Last name

KYLIE

N

PAYNE

Mailing address (for faster processing, use a street address)

City

HAMILTON

State

OH

ZIP code

45011

Ohio county (first four letters)

BUTL

Home address (if different from mailing address) - do **NOT** show city or state

ZIP code

County (first four letters)

Foreign country (provide this information if the mailing address is outside the U.S.)

Foreign postal code

**Ohio Residency Status** - Check applicable box

Full-year resident

Part-year resident

Check applicable box for spouse (only if married filing jointly)

Full-year resident

Part-year resident

**Filing Status** - Check one (as reported on federal income tax return,  
with limited exceptions - see instructions on page 13)

Single, head of household or qualifying widow(er)

Required to file Schedule IT S (see instructions on page 9)

Married filing jointly

Married filing separately (enter spouse's SS#)

Yes

No

Is someone else claiming you or your spouse (if joint return) as a dependent?

Enter the number of dependents: If one or more, include Schedule J with your Ohio income tax return (see instructions on page 19)  0

**Ohio Political Party Fund**

Do you want \$1 to go to this fund?

If joint return, does your spouse want \$1 to go to this fund? ...  
Note: Checking "Yes" will not increase your tax or decrease your refund.

**INCOME AND TAX INFORMATION**

1. Federal adjusted gross income (from IRS forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; 1040NR-EZ, line 10 or Ohio form IT S, line 31) ..... 1. 66 858 00

2. Adjustments from line 50 on page 3 of Ohio form IT 1040 (enclose page 3) ..... 2. 66 858 00

3. Ohio adjusted gross income (line 2 added to or subtracted from line 1) ..... 3. 66 858 00

4. Personal exemption and dependent exemption deduction (see page 19 of the instructions for information on Schedule J and exemption amount) ..... 4. 3 900 00

5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) ..... 5. 62 958 00

6. Tax on line 5 (see tax tables on pages 37-43 of the instructions) ..... 6. 1 777 00

7. Schedule B credits from line 59 on page 4 of Ohio form IT 1040 (enclose page 4) ..... 7. 1 777 00

8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is less than line 7) ..... 8. 0 00

9. Income-based exemption credit (see instructions on page 20) ..... 9. 1 777 00

10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) ..... 10. 0 00





14000233

2014

SS#

10a. Amount from line 10 on page 1 ..... 10a. 1 777 00

11. Joint filing credit. See the instructions on page 20 for eligibility and documentation requirements (this credit is for married filing jointly status only) 10 % times line 10a (limit \$650) ..... 11. 1 78 00

12. Ohio income tax less joint filing credit (line 10a minus line 11) ..... 12. 1 599 00

13. Total credits from line 71 on page 4 of Ohio form IT 1040 (enclose page 4) ..... 13. 13.

14. Earned income credit (see the worksheet on page 20 of the instructions) ..... 14. 14.

15. Ohio adoption credit ..... 15. 15.

16. Manufacturing equipment grant. You must include the grant request form ..... 16. 16.

17. Ohio income tax (line 12 minus lines 13, 14, 15 and 16; enter -0- if the total of lines 13, 14, 15 and 16 is more than line 12) ..... 17. 1 599 00

18. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see page 21 of the instructions) ..... 18. 18.

19. Sales and use tax due on Internet, mail order or other out-of-state purchases (see instructions on page 34). If you certify that no sales or use tax is due, check here ..... 19. 10 00

20. Total Ohio tax liability (add lines 17, 18 and 19) ..... TOTAL TAX ▶ 20. 1 609 00

21. Ohio income tax withheld (box 17 on W-2; box 15 on W-2G; and box 12 on 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) after the last page of this return. .... AMOUNT WITHHELD ▶ 21. 1 427 00

22. Add the 2014 Ohio form IT 1040ES payment(s), 2014 Ohio form IT 40P extension payment(s) and 2013 overpayment credited to 2014 ..... 22. 22.

23. Refundable credits from line 73 on page 4 of Ohio form IT 1040 (enclose page 4) ..... 23. 1 427 00

24. Add lines 21, 22 and 23 ..... TOTAL PAYMENTS ▶ 24. 1 427 00

If line 24 is MORE THAN line 20, go to line 25. If line 24 is LESS THAN line 20, skip to line 29.

25. If line 24 is MORE THAN line 20, subtract line 20 from line 24 ..... AMOUNT OVERPAID ▶ 25. 25.

26. Amount of line 25 to be credited to 2015 income tax liability ..... CREDIT TO 2015 ▶ 26. 26.

27. Amount of line 25 that you wish to donate to the following fund(s):

- a. Military injury relief
- b. Wildlife species
- c. Ohio Historical Society
- d. State nature preserves
- e. Breast / cervical cancer

28. Line 25 minus the sum of lines 26 and 27a, b, c, d and e. Enter here, then skip to line 30 ..... 28. 182 00

29. If line 24 is LESS THAN line 20, subtract line 24 from line 20 ..... AMOUNT DUE ▶ 29. 182 00

30. Interest and penalty due on late-paid tax and/or late-filed return (see page 22 of the instructions) ..... INTEREST AND PENALTY ▶ 30. 182 00

If you entered an amount on line 28, skip to line 32. If you entered an amount on line 29, go to line 31.

31. Amount due plus interest and penalty (add lines 29 and 30). If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see our Web site at tax.ohio.gov) ..... AMOUNT DUE PLUS INTEREST AND PENALTY ▶ 31. 182 00

32. Refund less interest and penalty (line 28 minus line 30). Enter the amount here. (If line 30 is more than line 28, you have an amount due. Subtract line 28 from line 30 and enter this amount on line 31.) ..... YOUR REFUND ▶ 32.

**SIGN HERE (required)**

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

For Department Use Only

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature (see page 10 of the instructions) \_\_\_\_\_ Phone number (optional) \_\_\_\_\_

**SELF-PREPARED**

Preparer's printed name (see page 10 of the instructions) \_\_\_\_\_ Phone number \_\_\_\_\_

Do you authorize your preparer to contact us regarding this return? Yes  No

Code \_\_\_\_\_

**MAILING INFORMATION:**

NO Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679  
Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057

2014 IT 1040

pg. 2 of 4

2014 IT 1040

02/09/2015 09:36 AM

HEI 002075 INTRUC03P3P

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

Your first name and initial

Caleb E

Last name  
PAYNE

If a joint return, spouse's first name and initial

Kylie N

Last name  
PAYNE

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Hamilton OH 45011

Foreign country name

Foreign province/state/country

Foreign postal code

Make sure the SSN(s) above and on line 6c are correct.  
 Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

- 1  Single
- 2  Married filing jointly (even if only one had income)
- 3  Married filing separately. Enter spouse's SSN above and full name here. ▶

4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

**Exemptions**

- 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.
- b  Spouse
- c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions)
- 5  Qualifying widow(er) with dependent child

If more than four dependents, see instructions and check here

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)

d Total number of exemptions claimed

Boxes checked on 6a and 6b  
 No. of children on 6c who:  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
 Dependents on 6c not entered above  
 Add numbers on lines above ▶ **2**

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	67,130.
8a	Taxable interest. Attach Schedule B if required		8b	8a	
b	Tax-exempt interest. Do not include on line 8a				
9a	Ordinary dividends. Attach Schedule B if required		9b	9a	
b	Qualified dividends				
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	1,860.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	b Taxable amount	20b	
21	Other income. List type and amount Form 8889 Health Savings Accounts			21	500.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶			22	69,490.

**Adjusted Gross Income**

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	132.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	2,500.
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	2,632.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	66,858.

Tax and Credits

38	Amount from line 37 (adjusted gross income)			66,858.
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind, <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind, checked here <input type="checkbox"/> 39a <input type="checkbox"/>			
b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>				
<b>Itemized deductions</b> (from Schedule A) or your standard deduction (see left margin)				
40	Standard Deduction for —			12,400.
41	Subtract line 40 from line 38			54,458.
42	<b>Exemptions.</b> If line 38 is \$152,505 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions			7,900.
43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			46,558.
44	<b>Tax</b> (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>			6,079.
45	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251			
46	<b>Excess advance premium tax credit repayment.</b> Attach Form 8962			
47	Add lines 44, 45, and 46			6,079.
48	<b>Foreign tax credit.</b> Attach Form 1116 if required	48		
49	<b>Credit for child and dependent care expenses.</b> Attach Form 2441	49		
50	<b>Education credits</b> from Form 8863, line 19	50		
51	<b>Retirement savings contributions credit.</b> Attach Form 8880	51		
52	<b>Child tax credit.</b> Attach Schedule 8812, if required	52		
53	<b>Residential energy credits.</b> Attach Form 5695	53		
54	<b>Other credits</b> from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits			
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-			6,079.

Other Taxes

57	Self-employment tax. Attach Schedule SE			263.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919			
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			0.
60a	Household employment taxes from Schedule H			
60b	First-time homebuyer credit repayment. Attach Form 5405 if required			
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>			194.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)			
63	Add lines 56 through 62. This is your total tax			6,536.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64		6,916.
65	2014 estimated tax payments and amount applied from 2013 return	65		
66a	<b>Earned income credit (EIC)</b>	66a		
66b	Non-taxable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>			
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments			6,916.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75		380.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a		380.
76b	Routing number			
76d	Account number			
77	Amount of line 75 you want applied to your 2015 estimated tax <input type="checkbox"/>	77		

You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78		
79	Estimated tax penalty (see instructions)	79		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name  Phone no.  Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Police Officer	Daytime phone number <input type="text"/>
	Preparer's signature	Date	Gymnastics Coach	

Paid Preparer Use Only

Firm's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Firm's EIN <input type="text"/>
Firm's address <input type="text"/>	SOLE-Prepared		

740-NP  
42A740-NP  
Department  
of Revenue

Check if return is:  
 Amended (Attach  
copy of original return.)



KENTUCKY INDIVIDUAL  
INCOME TAX RETURN



Nonresident or Part-Year Resident

2014

For calendar year or other taxable year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_.

A. Spouse's Social Security Number  
B. Your Social Security Number

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

Payne Caleb E Payne Kylie N

Mailing Address (Number and Street including Apartment Number or P.O. Box)

City, Town or Post Office

State

ZIP Code

Hamilton OH 45011

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

A. Spouse

B. Yourself

Democratic (1)  (4)   
Republican (2)  (5)   
No Designation (3)  (6)

FILING STATUS

1  Single  
2  Married, filing joint return.  
3  Married, filing separate returns. Enter spouse's Social Security number above and full name here: \_\_\_\_\_

RESIDENCY STATUS

4  Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2014 OH \_\_\_\_\_.  
5  Part-year resident. Complete appropriate line(s) below.  
6  Full-year resident of a reciprocal state with Kentucky income of wages and salaries only. Circle the state of residence. IL IN MI OH VA WV WI

COMPLETE SECTIONS A, B, C AND D ON PAGES 2 THROUGH 4 BEFORE COMPLETING LINES 7 THROUGH 28.

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1 2 3 4 5

INCOME/TAX

7 Enter percentage from page 4, line 36..... 7 19.8%

8 Enter amount from page 4, line 35, Column A. This is your Federal Adjusted Gross Income ..... 8 66,858.00

9 Enter amount from page 4, line 35, Column B. This is your Kentucky Adjusted Gross Income ..... 9 13,220.00

10 Nonitemizers: Enter \$2,400 (do not prorate). Skip lines 11 and 12 ..... 10 2,400.00

11 Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP ..... 11 00

12 Multiply line 11 by the percentage on line 7..... 12 00

13 Subtract line 10 or 12 from line 9. This is your Taxable Income ..... 13 10,820.00

14 Enter tax from Tax Table..... 14 445.00

15 Enter amount from page 3, Section A, line 23 ..... 15 00

16 Subtract line 15 from line 14..... 16 445.00

17 Enter personal tax credit amounts from page 3, Section B, line 4 | ..... 17 20.00

18 Multiply line 17 by the percentage on line 7 ..... 18 4.00

19 Subtract line 18 from line 16..... 19 441.00

20 Check the box that represents your total family size (see instructions for lines 20 and 21) ..... 20 1  2  3  4

21 Multiply line 19 by the Family Size Tax Credit decimal amount 0.00 (\_\_\_\_ % ) and enter here..... 21 0.00

22 Subtract line 21 from line 19..... 22 441.00

23 Enter the Education Tuition Tax Credit from Form 8863-K..... 23 00

24 Subtract line 23 from line 22 ..... 24 441.00

25 Enter Child and Dependent Care Credit from worksheet in the instructions ..... 25 00

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero..... 26 441.00

27 Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions).. 27 00

28 Add lines 26 and 27. Enter here and on page 2, line 29..... 28 441.00



Payne Caleb E Payne Kylie N

REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your <b>Total Tax Liability</b> .....			441.	00		
30	(a) Enter <b>Kentucky income tax withheld</b> as shown on attached 2014 Form W-2(s) and other supporting statements .....			552.	00		
	(b) Enter 2014 Kentucky estimated tax payments .....			00	00		
	(c) Enter 2014 refundable certified rehabilitation credit (KRS 141.3821(1)(b)) .....			00	00		
	(d) Enter 2014 film industry tax credit (KRS 141.383) .....			00	00		
	(e) Enter <b>Nonresident Withholding</b> from Form PTE-WH, line 9 (KRS 141.206(4)(b)(1)) .....			00	00		
31	Add lines 30(a) through 30(e) .....			552.	00		
32	If line 31 is larger than line 29, enter <b>AMOUNT OVERPAID</b> (see instructions) .....			111.	00		
	<i>Fund Contributions; See instructions.</i>						
33	<b>Nature and Wildlife Fund</b> .....	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> Other	• 33	00
34	<b>Child Victims' Trust Fund</b> .....	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> Other	• 34	00
35	<b>Veterans' Program Trust Fund</b> .....	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> Other	• 35	00
36	<b>Breast Cancer Research/Education Trust Fund</b> .....	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> Other	• 36	00
37	<b>Farms to Food Banks Trust Fund</b> .....	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> Other	• 37	00
38	Add lines 33 through 37 .....					• 38	00
39	Amount of line 32 to be <b>CREDITED TO YOUR 2015 ESTIMATED TAX</b> .....					• 39	00
40	Subtract lines 38 and 39 from line 32. Amount to be <b>REFUNDED TO YOU</b> .....					• 40	111.00
41	If line 29 is larger than line 31, enter <b>ADDITIONAL TAX DUE</b> .....					• 41	00
	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....			42(a)			00
	(b) Interest .....			42(b)			00
	(c) Late payment penalty .....			42(c)			00
	(d) Late filing penalty .....			42(d)			00
43	Add lines 42(a) through 42(d). Enter here .....					• 43	00
44	Add lines 41 and 43 and enter here. This is the <b>AMOUNT YOU OWE</b> .....					• 44	00

- Visit [www.revenue.ky.gov](http://www.revenue.ky.gov) for electronic payment options; or
- Make check payable to **Kentucky State Treasurer**, include your Social Security number and "KY Income Tax—2014."

SECTION A — BUSINESS INCENTIVE AND OTHER TAX CREDITS

1	Enter nonrefundable limited liability entity credit (KRS 141.0401(2)) .....					1	00
2	Enter Kentucky small business investment credit .....					2	00
3	Enter skills training investment credit (attach copy/ies) of certification) .....					3	00
4	Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a)) .....					4	00
5	Enter credit for tax paid to another state (attach copy of other state's return(s)) .....					5	00
6	Enter unemployment credit (attach Schedule UTC) .....					6	00
7	Enter recycling and/or composting equipment credit (attach Schedule RC) .....					7	00
8	Enter Kentucky investment fund credit (attach copy/ies) of certification) .....					8	00
9	Enter coal incentive credit .....					9	00
10	Enter qualified research facility credit (attach Schedule QR) .....					10	00
11	Enter GED incentive credit (attach Form DAEL-31) .....					11	00
12	Enter voluntary environmental remediation credit (attach Schedule VERB) .....					12	00
13	Enter biodiesel and renewable diesel credit .....					13	00
14	Enter environmental stewardship credit .....					14	00
15	Enter clean coal incentive credit .....					15	00
16	Enter ethanol credit (attach Schedule ETH) .....					16	00
17	Enter cellulosic ethanol credit (attach Schedule CELL) .....					17	00
18	Enter energy efficiency products credit (attach Form 5695-K) .....					18	00

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	PWR



Payne Caleb E Payne Kylie N

**SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)**

19	Enter railroad maintenance and improvement credit (attach Schedule RR-1).....	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW).....	00
21	Enter New Markets Development Program credit .....	00
22	Enter food donation credit (attach Schedule FD).....	00
23	Add lines 1 through 22. Enter here and on page 1, line 15 .....	00

**SECTION B—PERSONAL TAX CREDITS**

1	(a) Credits for yourself:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Enter number of boxes checked on line 1 .....								
	(b) Credits for spouse:	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

**2 Dependents:**

Check Regular	Check all four if 65 or over	Check all four if blind	Check both for Kentucky National Guard	1 Enter number of dependents who:
First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

2 Enter number of dependents who:

- lived with you .....
- did not live with you (see instructions).....
- other dependents .....

• 3	2
x \$10	
4	20.

3 Add lines 1 and 2 and enter here.....

4 Multiply credits on line 3 by \$10. Enter here and on page 1, line 17 .....

**SECTION C—FAMILY SIZE TAX CREDIT** (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

**A copy of pages 1 and 2 of your federal income tax return and all supporting schedules must be attached to Kentucky Form 740-NP**

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17-020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint return, both must sign.) \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Telephone Number (daytime) \_\_\_\_\_

SELL-Prepared \_\_\_\_\_  
 Typed or Printed Name of Preparer Other than Taxpayer \_\_\_\_\_ I.D. Number of Preparer \_\_\_\_\_ Date \_\_\_\_\_

Firm Name \_\_\_\_\_ EIN \_\_\_\_\_ Date \_\_\_\_\_

Mail to: **REFUNDS** Kentucky Department of Revenue, Frankfort, KY 40518-0006.  
**PAYMENTS** Kentucky Department of Revenue, Frankfort, KY 40519-0008.



**SECTION D**  
**INCOME**

- 1 Enter all wages, salaries, tips, etc. (attach wage and tax statements) Do not include moving expense reimbursements..... 1
- 2 Moving expense reimbursement (attach Schedule ME) ..... 2
- 3 Interest..... 3
- 4 Dividends..... 4
- 5 Taxable refunds, credits or offsets of state and local income taxes..... 5
- 6 Alimony received..... 6
- 7 Business income or loss (attach Federal Schedule C or C-EZ) ..... 7
- 8 Capital gain or loss (attach federal Schedule D) ..... 8
- 9 Other gains or losses (attach federal Form 4797) ..... 9
- 10 (a) Federally taxable IRA distributions, pensions and annuities ..... 10(a)
- 10 (b) Pension income exclusion (attach Schedule P if more than \$41,110) ..... 10(b)
- 11 Rents, royalties, partnerships, estates, trusts, etc. (attach federal Schedule E)..... 11
- 12 Farm income or loss (attach federal Schedule F) ..... 12
- 13 Unemployment compensation (see instructions) ..... 13
- 14 Taxable Social Security benefits ..... 14
- 15 Gambling winnings ..... 15
- 16 Other income (list type and amount) See Attached Statement ..... 16
- 17 Combine lines 1 through 16. This is your **Total Income** ..... 17

**ADJUSTMENTS TO INCOME**

- 18 RESERVED ..... 18
- 19 Certain business expenses of reservists, performing artists and fee-basis government officials (attach federal Form 2106 or 2106-EZ) ..... 19
- 20 Health savings account deduction (attach federal Form 8889) ..... 20
- 21 Moving expenses (attach Schedule ME) ..... 21
- 22 Deductible part of self-employment tax..... 22
- 23 Self-employed SEP, SIMPLE, and qualified plans deduction ..... 23
- 24 Self-employed health insurance deduction ..... 24
- 25 Penalty on early withdrawal of savings ..... 25
- 26 Alimony paid (enter recipient's name and Social Security number) ..... 26

- 27 IRA deduction..... 27
- 28 Student loan interest deduction ..... 28
- 29 RESERVED..... 29
- 30 Domestic production activities deduction ..... 30
- 31 Long-term care insurance premiums (see instructions)..... 31
- 32 Health insurance premiums (see instructions)..... 32
- 33 Other deductions (list type and amount) ..... 32
- See attached Other Income and Adjustments Statement ..... 33
- 34 Add lines 18 through 33. **Total Adjustments to Income** ..... 34
- 35 Subtract line 34 from line 17. This is your **Adjusted Gross Income** ..... 35
- 36 Divide line 35, Column B, by line 35, Column A. If amount is equal to or greater than 100%, enter 100%. This is your **Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income** ..... 36

	A. Total from Attached Federal Return	B. Kentucky
1	67,130.	13,220.
2	00	0.
3	00	00
4	00	00
5	00	00
6	00	00
7	1,860.	0.
8	00	00
9	00	00
10(a)	00	00
10(b)	00	00
11	00	00
12	00	00
13	00	00
14	00	00
15	00	00
16	500.	0.
17	69,490.	13,220.
18	00	00
19	00	00
20	00	00
21	00	0.
22	132.	0.
23	00	00
24	00	00
25	00	00
26	00	00
27	00	00
28	2,500.	0.
29	00	00
30	00	00
31	00	00
32	00	00
33	00	0.
34	2,632.	0.
35	66,858.	13,220.
36	1	98

1 9 8 %

Attach to Form 740-NP

Name Payne, Caleb E & Kylie N

Social Security Number XXXXXXXXXX

	A Federal	B Kentucky
<b>Other Income</b>		
1 Child's investment income, from Form 8814. . . . .		
2 Taxable Income from Form 1099-MISC:		
a Substitute payments in lieu of interest or dividends. . . . .		
b Other income, prizes, awards, etc. . . . .		
c Alaska Permanent Fund. . . . .		
d Tribal Gaming . . . . .		
e Non-Employee Compensation from 1099-MISC box 7 . . . . .		
f Rent from personal property Form 1099-MISC box 1. . . . .		
3 Taxable qualified tuition distributions from Form 1099-Q		
4 Taxable Grants from Form 1099-G		
5 Taxable Coverdell ESA distributions from Form 1099-Q		
6 Net operating loss carryover from a prior year (enter as a <i>negative number</i> )		
7 a Taxable distribution from Archer Medical Savings Accounts, and Long-Term Care Services and Contracts, from Form 8853		
b Taxable distribution from Health Savings Account	500.	0.
8 Refunds or reimbursements of deductions claimed in a prior year		
9 Jury duty pay		
10 Portion of a lump-sum distribution on which you have elected 20% capital gains rate for federal income tax purposes		
11 Differences in pension (3-year recovery rule) and IRA bases		
12 Artistic charitable contributions (enter as a negative amount)		
13 Other taxable income:		
a Other taxable income		
b Taxable discharge of debt (fed Form 982)	500.	0.
14 Total other income. Add lines 1 through 13		
<b>Other Adjustments</b>		
15 Foreign housing deduction		
16 Jury duty pay given to employer		
17 Reforestation amortization		
18 Repayment of sub-pay under the Trade Act of 1974		
19 Expenses from the rental of personal property		
20 Contributions to section 501(c)(18) pension plans		
21 Archer MSA Deduction		
22 a Income of military personnel killed in the line of duty		
b Nonresident military income		0.
c Military spouse income exclusion applies check box <input type="checkbox"/>		
23 Other miscellaneous adjustments		
24 Total other adjustments. Add lines 15 through 23		0.

Department of the Treasury - Internal Revenue Service (99)

# 1040 U.S. Individual Income Tax Return

**2014**

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

See separate instructions.

Your first name and initial

Caleb E

Last name

Payne

Your social security number

If a joint return, spouse's first name and initial

Kylie N

Last name

Payne

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

[REDACTED] a foreign address, also complete spaces below (see instructions).

Hamilton OH 45011

Foreign country name

Foreign province/state/country

Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. (Checking a box below will not change your tax or refund.)  You  Spouse

Presidential Election Campaign

### Filing Status

- 1  Single
- 2  Married filing jointly (even if only one had income)
- 3  Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5  Qualifying widow(er) with dependent child

### Exemptions

- 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.
- b  Spouse
- c Dependents:
- | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
- d Total number of exemptions claimed **2**

If more than four dependents, see instructions and check here

### Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	67,130.
8a	Taxable interest. Attach Schedule B if required				8a	
b	Tax-exempt interest. Do not include on line 8a.					
9a	Ordinary dividends. Attach Schedule B if required				9a	
b	Qualified dividends					
10	Taxable refunds, credits, or offsets of state and local income taxes				10	
11	Alimony received				11	
12	Business income or (loss). Attach Schedule C or C-EZ				12	1,860.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>				13	
14	Other gains or (losses). Attach Form 4797				14	
15a	IRA distributions	15a		b Taxable amount	15b	
16a	Pensions and annuities	16a		b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17	
18	Farm income or (loss). Attach Schedule F				18	
19	Unemployment compensation				19	
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount Form 8889 Health Savings Accounts				21	500.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶				22	69,490.
23	Educator expenses				23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ				24	
25	Health savings account deduction. Attach Form 8889				25	
26	Moving expenses. Attach Form 3903				26	
27	Deductible part of self-employment tax. Attach Schedule SE				27	132.
28	Self-employed SEP, SIMPLE, and qualified plans				28	
29	Self-employed health insurance deduction				29	
30	Penalty on early withdrawal of savings				30	
31a	Alimony paid				31a	
b	Recipient's SSN ▶					
32	IRA deduction				32	
33	Student loan interest deduction				33	2,500.
34	Tuition and fees. Attach Form 8917				34	
35	Domestic production activities deduction. Attach Form 8903				35	
36	Add lines 23 through 35				36	2,632.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶				37	66,858.

### Adjusted Gross Income

Tax and Credits

38 Amount from line 37 (adjusted gross income) **66,858.**

39a  You were born before January 2, 1950,  Blind,  Total boxes checked **▶ 39a**

39b  Spouse was born before January 2, 1950,  Blind,  checked here **▶ 39b**

If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **12,400.**

41 Subtract line 40 from line 38 **54,458.**

42 **Exemptions.** If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions **7,900.**

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **46,558.**

44 **Tax** (see instructions). Check if any from: **a**  Form(s) 8814 **b**  Form 4972 **c**

45 **Alternative minimum tax** (see instructions). Attach Form 8251 **6,079.**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **6,079.**

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit. Attach Schedule 8812, if required. **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form: **a**  3800 **b**  8801 **c**  **54**

55 Add lines 48 through 54. These are your **total credits** **55**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **6,079.**

Other Taxes

57 Self-employment tax. Attach Schedule SE **57** **263.**

58 Unreported social security and Medicare tax from Form: **a**  4137 **b**  8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59** **0.**

60a Household employment taxes from Schedule H **60a**

60b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Health care: individual responsibility (see instructions) Full-year coverage  **61** **194.**

62 Taxes from: **a**  Form 8959 **b**  Form 8960 **c**  Instructions: enter code(s) **62**

63 Add lines 56 through 62. This is your **total tax** **63** **6,536.**

64 Federal income tax withheld from Forms W-2 and 10999 **64** **6,916.**

65 2014 estimated tax payments and amount applied from 2013 return **65**

66a **Earned income credit (EIC)** **66a**

66b Non-taxable combat pay election **66b**

67 Additional child tax credit. Attach Schedule 8812 **67**

68 American opportunity credit from Form 8863, line 8 **68**

69 Net premium tax credit. Attach Form 8962 **69**

70 Amount paid with request for extension to file **70**

71 Excess social security and tier 1 RRTA tax withheld **71**

72 Credit for federal tax on fuels. Attach Form 4136 **72**

73 Credits from Form: **a**  2439 **b**  Reread **c**  Reread **d**  **73**

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74** **6,916.**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** **380.**

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  **76a** **380.**

76b Routing number **76b**

76d Account number **76d**

77 Amount of line 75 you want applied to your 2015 estimated tax **77**

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions **78**

79 Estimated tax penalty (see instructions) **79**

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name **▶** \_\_\_\_\_ Phone no. **▶** \_\_\_\_\_

Personal identification number (PIN) **▶** \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Your occupation	Spouse's occupation	Date
			Police Officer	Gymnastics Coach	

Daytime phone number (513) 512-2304

**Paid Preparer Use Only**

Print/type preparer's name	Preparer's signature	Date
Firm's name <b>▶</b> Self-Prepared		
Firm's address <b>▶</b>		

Check  if self-employed! **PTIN**

Firm's EIN **▶** \_\_\_\_\_ Phone no. \_\_\_\_\_

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **09**

▶ Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

Caleb E Payne

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)  
Extra-Duty Detail

**B** Enter code from instructions

▶ 9 | 9 | 9 | 9 | 9 | 9

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), (see inst.)

**E** Business address (including suite or room no.) ▶ 3188 Spring Meadows Drive  
City, town or post office, state, and ZIP code Hamilton, OH 45011

**F** Accounting method:  Cash  Accrual  Other (Specify) ▶

**G** Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . . . . .  Yes  No

Yes  No

**H** If you started or acquired this business during 2014, check here . . . . .

Yes  No

**I** Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

Yes  No

**Part I Income**

- 1** Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .
- 2** Returns and allowances . . . . .
- 3** Subtract line 2 from line 1 . . . . .
- 4** Cost of goods sold (from line 42) . . . . .
- 5** **Gross profit.** Subtract line 4 from line 3 . . . . .
- 6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .
- 7** **Gross income.** Add lines 5 and 6 . . . . .

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising . . . . .	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees . . . . .	<b>10</b>	<b>20</b> Rent or lease (see instructions):	<b>20a</b>
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20b</b>
<b>12</b> Depletion . . . . .	<b>12</b>	<b>b</b> Other business property . . . . .	<b>21</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>21</b> Repairs and maintenance . . . . .	<b>22</b>
<b>14</b> Employee benefit programs (other than on line 19). . . . .	<b>14</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>23</b>
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>	<b>23</b> Taxes and licenses . . . . .	<b>23</b>
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>	<b>a</b> Travel . . . . .	<b>24a</b>
<b>b</b> Other . . . . .	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>
<b>17</b> Legal and professional services . . . . .	<b>17</b>	<b>25</b> Utilities . . . . .	<b>25</b>
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>	<b>26</b> Wages (less employment credits). . . . .	<b>26</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>27a</b> Other expenses (from line 4b) . . . . .	<b>27a</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: . . . . . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . . and (b) the part of your home used for business: . . . . .	<b>30</b>	<b>27b</b> Reserved for future use . . . . .	<b>27b</b>
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>		

1,860.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.



**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule SE and its separate instructions is at [www.irs.gov/schedse](http://www.irs.gov/schedse).

▶ Attach to Form 1040 or Form 1040NR.

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Caleb E Payne

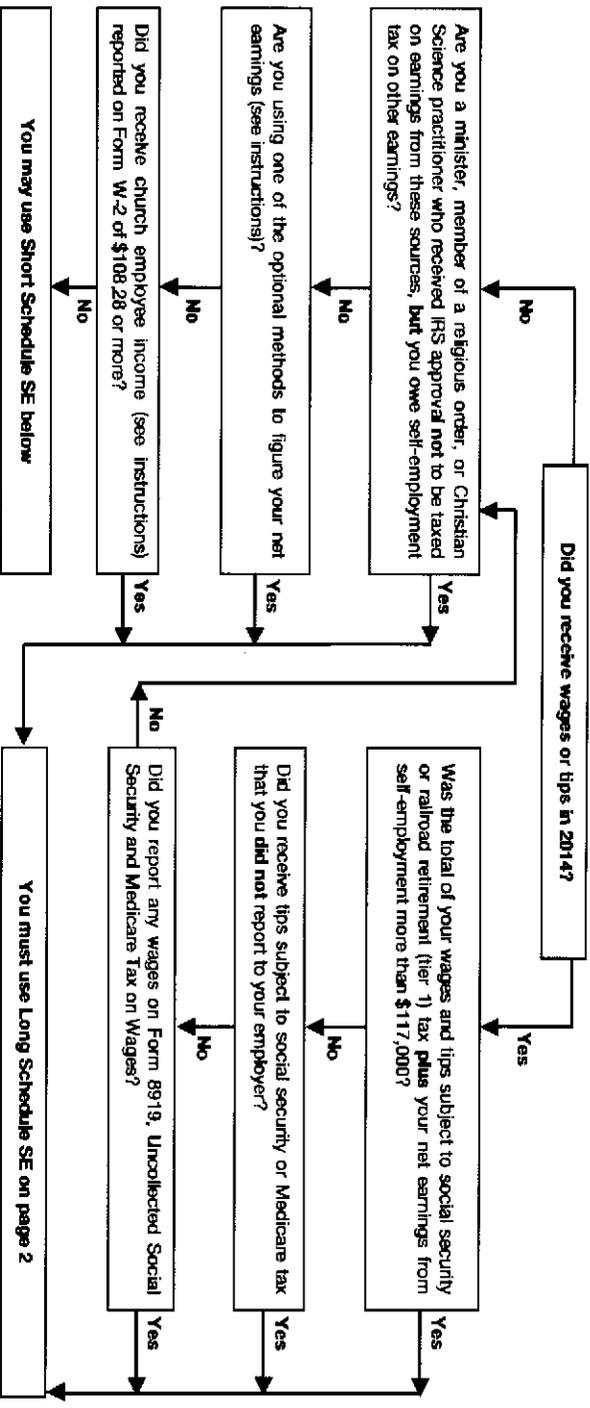
Social security number of person  
with self-employment income ▶

██████████

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	1,860.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	1,860.
<b>4</b>	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . . . ▶ <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	1,718.
<b>5</b>	Self-employment tax. If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 . . . . .	<b>5</b>	263.
<b>6</b>	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>6</b>	132.

**Additional Taxes on Qualified Plans  
(Including IRAs) and Other Tax-Favored Accounts**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.  
▶ Information about Form 5329 and its separate instructions is at [www.irs.gov/form5329](http://www.irs.gov/form5329).

Attachment  
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

Caleb E. Payne

Home address (number and street), or P.O. box if mail is not delivered to your home

Appt. no.

**Fill in Your Address Only  
If You Are Filing This  
Form by Itself and Not  
With Your Tax Return**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name

Foreign province/state/country

If this is an amended  
return, check here ▶

Foreign postal code

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or Form 1040NR, line 57.

**Part I Additional Tax on Early Distributions**

Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions . . . . .	1
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).	2
3	Amount subject to additional tax. Subtract line 2 from line 1 . . . . .	3
4	<b>Additional tax.</b> Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	4
<b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).		

**Part II Additional Tax on Certain Distributions From Education Accounts**

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5	Distributions included in income from Coverdell ESAs and QTPs . . . . .	5
6	Distributions included on line 5 that are not subject to the additional tax (see instructions) . . . . .	6
7	Amount subject to additional tax. Subtract line 6 from line 5 . . . . .	7
8	<b>Additional tax.</b> Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8

**Part III Additional Tax on Excess Contributions to Traditional IRAs**

Complete this part if you contributed more to your traditional IRAs for 2014 than is allowable or you had an amount on line 17 of your 2013 Form 5329.

9	Enter your excess contributions from line 16 of your 2013 Form 5329 (see instructions). If zero, go to line 15	9
10	If your traditional IRA contributions for 2014 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10
11	2014 traditional IRA distributions included in income (see instructions) . . . . .	11
12	2014 distributions of prior year excess contributions (see instructions) . . . . .	12
13	Add lines 10, 11, and 12 . . . . .	13
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0- . . . . .	14
15	Excess contributions for 2014 (see instructions) . . . . .	15
16	Total excess contributions. Add lines 14 and 15 . . . . .	16
17	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57.	17

**Part IV Additional Tax on Excess Contributions to Roth IRAs**

Complete this part if you contributed more to your Roth IRAs for 2014 than is allowable or you had an amount on line 25 of your 2013 Form 5329.

18	Enter your excess contributions from line 24 of your 2013 Form 5329 (see instructions). If zero, go to line 23	18
19	If your Roth IRA contributions for 2014 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- . . . . .	19
20	2014 distributions from your Roth IRAs (see instructions) . . . . .	20
21	Add lines 19 and 20 . . . . .	21
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22
23	Excess contributions for 2014 (see instructions) . . . . .	23
24	Total excess contributions. Add lines 22 and 23 . . . . .	24
25	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25

**Part V Additional Tax on Excess Contributions to Coverdell ESAs**

Complete this part if the contributions to your Coverdell ESAs for 2014 were more than is allowable or you had an amount on line 33 of your 2013 Form 5329.

26	Enter the excess contributions from line 32 of your 2013 Form 5329 (see instructions). If zero, go to line 31		<b>26</b>
27	If the contributions to your Coverdell ESAs for 2014 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>27</b>	
28	2014 distributions from your Coverdell ESAs (see instructions)	<b>28</b>	
29	Add lines 27 and 28		<b>29</b>
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-		<b>30</b>
31	Excess contributions for 2014 (see instructions)		<b>31</b>
32	Total excess contributions. Add lines 30 and 31		<b>32</b>
33	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		<b>33</b>

**Part VI Additional Tax on Excess Contributions to Archer MSAs**

Complete this part if you or your employer contributed more to your Archer MSAs for 2014 than is allowable or you had an amount on line 41 of your 2013 Form 5329.

34	Enter the excess contributions from line 40 of your 2013 Form 5329 (see instructions). If zero, go to line 39		<b>34</b>
35	If the contributions to your Archer MSAs for 2014 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>35</b>	
36	2014 distributions from your Archer MSAs from Form 8853, line 8	<b>36</b>	
37	Add lines 35 and 36		<b>37</b>
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-		<b>38</b>
39	Excess contributions for 2014 (see instructions)		<b>39</b>
40	Total excess contributions. Add lines 38 and 39		<b>40</b>
41	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		<b>41</b>

**Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)**

Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2014 than is allowable or you had an amount on line 49 of your 2013 Form 5329.

42	Enter the excess contributions from line 48 of your 2013 Form 5329. If zero, go to line 47		<b>42</b>	
43	If the contributions to your HSAs for 2014 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>43</b>		
44	2014 distributions from your HSAs from Form 8889, line 16	<b>44</b>		
45	Add lines 43 and 44		<b>45</b>	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-		<b>46</b>	
47	Excess contributions for 2014 (see instructions)		<b>47</b>	500.
48	Total excess contributions. Add lines 46 and 47		<b>48</b>	500.
49	<b>Additional tax.</b> Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2014 (including 2014 contributions made in 2015). Include this amount on Form 1040, line 59, or Form 1040NR, line 57		<b>49</b>	0.

**Part VIII Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs)**

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

50	Minimum required distribution for 2014 (see instructions)		<b>50</b>
51	Amount actually distributed to you in 2014		<b>51</b>
52	Subtract line 51 from line 50. If zero or less, enter -0-		<b>52</b>
53	<b>Additional tax.</b> Enter 50% (.50) of line 52. Include this amount on Form 1040, line 59, or Form 1040NR, line 57		<b>53</b>

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				
	Firm's address			Firm's EIN	Phone no.

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).  
▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR  
Caleb E. Payne

Social security number of HSA beneficiary, if both spouses have HSAs, see instructions ▶

**Before you begin:** Complete Form 8889, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I** **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions).	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	0.
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others, see the instructions for the amount to enter.	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter.	6	
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions).	7	0.
8	Add lines 6 and 7.	8	0.
9	Employer contributions made to your HSAs for 2014	9	500.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	0.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

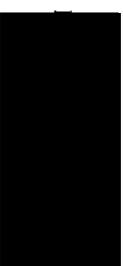
**Part II** **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2014 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount.	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule . . . . .	18	
19 Qualified HSA funding distribution . . . . .	19	
20 Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	20	
21 Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HDHP" and the amount . . . . .	21	

Caleb E. Payne



4 September 2015

Chief Bob Buchanan  
Chief of Police  
Monroe Police Department  
233 S. Main Street  
Monroe, OH, 45050

Chief Buchanan,

I am highly interested in the recently listed position of Police Officer with the Monroe Police Department. I have now been a police officer for more than three and a half years, and it is my belief that I offer many desirable qualities in addition to the listed minimum requirements.

I have been employed as a full time Police Officer for the Fairfield Township Police Department for nearly a year and a half. Prior to being promoted to full time employment, I was employed as a Police Officer by the Fairfield Township Police Department in a part time capacity while I simultaneously worked as a fully sworn Special Police Officer for the Hamilton Police Department in a full time capacity for nearly two years.

Over the course of my employment in law enforcement, I have proven that I am able to build meaningful relationships with my colleagues and my community. I have shown myself to be a dedicated and motivated employee, as evidenced by leading my current shift in nearly every statistical category. Additionally, I have demonstrated an ability to fairly and responsibly enforce criminal and traffic statutes while managing to avoid complaints from the community.

I am highly regarded because of my compassion, empathy, fairness, professionalism, and thoroughness. Furthermore, I pride myself on having an agreeable and mellow personality and the ability to remain calm in all manner of stressful situations. Because of my experience in law enforcement and my mild nature, I trust that a review of my application and enclosed resume will demonstrate that I am a stellar candidate for employment with the Monroe Police Department.

Thank you for your thoughtful consideration. It would truly be my honor to be considered for employment with your agency.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Caleb E. Payne'.

Caleb E. Payne

## **Calcb E. Payne**

### **PROFESSIONAL SUMMARY**

Dedicated Police Officer with more than three years of experience in protecting and serving a challenging and diverse community. Highly regarded for being empathetic, meticulous, motivated, and professional. Seeking employment with a community-oriented, forward-thinking law enforcement agency.

### **LAW ENFORCEMENT HISTORY**

**Police Officer, 03/2012 to Present**  
**Fairfield Township Police Department — Fairfield Township, OH**

- ♦ Complete accurate and detailed criminal and incident reports.
- ♦ Enforce criminal and traffic laws by making arrests and issuing citations.
- ♦ Interact with citizens while patrolling business and residential areas.
- ♦ Maintain accurate and detailed logs of all events that occur each shift.
- ♦ Prevent crimes through careful observation and investigation of unusual behavior.

**Special Police Officer, 06/2012 to 06/2014**  
**Hamilton Police Department — Hamilton, OH**

- ♦ Checked all baggage and persons entering Hamilton Municipal Court.
- ♦ Completed accurate and detailed criminal and incident reports.
- ♦ Enforced criminal laws by making arrests and issuing summonses.
- ♦ Maintained accurate and detailed logs of all events that occurred each shift.
- ♦ Processed and served arrest warrants.
- ♦ Provided meticulous courtroom security.
- ♦ Transported inmates between correctional facilities and court facilities.

### **EDUCATION**

Cincinnati Christian University, Cincinnati, OH — B.S. Psychology, 2008

### **SKILLS**

AED/CPR Certification, Crime Scene Processing Certification, LEADS Certification, Patrol Rifle Certification, TASER Certification, Top Gun Award Recipient.

# City of Monroe

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

## ***Lateral Entry Patrol Officer Application***

All questions are to be answered completely and accurately. The statements and answers in this questionnaire shall be subject to verification and incorrect statements may bar or remove you from employment. Any supporting or required documentation must accompany this application. Copies are acceptable as originals may not be returned.

### ***Minimum Requirements***

- ❖ Must possess a current State of Ohio OPOTA Peace Officer Certificate
- ❖ Must have or have held a full-time position conducting uniformed police patrol or other comparable duties with arresting powers while employed by the State of Ohio or one of its political subdivisions located within the State of Ohio, including counties, townships, municipalities, university police department, or hospital police department. Full-time experience is a minimum of 32 hours worked per week for 25 of the previous 36 months prior to submission of an application or appointment with the City of Monroe
- ❖ Must have a valid State of Ohio driver's license
- ❖ Must be a United States citizen
- ❖ Must possess a high school diploma or equivalent

### ***Required Documents***

- ❖ Birth Certificate
- ❖ High School Diploma
- ❖ College Transcripts
- ❖ DD-214 Form
- ❖ Academy Certification
- ❖ Background Investigation Release

### ***1. Personal Information***

**PAYNE** \_\_\_\_\_ **CALER** \_\_\_\_\_ **E** \_\_\_\_\_  
Last Name First Name Middle Initial

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# City of Monroe

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

Home Phone

Other Phone

Email Address

Social Security No.

08/29/86

Driver License No.

## 2. Education

HOME SCHOOL HAMILTON OH 05/04  
Name of High School/GED City State Date of Graduation/Diploma

CINCINNATI CHRISTIAN UNIV. B.S. - PSYCHOLOGY 05/08  
Name of College Degree Obtained Year Earned

Have you attended in-service or police-sponsored training of more than a month's duration (full-time)? Example: FBI Academy. This does not include a total of short-term training of less than a month's duration.  No  Yes If yes, describe the training and list the agency (ies) you were employed by the date, and the location of the training.

# City of Monroe

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

### 3. Employment History

Present Employer FAIRFIELD TWP POLICE DEPT. 6485 YONNIE VALE CT. Address

03/12 \$12.00/HR. \$23.83/HR. 513-887-4406  
Begin Date Beginning Pay Current Pay Phone Number

Part-time  Full-time Current rank POLICE OFFICER

Previous ranks/positions with this employer \_\_\_\_\_

### 4. Additional Information

Have you received any commendations, awards, or letters of appreciation from your supervisor(s) or citizens pertaining to your job performance?  No  Yes. If yes, please submit copies with this application. If copies are not available, please explain below.

# City of Monroe

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

Have you received any disciplinary action, including oral reprimands, regarding your job performance?  No  Yes. If yes, please submit copies with this application. If copies are not available, please explain below.

**I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that they are true and correct to the best of my knowledge.**

**I further agree and consent to inquiries by the City of Monroe, Ohio regarding any information provided in the course of a pre-employment background check and release the City of Monroe from any liability with regard to the use of such information in the pre-employment process.**



Signature of Applicant

08/31/15

Date

# Background Investigation Release

I, CALEB E. PAYNE, have applied for employment with the City of Monroe, Ohio. I have been advised and understand that a representative of the City of Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the City of Monroe, Ohio may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entitle liable for disclosing any knowledge or information that they may have concerning me which may be requested by a representative of the City of Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the City of Monroe, Ohio and the City of Monroe Police Department, its agents, officers, and representatives, and any person, agency company, organization, or firm furnishing information to representatives of the City of Monroe from any and all liabilities which may incur from the release and inspection of such information.

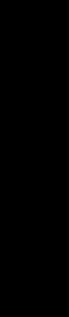
I recognize the right of the City of Monroe to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources of information obtained there from.

A photocopy of this authorization is to be accepted as an original.

Applicant:

CALEB E. PAYNE  
Printed Name

Social Security Number

  
Signature *Caleb Payne*

09/10/15  
Date

Witness:

ANITA SNYDER  
Printed Name

Signature *Anita Snyder*

09/10/15  
Date

TO: Officer Caleb Payne  
FROM: Matthew E. Fruchey, Chief of Police  
DATE: March 16, 2015  
SUBJECT: Written Counseling ref. private property auto accident on 3-8-15

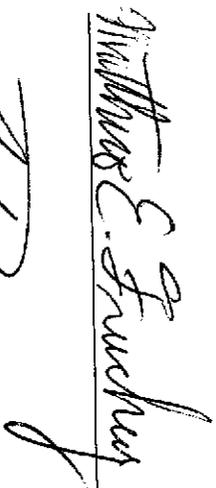
Officer Payne,

On March 8, 2015, you were involved in an auto accident in the lot of the PD where you backed car 401 into car 403, resulting in damage to both vehicles. This accident was due to inattention on you part and resulted in damage of \$1,790.00. You clearly must pay more attention to your actions and surroundings, particularly when operating a departmental vehicle. This accident was avoidable and a waste of departmental resources.

This is a written counseling, however be advised that you are still on probation and any further negligence such as this will result in more severe disciplinary action including extending your probationary period and up to termination of employment.

Reviewed and signed:

Chief Matthew E. Fruchey

 Date: 3-16-15

Officer Caleb Payne

PO. [Signature] # 6571 Date: 03/17/15

MEMORANDUM

TO: Officer Caleb Payne  
FROM: Matthew E. Fruchey, Chief of Police  
DATE: December 10, 2013  
SUBJECT: Written Counseling: Damage to Car 109

Officer Payne,

On December 6, 2013 you reported that while driving patrol car 109 during a heavy snowstorm, you slid into a curb at the Speedway parking lot, resulting in a minor dent to the front left wheel. Inspection of the damage revealed that it was indeed very minor damage that would require no special repairs.

This accident occurred in very inclement weather, under very difficult driving conditions, thus I find no recklessness or negligence on your part. I am pleased that you saw fit to report even very minor damage such as this; that speaks well of your integrity and character. I will recommend only that you use a bit more caution when driving in inclement weather conditions in the future.

Reviewed and signed:

Chief Matthew E. Fruchey  Date: 12/10/13

Officer Caleb Payne  #657 Date: 12/11/13



**FAIRFIELD TOWNSHIP  
POLICE DEPARTMENT**

**MATTHEW E. FRUCHEY**  
Certified Law Enforcement Executive (CLEE)  
CHIEF OF POLICE



September 4, 2015

To Whom It May Concern,

I am writing on behalf of Caleb Payne, a police officer employed here at the Fairfield Township Police Department. I first met Caleb during his hiring process back in 2012. I have had the pleasure to work with him over the past three years, and he is a tremendous asset to this department.

Caleb's current assignment is evening shift patrol officer, which is frequently our most active shift. Given the shift often works with minimum manpower, Caleb works well under stress while completing tasks efficiently and in a professional manner. Caleb maintains a good appearance, and his demeanor is one that an organization seeks in an individual, especially in a job such as law enforcement where interacting with society is a daily responsibility. He is well spoken, articulate, and his report writing is of great quality.

I have directly observed Caleb's performance over the last several years and he exhibits great work ethic. He is meticulous and detail-oriented when completing a task – an attribute that is great to have in an employee. Furthermore, he consistently demonstrates a willingness to learn new things, another quality sought by an employer.

While our agency and I would not want to see him leave, we also understand his need to explore career opportunities that are beneficial for him and his family. I highly recommend Caleb Payne, as he is a motivated and dedicated employee that serves his community with pride and care.

Sincerely,

A handwritten signature in blue ink, appearing to read "Doug Lanier".

Doug Lanier  
Sergeant  
513-785-4253

FAIRFIELD TOWNSHIP  
POLICE

MATTHEW E. FROCHENY  
Certified Law Enforcement Executive (C111)  
CHIEF OF POLICE

TO: Monroe Police Department  
FROM: Sgt. Dave Pratt  
DATE: 28 August 2015  
SUBJECT: Caleb Payne

To Whom it May Concern:

I am writing in reference to an application that has been placed with your agency from Caleb Payne. I have been Mr. Payne's immediate supervisor for the past year and a half. I have found him to be a fine young officer. He has an eagerness to do and learn about the job. I have witnessed his dealings with the public to be fair, kind, and compassionate, as well as stern and forceful when necessary. His use of force has always been appropriate to the situation at hand. He seems to enjoy traffic and always leads the shift in traffic stops and citations. He can answer calls with little supervision, but is not afraid to ask questions if he is unsure of the best way to handle a call. He is a team player and will step up to assist other officers without being asked to do so. He gets along well with the rest of the shift and I consider him an asset on my shift. I am sorry to have to writing this letter as I do not wish to see him go, but under our current fiscal situation, I can totally understand his need to look elsewhere. I whole heartedly give my recommendation in support of Caleb.

If I can be of any other assistance I can be contacted at 513-720-5950.

Sincerely,



Sgt. Dave Pratt  
Fairfield Township Police  
Second Shift Supervisor

6485 Vonnie Vale Court, Fairfield Township, Ohio 45011  
Main - 513.887.4406  
Fax - 513.887.4407

September 6<sup>th</sup>, 2015

To whom it may concern:

Over the past several years I have had the privilege of serving with Caleb Payne as a police officer for the Fairfield Township Police Department. Over those past several years Caleb has shown he is thoroughly dedicated to performing at the highest degree of professionalism, knowledge, and character for which one could hope in his current position. So much is this true that Caleb and I have since become more than merely co-workers, but friends as well. Needless to say, I cannot imagine an easier person for whom to write a letter of recommendation for.

For these reasons I highly recommend Caleb for any position in which he may be considered for as he is a person of the upmost integrity and work ethic. There are truly not very many people whom I believe are as open-minded and eager to learn than Caleb. Please do not hesitate to contact me with any questions regarding this letter or Caleb's application for your agency at (513) 907-7314 - cell.

Sincerely,

A handwritten signature in black ink, appearing to read "Brandon L. McCroskey", written in a cursive style. The signature is positioned above the printed name.

Brandon L. McCroskey



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

This is to certify that

**Caleb E. Payne**

has completed the Ohio  
Peace Officer Basic Training Program

Conducted by  
**Butler Tech Peace Officer Training Academy**

Awarded on  
March 27, 2012

*Mike DeWine*

Mike DeWine  
Attorney General

*Vernon P. Stanforth*  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



*Robert A. Fiala*

Robert A. Fiala, Executive Director  
Ohio Peace Officer Training Commission

*John Ferguson*  
John Ferguson  
School Commander  
BAS11-041 120258

**Butler Technology and Career Development Schools**  
Adult Workforce Education

**Butler Tech Peace Officer Training Academy**

**Certificate of Completion**

This certifies that

**Caleb F. Payne**

has satisfactorily completed 680 hours of adult career-technical training in the

**Basic Peace Officer Academy Class**

**BAS 11-041**

**April 4, 2011 – December 8, 2011**



Brett Smith  
Chief Executive Officer



Cheryl Brackman  
Executive Director - AWE





Al Hopkins -BTC0081  
Director of Law Enforcement Training



John Ferguson - BTC-0377  
Academy Commander

# Cincinnati Christian University

Preach the Word



**Caleb Edwin Payne**

Having satisfactorily completed the required studies in the sacred Scriptures as well as in letters and arts, is hereby awarded the degree of

**Bachelor of Science in Biblical Studies**

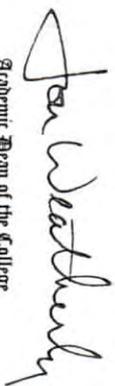
**Aspochology Major**

With all the rights, privileges and distinctions pertaining thereto.

In testimony of which the seal of the University and signatures of proper officials are hereto affixed.

Given this 10th day of May, Two Thousand and Eight

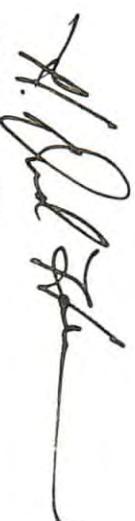
**Cincinnati Bible College**



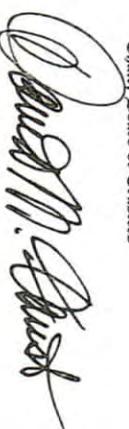
Academic Dean of the College



Vice President for Academic Affairs



Chair, Board of Trustees



University President

# Cincinnati Christian University

## Academic Transcript

Printed: 9/4/2015

Page : 1 of 2

College Division  
Advisor: Dr. Rollin Jay Kidwell

College Division  
Advisor: Dr. Rollin Jay Kidwell

Course Number	Title	CR Type	Gra Rpt	Att	End	HGpa	Q.Pts	GPA
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Course Number	Title	CR Type	Gra Rpt	Att	End	HGpa	Q.Pts	GPA
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**2004-2005 : Fall Semester**

BCS -100	Bible Lands and Lifestyles	CR A-						
BOT -150	Old Testament History	CR A						
GEN -110	College English 1	CR A-						
GSC -110	Introductory Sociology	CR A-						
GSP -110	Public Speaking	CR A-						
PMN -010	Christian Service	CR CR						
<b>Subterm : Early Fall</b>								
GEN -070	Reading/Writing for College	CR CR						
<b>Subterm Totals :</b>								
<b>Term Totals :</b>								
<b>Career Totals :</b>								

**2005-2006 : Spring Semester**

BNT -150	Acts of the Apostles	CR A						
GEN -111	College English 2	CR A-						
GPS -110	Introductory Psychology	CR A						
GPS -150	Theories of Psychotherapy	CR A						
PMN -010	Christian Service	CR CR						
PMN -145	Introduction to Evangelism	CR B+						
<b>Subterm : Early Spring Session One</b>								
GHI -116	Classical Grk/Roman History	CR A-						
<b>Subterm Totals :</b>								
<b>Term Totals :</b>								
<b>Career Totals :</b>								

**2006-2007 : Fall Semester**

BNT -230	Intro to Pauline Letters	CR W						
BOT -260	Old Testament Prophecy	CR A-						
GEN -225	Survey of Multi-Cultural Literature	CR B-						
GPS -360	Special Topics in Counseling	CR B-						
GSC -230	Chemistry for the Citizen	CR B+						
GSP -215	Advanced Communication	CR B						
PMN -010	Christian Service	CR CR						
<b>Term Totals :</b>								
<b>Career Totals :</b>								

**2006-2007 : Spring Semester**

GHI -220	Hist. of Christianity/Wstrn. Wld	CR A						
GPS -370	Abnormal Psychology	CR A						
GPS -385	Social Psychology	CR A						
GPS -389	Human Sexuality	CR A						
PMN -010	Christian Service	CR CR						
TTH -392	Discovering the Will of God	CR B+						
TTH -451	Doctrine Seminar: Heaven & Hell	CR B						
<b>Term Totals :</b>								
<b>Career Totals :</b>								

**2005-2006 : Fall Semester**

BEX -200	Hermeneutics	CR A-						
BNT -220	Introduction to the Gospels	CR W						
GNT -240	Statistics/Behavioral Sciences	CR A						
GSC -220	Biology	CR A						
PMN -010	Christian Service	CR CR						
TET -110	Modern Ethical Problems	CR A						
TTH -210	Basic Bible Doctrines 1	CR A-						
<b>Subterm : Early Fall</b>								
TAP -210	Philosophy of Religion	CR A						
<b>Subterm Totals :</b>								
<b>Term Totals :</b>								
<b>Career Totals :</b>								

**2007-2008 : Fall Semester**

BNT -230	Intro to Paul and NT Letters	CR A						
GEN -219	Theo. Themes Film	CR B+						
GPL -290	Critical Thinking	CR A						
GPS -350	Adolescent Psychology	CR A-						
GPS -381	History and Systems of Psychol	CR A						
GPS -387	Cognitive Psychology	CR A						
PMN -010	Christian Service	CR CR						
<b>Term Totals :</b>								
<b>Career Totals :</b>								

**2005-2006 : Spring Semester**

BNT -220	Introduction to the Gospels	CR B+						
BOT -270	Old Testament Poetry	CR B						
<b>Subterm Totals :</b>								
<b>Term Totals :</b>								
<b>Career Totals :</b>								

**2007-2008 : Spring Semester**

BNT -230	Intro to Paul and NT Letters	CR A						
GEN -219	Theo. Themes Film	CR B+						
GPL -290	Critical Thinking	CR A						
GPS -350	Adolescent Psychology	CR A-						
GPS -381	History and Systems of Psychol	CR A						
GPS -387	Cognitive Psychology	CR A						
PMN -010	Christian Service	CR CR						
<b>Term Totals :</b>								
<b>Career Totals :</b>								

Parent #5:0360874

ID : 49115

SSN : [REDACTED]

Name : Mr. Caleb Edwin Payne  
Address : [REDACTED]

TouchSafe®



Don Thomason

University Registrar

# Cincinnati Christian University

## Academic Transcript

Printed: 9/4/2015

Page : 2 of 2

**College Division**

Advisor: Dr. Rollin Jay Kidwell

**Seminary Division**

Advisor: Dr. Timothy Lee Barber

Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
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**2007-2008 : Spring Semester**

GHI-230	History/Restoration Movement	CR A-	3.00	3.00	3.00	11.01		
GPS-382	Physiology Psychology	CR A-	3.00	3.00	3.00	11.01		
GPS-386	Personality Psychology	CR B+	3.00	3.00	3.00	9.99		
GPS-480	Psychology & Bible Seminar	CR A	2.00	2.00	2.00	8.00		
PMN-010	Christian Service	CR CR	0.00	0.00	0.00	0.00		
PUI-375	Cross Cultural Ldrshp Development	CR A	2.00	2.00	2.00	8.00		
<b>Term Totals :</b>			<b>13.00</b>	<b>13.00</b>	<b>13.00</b>	<b>48.01</b>	<b>3.693</b>	
<b>Career Totals :</b>			<b>134.00</b>	<b>128.00</b>	<b>128.00</b>	<b>465.09</b>	<b>3.653</b>	

Term Totals : 13.00 13.00 13.00 48.01 3.693  
 Career Totals : 134.00 128.00 128.00 465.09 3.653

Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
---------------	-------	---------	---------	-----	-----	------	-------	-----

2007-2008 : Correspondence	GPS-340	Psychological Testing	CR A	3.00	3.00	3.00	12.00	
<b>Term Totals :</b>			<b>3.00</b>	<b>3.00</b>	<b>3.00</b>	<b>12.00</b>	<b>4.000</b>	
<b>Career Totals :</b>			<b>137.00</b>	<b>131.00</b>	<b>131.00</b>	<b>477.09</b>	<b>3.641</b>	
<b>Division Career Totals :</b>			<b>137.00</b>	<b>131.00</b>	<b>131.00</b>	<b>477.09</b>	<b>3.641</b>	

**Degree Information :**  
 (1) 'Bachelor of Science' Date Conferred : 05/10/2008

Major(s)  
 BIBLE  
 PSYCHOLOGY MAJOR

\*\*\*\*\* No more course information below this line \*\*\*\*\*

Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
---------------	-------	---------	---------	-----	-----	------	-------	-----

**2008-2009 : Spring Semester**

GHI-570	The Protestant Reformation	CR B	3.00	3.00	3.00	9.00		
PCO-510	Basic Crisling Theories/Methods	CR B	3.00	3.00	3.00	9.00		
PMN-502	Spiritual Formation	CR W	3.00	0.00	0.00	0.00		
TTH-560	Doctrine of Grace	CR B	3.00	3.00	3.00	9.00		
<b>Term Totals :</b>			<b>12.00</b>	<b>9.00</b>	<b>9.00</b>	<b>27.00</b>	<b>3.000</b>	
<b>Career Totals :</b>			<b>12.00</b>	<b>9.00</b>	<b>9.00</b>	<b>27.00</b>	<b>3.000</b>	
<b>Division Career Totals :</b>			<b>12.00</b>	<b>9.00</b>	<b>9.00</b>	<b>27.00</b>	<b>3</b>	

Term Totals : 12.00 9.00 9.00 27.00 3.000  
 Career Totals : 12.00 9.00 9.00 27.00 3.000  
 Division Career Totals : 12.00 9.00 9.00 27.00 3

**Degree Information :**  
 (1) 'MA in Counseling' Date Conferred :

\*\*\*\*\* No more course information below this line \*\*\*\*\*

Patent #5,636,874

TouchSafe®

ID : 49115

SSN [REDACTED]

Name : Mr. Caleb Edwin Payne  
 Address : [REDACTED]



Don Thomason

University Registrar

# CINCINNATI CHRISTIAN UNIVERSITY

Office of the Registrar • 2700 Glenway Avenue • Cincinnati, OH 45204 • (513) 244-8100 • fax: (513) 244-8453 • www.ccupriversity.edu

## Official Name of the Institution

1924 – 1987 The Cincinnati Bible Seminary  
 1987 – 2004 Cincinnati Bible College & Seminary  
 Fall 2004 Cincinnati Christian University

## Academic Calendar

Cincinnati Christian University operates on a semester calendar.

## Academic Standing

An Undergraduate student in good standing is one with a cumulative grade-point average of 2.0.

A Graduate student in good standing is one with a cumulative grade-point average of 2.67.

Dean's List: Full-time students with a semester GPA of 3.67 or higher earn Dean's List honors.

## Credit Types

**CR** = Course taken for credit. Hours and quality points factor into grade-point average.

**TR** = Transfer courses. Hours count toward graduation but grades do not factor into cumulative GPA.

**AU** = Courses that are audited do not count toward graduation or affect cumulative GPA.

**AF** = Academic Forgiveness. The original grade remains on the transcript but no longer affects the GPA. Hours do not count toward degree completion.

## Honors

Undergraduates who complete 60 or more hours at CCU are eligible for Honors:

cum laude (with honor) 3.67 – 3.79  
 magna cum laude (with great honor) 3.80 – 3.89  
 summa cum laude (with highest honor) 3.90 – 4.00

## Accreditation

Cincinnati Christian University is authorized by the Ohio Board of Regents to grant degrees in the state of Ohio. CCU is regionally accredited by the Higher Learning Commission and is a member of the North Central Association, 30 North LaSalle Street, Suite 2400, Chicago, IL 60602-2504, (312) 263-0456.

The undergraduate divisions of CCU are also accredited by the Association for Biblical Higher Education, 5575 S. Semoran Blvd., Suite 26, Orlando, FL 32822-1781, (407) 207-0808. The Seminary division is accredited by The Association of Theological Schools in the United States and Canada, 10 Summit Park Drive, Pittsburgh, PA 15275-1103, (412) 788-6505.

Other professional accreditations include:

TEAC (Teacher Education Accreditation Council) - 2009  
 NASM (National Association of Schools of Music) - 2010  
 CACREP (Council for Accreditation of Counseling and Related Educational Programs) – 2014

CCU is also a member of the Greater Cincinnati Consortium of Colleges and Universities.

## Release of Information

In accordance with The Family Educational Rights and Privacy Act of 1974, this transcript may not be released to a third party without the written consent of the student.

## Grading System

GRADE	PERCENTAGE	QUALITY POINTS
A	95-100	4.00
A-	92-94	3.67
B+	89-91	3.33
B	86-88	3.00
B-	83-85	2.67
C+	80-82	2.33
C	77-79	2.00
C-	74-76	1.67
D+	71-73	1.33
D	68-70	1.00
D-	65-67	0.67
F	0-64	0.00
E	Grade extension	0.0
FA	Failure due to absences	0.0
X	Absent from exam	0.0
AU	Audit credit issued	None
CR	Credit issued	None
N	No grade submitted	None
NC	No credit issued	None
P	Pass	None
R	Course repeated	None
W	Withdrawal without grade	None

TO TEST FOR AUTHENTICITY: The face of this document has a purple background and the name of the institution is printed across the face. Also note this security paper is produced with the highest level of security available. Printed on secure paper. A raised seal is not required. Verification of some of these security features can be accomplished by:

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# North Atlantic Regional High School

of Lewiston, Maine

Having completed the graduation requirements prescribed by the State of Maine

## Caleb Edwin Barry

is issued this

# Diploma

given at Lewiston, Maine this twenty-third day of May in the Year of Our Lord,  
two thousand four.

*Shirley Rogers*  
Regional Academic Dean



*Carl S. Matis*  
Director of Education

1A NAME OF CHILD - FIRST		1B MIDDLE		1C LAST	
CALEB		EDWIN		PAYNE	
2 SEX		3A TIME BIRTH - HOUR		3B DATE OF BIRTH - MONTH DAY YEAR	
MALE		SINGLE		8-29-86	
4A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		4B STREET ADDRESS STREET NUMBER OR LOT/RANGE		4C CITY OR TOWN	
SEIMA DISTRICT HOSPITAL		1111 ROSE AVENUE		FRESNO	
5A NAME OF FATHER - FIRST		5B MIDDLE		5C LAST	
ROBERT		CLYDE		PAYNE	
6A NAME OF MOTHER - FIRST		6B MIDDLE		6C LAST	
KATHERINE		ANN		SLASHAN	
7 STATE OF BIRTH - 2 DIGIT		8 HOUR OF BIRTH - 2 DIGIT		9 HOUR OF BIRTH - 2 DIGIT	
OH		26		26	
10 STATE OF BIRTH - 1 DIGIT OF MOTHER		11 HOUR OF BIRTH - 2 DIGIT		12 HOUR OF BIRTH - 2 DIGIT	
CA		26		26	
13A DATE BORN		13B DATE BORN		13C DATE BORN	
8-29-86		8-29-86		8-29-86	
14 LOCAL MEDICIAN		15 DATE RECEIVED FOR REGISTRATION		16 DATE RECEIVED FOR REGISTRATION	
J.M. SOLANSEN		SEP 05 1986		SEP 05 1986	

STATE OF CALIFORNIA  
COUNTY OF FRESNO

This is to certify that this is a true transcript copy of this document, recorded and/or filed in this office, as provided by law.

William C. Greenwood, County Recorder, By Deputy *J.C. Glende*

Dated 1-29-91  
Book 86 # 8081



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

I, CAIER PAYNE, 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.

CAIER PAYNE POLICE OFFICER  
Print Name, Title, and Department

  
Please Sign Name

12/01/15  
Date

City of Monroe  
Personnel Policy Manual

---

*Acknowledgment of Receipt*

I have received a copy of the Personnel Policy Manual effective August 21, 2014.

I understand that I am responsible for reading it.



---

Employee Signature

CALEB PAYNE

Employee Name (print)

12/01/15

Date

**Top to Bottom:**

1. Background Investigators Summary
2. Home Visit Information
3. Neighborhood Interview information
4. Personal Reference Check Information
5. Employment History Information
6. Applicant Interview



## MONROE POLICE DEPARTMENT

233SouthMainStreet•P. O. Box3330•Monroe, Ohio 45050-0330

To: Chief Buchanan

From: Ptl. Joshua D. King

Re: Caleb Payne

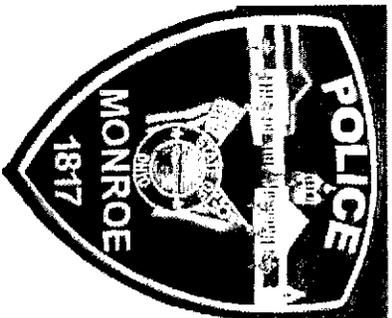
Date: November 9, 2015

Chief Buchanan,

I received police lateral candidate Caleb Payne's file on October 26, 2015. I have spoken with Payne's coworkers, supervisors, friends, and previous employers. I have also looked through Payne's personnel records at Fairfield Township and Hamilton. Payne is very well liked by his friends, coworkers and employers. Payne is an active officer at Fairfield Township and wishes to bring his skill set to the City of Monroe. I believe that Payne would be an excellent candidate for the position of police officer at our department. Payne has minimal discipline for minor infractions in his background and excellent evaluations from both previous law enforcement positions. Payne successfully passed his CVSA administered by Detective Robertson. I recommend that Caleb Payne be moved forward to the next step in our process. I believe that Payne will be a valuable asset to the City of Monroe Police Department.

Respectfully submitted,

*Joshua D. King #843*  
Ptl. Joshua D. King, #843



## MONROE POLICE DEPARTMENT

233SouthMainStreet•P. O.Box3330•Monroe, Ohio 45050-0330

11/05/2015

At 1100 hours, I went to 3148 Parkwood Lane, Hamilton, Ohio 45011 to meet with Caleb Payne for his in home interview. The home was a second story apartment in what appeared to be a newer community. The inside of the apartment was well kept and nicely decorated. Caleb, his wife, Kylie, and his daughter, Evelyn were all present for the interview. I answered questions for Caleb regarding benefit hours, schedules and health care benefits. I spoke to Kylie about Caleb's career in law enforcement and spoke with Caleb about leaving Fairfield Township. Kylie and Caleb both stated that they had discussed it and were both on board with the move 100%. Caleb stated that he has a family and would feel much more secure in his career than if he stayed at Fairfield Township. Caleb and Kylie seemed excited about Caleb's potential career with the City of Monroe.



## **MONROE POLICE DEPARTMENT**

233SouthMainStreet•P. O. Box3330•Monroe, Ohio 45050-0330

11/06/2015

At 1450 hours, I called Chase Diller, a personal reference for Caleb Payne. Diller stated that he has known Payne for 9 years. Diller described Payne as loyal and trustworthy. Diller states that Payne takes pride in what he does. Diller also stated that Payne genuinely cares about other people and will go out of his way to help anybody. Diller states that he talks to Payne every day, as they live in the same neighborhood.

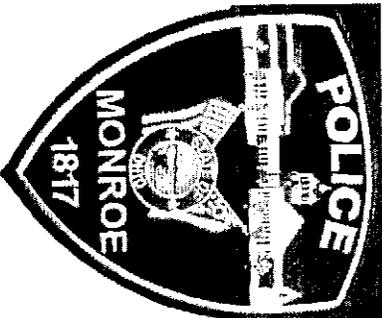


## MONROE POLICE DEPARTMENT

233SouthMainStreet•P. O. Box3330•Monroe, Ohio 45050-0330

11/06/2015

At 1455 hours, I called Neil Ferdelman, Greenhills Chief of Police and personal reference for Caleb Payne. Ferdelman stated that he has known Payne since he was 5 years old and has watched him grow up. Ferdelman stated that Payne is an exceptional young man. Ferdelman went on to say that Payne never got into any trouble and is a fine upstanding guy. Ferdelman stated that he knew Payne wanted to go to West Point at one time and had wrote a recommendation letter for Payne.



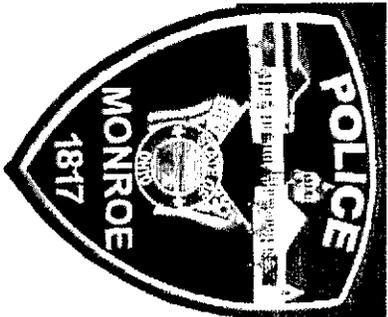
## MONROE POLICE DEPARTMENT

233SouthMainStreet•P.O.Box3330•Monroe,Ohio45050-0330

10/29/2015

At 1315 hours, I spoke with Sgt. Doug Lanier, at Fairfield Township Police Department. Lanier stated that Payne works evenings, which often works at the shift minimum for staffing requirements. Lanier stated that Payne works well under stress while completing tasks efficiently and in a professional manner. Lanier also stated that Payne maintains a good appearance and his demeanor is one that an organization seeks in an individual, especially in a job such as law enforcement. Lanier stated that Payne is well spoken, articulate and his report writing is of great quality. Lanier went on to say that Payne exhibits a great work ethic, is meticulous and detail oriented when completing a task. Lanier states that Payne consistently demonstrates a willingness to learn new things. Lanier stated that he does not want Payne to leave but also understands why Payne needs to explore career opportunities that are beneficial to him and his family. Lanier states that he highly recommends Payne.

In a letter written by Sgt. Dave Pratt, he states that he has been Payne's supervisor for a year and a half. He states that Payne is a fine officer, with the eagerness to do and learn about the job. Pratt states that Payne is fair, kind and compassionate, as well as stern and forceful when necessary. Pratt states that Payne leads the shift in traffic stops and citations. Pratt states that Payne can answer calls with little supervision, but is not afraid to ask questions. Payne is a team player and will step up to assist other officers without being asked to do so, according to Pratt. Pratt states that he considers Pratt to be an asset and does not wish to see Payne go.



## MONROE POLICE DEPARTMENT

2333SouthMainStreet•P. O. Box3330•Monroe, Ohio45050-0330

11/2/2015

At 1345 hours, I contacted First Financial Bank to verify Payne's employment. I was given the phone number by the manager to contact human resources. I called the phone number and got a company called Talent Management Services. They advised me that they don't do employment verification over the phone. The female advised me that I would have to go to the Job Trax website: [www.verifyjobhistory.com](http://www.verifyjobhistory.com). I went to the website and it wanted to charge \$15.50 to verify employment only.



**MONROE POLICE DEPARTMENT**

2333 South Main Street • P.O. Box 3330 • Monroe, Ohio 45050-0330

11/09/2015

I made two attempts to contact Captain Joe Murray of Hamilton Police Department, one 11/02/2015 and one on 11/04/2015. I left a message for Murray but he has not returned my call as of this date.

**Monroe Police Department**  
 Interviewer's Observation – Applicant Review

APPLICANT NAME Caleb Payne	APPLICANT ID
INTERVIEWED BY Ptl. Joshua D. King, #843	DATE 10/27/2015

**INTERVIEWER'S OBSERVATIONS**

AREA OBSERVED	OBSERVED BEHAVIOR		
Politeness	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Defensive	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Non-Communicative	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Rationalization	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Nervous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Somewhat
Non-Committal	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Evasive	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Allusive	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Good Verbal Skills	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Cooperation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Good Communication	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Signs of Anger	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Confident	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
Argumentative	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Somewhat
Attentive	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat

**COMMENTS:**

Caleb Payne arrived for the interview promptly at 0955 hours. Payne was dressed appropriately for the interview. He was wearing a white shirt, gray pants, red and grey tie with a plain tie bar, was clean cut and shaven.

I asked Payne about his discharge from the Army. He stated that he had torn his chest muscle from his rib cage while playing basketball in high school. Payne stated that when the injury happened that he thought he thought he was having cardio pulmonary problems. Payne was treated and

## Monroe Police Department

### Interviewer's Observation – Applicant Review

Cincinnati Childrens and that's when the real injury was discovered. Payne stated that when he signed up for the Army, his injury had not bothered him in years. According to Payne, his recruiter advised him not to put the injury on the medical portion due to the fact that he did not have recent problems with it. Payne stated that in basic training, they did the bayonet and physical agility course in one day. Payne stated that his injury came back. Payne went to sick call and was advised he was ok to go back to training (due to the prior injury not being listed in his medical injury). Payne stated that he knew the injury would only get worse if he continued so he had to "quit."

Payne explained the polygraph failure in Arizona as a miscommunication. Payne stated that when he tried to explain the situation, the polygraphist became confrontational twice and began twisting his words.

Payne explained the Warren County polygraph failure as he recalled a prank he pulled in college during the interview but did not have it listed on the background packet. Payne stated that he and some friends made entry into a closed dining facility to rearrange signs to prank friends that work there. Payne stated that he did not take anything or damage anything while in the facility.

It should be noted that Payne has had several successful polygraphs.

Payne was very confident in his answers. He was able to provide complete and descriptive answers for any questions that I had. Payne very professional and respectful.

NAME OF INTERVIEWER (PRINTED)	SIGNATURE OF INTERVIEWER
PI1 Joshua D. King	PI1 [Signature] #843

## Monroe Police Department Recruitment Disqualification

The Monroe Police Department expects and requires the highest level of character, ethics, and professionalism of our employees. The citizens of our community deserve nothing but the best. In order to select and hire only those individuals that possess these levels, the Monroe Police Department will only hire and retain those individuals that meet these requirements.

Recruits will be disqualified for the following reasons:

**FELONY:** Applicants will not have committed, admitted to, or been convicted of any felony offense as an adult. A felony includes, but is not limited to attempted, conspiracy, or solicitation of any felony relating to job performance, treason, murder, rape, robbery, arson, burglary, drugs, kidnapping, forgery, felonious assault, dishonesty, using force or the threat of force while committing a crime.

**MISDEMEANOR:** Applicant may not have any conviction of a M-1 or M-2 misdemeanor as defined by the federal, state, or local law of the jurisdiction where the offense occurred, as an adult in the past five (5) years, or more than one M-1 or M-2 conviction as an adult. Any conviction of more than one M-1 or M-2 misdemeanor as defined by the federal, state, or local law of the jurisdiction where the offense occurred, as a juvenile.

**DRUGS:** Applicant may not have used, illegally sold, or have been convicted of illegal sales of any controlled substance or contraband. Applicant may not have history of any use of cocaine, heroin, LSD, crack, methamphetamine, or PCP.

**MARIJUANA:** Applicant may not have used marijuana or other hallucinogens, narcotics, prescription drugs (without prescription), steroids, or any other illegal drugs and narcotics within the preceding twenty-four (24) months prior to application.

**ALCOHOL:** Applicant may not have a current use of alcohol to a level that would indicate abuse, dependency, or level of inability to function without the use of alcohol for any period of time. Applicant must show a recovering history of non-use of at least two (2) consecutive years prior to application.

**AUTOMOBILE:** Applicant may not have any conviction for DWI within the past six (6) year period, two (2) or more moving violations within the preceding twelve (12) months, six (6) or more points on driving record within the past twenty (24) months, been placed under a 12-point suspension within the past six (6) years prior to application.

**DEBTS:** Applicant may not have a continuing history of financial or credit problems to include; garnishments, or bankruptcy.

**WORK HISTORY:** Applicant may not have an employment history which includes any of the following: termination, resignation in lieu of discharge, excessive absence/lateness, inability to get along with others, or any adverse disciplinary actions. Applicant may not have any pattern of theft offenses from an employer or during the course of employment as an adult.

**MILITARY:** Applicant may not have received a dishonorable discharge from military service or have a general court martial.

**DOMESTIC:** Applicant may not have any violation of a protection order, or admitted to physical/sexual or emotional abuse of one's spouse, ex-spouse, child, stepchild, parent, or any other relative with whom one had lived or has had a relationship.

**COURT:** Applicant may not have any findings of contempt by a court for failure to provide for family/dependents as ordered by the courts or for which a legal obligation of care exists. Applicant may not have any non-compliance with a court order or legal contract to provide child support, alimony, or other financial responsibility determined by finding of any court of law.

**ORGANIZATIONS:** Applicant may not have a past history of association or involvement with any illegal gambling activities or any other organized crime. Applicant may not have any document or admitted history of racial, ethnic, or social intolerance (i.e. hating or shunning another person or group due to differences they possess).

**FALSE STATEMENTS:** Applicant may not falsify any material facts during the application process. Applicant may not have filed a fraudulent claim for insurance, welfare, unemployment compensation, or other public assistance programs.

**APPLICATION PROCESS:** Applicant may not be considered if they fail to pass a required examination or test including any physical fitness test administered by the Police Department or any basic police academy. Applicant may not fail to appear for any required step in the selection process, or any acts of non-compliance.

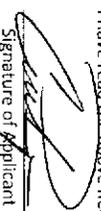
**TATTOOS:** Applicant may not have any tattoos that are visible while working in any authorized uniform or attire, obscene, commonly associated with gangs, extremist, and/or supremacist organizations, or that advocate sexual, racial, ethnic, or religious discrimination. Tattoos that would be visible while working in any authorized uniform or attire must be surgically/laser removed as a condition of employment.

**BODY PIERCING/ALTERATIONS:** Applicant may not have any body piercing or alteration that is visible in any authorized uniform or attire and is a deviation from normal anatomical features, or that is not medically required. (Earring piercings are excluded from this policy; however are limited.) Such body alterations include, but are not limited to the following: Tongue, nose, eye or brow splitting or piercing, complete or transversal implantation of any material other than hair replacement or breast augmentation, abnormal shaping of the ears, eyes, nose, or teeth, and branding or scarification. Visible body piercings or alterations must also be surgically repaired, returning the body alteration to a normal/acceptable condition as a condition of employment.

**DENTAL:** Applicant may not have any dental alteration or ornamentation-Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initial, etc. The use of yellow gold, white gold, or platinum caps (permanent or temporary) merely to add ornamentation to the teeth and not required by dental/medical necessity is prohibited.

In order for a recruit to be disqualified for any of the above listed categories, it must be supported by an admission of the applicant or through documentation. Unsupported accusations or truth verification results are not enough to disqualify an applicant on its own.

I have read the above Recruitment Disqualifications and I do not meet or fall into any of those categories.



10/27/15  
Date

# CITY OF MONROE

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

## *lateral Entry Patrol Officer Application*

All questions are to be answered completely and accurately. The statements and answers in this questionnaire shall be subject to verification and incorrect statements may bar or remove you from employment. Any supporting or required documentation must accompany this application. Copies are acceptable as originals may not be returned.

### *Minimum Requirements*

- ❖ Must possess a current State of Ohio OPOTA Peace Officer Certificate
- ❖ Must have or have held a full-time position conducting uniformed police patrol or other comparable duties with arresting powers while employed by the State of Ohio or one of its political subdivisions located within the State of Ohio, including counties, townships, municipalities, university police department, or hospital police department. Full-time experience is a minimum of 32 hours worked per week for 25 of the previous 36 months prior to submission of an application or appointment with the City of Monroe
- ❖ Must have a valid State of Ohio driver's license
- ❖ Must be a United States citizen
- ❖ Must possess a high school diploma or equivalent

### *Required Documents*

- ❖ Birth Certificate
- ❖ High School Diploma
- ❖ College Transcripts
- ❖ DD-214 Form
- ❖ Academy Certification
- ❖ Background Investigation Release

#### *1. Personal Information*

PAYNE  
Last Name

CALBER  
First Name

E  
Middle Initial

[REDACTED]  
Home Address

[REDACTED]  
City

[REDACTED]  
State

[REDACTED]  
Zip

# City of Monroe

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

[REDACTED]  
Home Phone

N/A  
Other Phone

[REDACTED]  
Email Address

[REDACTED]  
Social Security No.

[REDACTED]  
Date of Birth

[REDACTED]  
Driver License No.

## 2. Education

HOME SCHOOL HAMILTON OH 05/04  
Name of High School/GED City State Date of Graduation/Diploma

CINCINNATI CHRISTIAN UNIV. B.S. - PSYCHOLOGY 05/08  
Name of College Degree Obtained Year Earned

Have you attended in-service or police-sponsored training of more than a month's duration (full-time)? Example: FBI Academy. This does not include a total of short-term training of less than a month's duration.  No  Yes If yes, describe the training and list the agency (ies) you were employed by the date, and the location of the training.

# City of Monroe

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

### 3. Employment History

Present Employer FAIRFIELD TWP POLICE DEPT. 6485 YONNIE VALE CT. Address

03/12 \$12.00 HR. \$23.83 HR. 513-887-4406  
Begin Date Beginning Pay Current Pay Phone Number

Part-time  Full-time Current rank POLICE OFFICER

Previous ranks/positions with this employer \_\_\_\_\_

### 4. Additional Information

Have you received any commendations, awards, or letters of appreciation from your supervisor(s) or citizens pertaining to your job performance?  No  Yes. If yes, please submit copies with this application. If copies are not available, please explain below.

# City of Monroe

233 South Main Street  
P. O. Box 330  
Monroe, Ohio 45050-0330  
513-539-7374

Have you received any disciplinary action, including oral reprimands, regarding your job performance?  No  Yes. If yes, please submit copies with this application. If copies are not available, please explain below.

**I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that they are true and correct to the best of my knowledge.**

**I further agree and consent to inquiries by the City of Monroe, Ohio regarding any information provided in the course of a pre-employment background check and release the City of Monroe from any liability with regard to the use of such information in the pre-employment process.**



\_\_\_\_\_  
Signature of Applicant

08/31/15  
\_\_\_\_\_  
Date

# Background Investigation Release

I, CALEB E. PAYNE, have applied for employment with the City of Monroe, Ohio. I have been advised and understand that a representative of the City of Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the City of Monroe, Ohio may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entitle liable for disclosing any knowledge or information that they may have concerning me which may be requested by a representative of the City of Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the City of Monroe, Ohio and the City of Monroe Police Department, its agents, officers, and representatives, and any person, agency company, organization, or firm furnishing information to representatives of the City of Monroe from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the City of Monroe to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources of information obtained there from.

A photocopy of this authorization is to be accepted as an original.

Applicant:

CALEB E. PAYNE  
Printed Name

Social Security Number

  
Signature

09/10/15  
Date

Witness:

ANITA SNYDER  
Printed Name

  
Signature

09/10/15  
Date

TO: Officer Caleb Payne  
FROM: Matthew E. Fruchey, Chief of Police  
DATE: March 16, 2015  
SUBJECT: Written Counseling ref. private property auto accident on 3-8-15

Officer Payne,

On March 8, 2015, you were involved in an auto accident in the lot of the PD where you backed car 401 into car 403, resulting in damage to both vehicles. This accident was due to inattention on you part and resulted in damage of \$1,790.00. You clearly must pay more attention to your actions and surroundings, particularly when operating a departmental vehicle. This accident was avoidable and a waste of departmental resources.

This is a written counseling, however be advised that you are still on probation and any further negligence such as this will result in more severe disciplinary action including extending your probationary period and up to termination of employment.

Reviewed and signed:

Chief Matthew E. Fruchey



Date:

3-16-15

Officer Caleb Payne

PO.



# 657

Date: 03/17/15

MEMORANDUM

TO: Officer Caleb Payne  
FROM: Matthew E. Fruchey, Chief of Police  
DATE: December 10, 2013  
SUBJECT: Written Counseling: Damage to Car 109

Officer Payne,

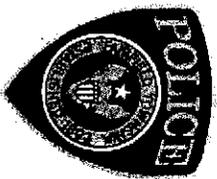
On December 6, 2013 you reported that while driving patrol car 109 during a heavy snowstorm, you slid into a curb at the Speedway parking lot, resulting in a minor dent to the front left wheel. Inspection of the damage revealed that it was indeed very minor damage that would require no special repairs.

This accident occurred in very inclement weather, under very difficult driving conditions, thus I find no recklessness or negligence on your part. I am pleased that you saw fit to report even very minor damage such as this; that speaks well of your integrity and character. I will recommend only that you use a bit more caution when driving in inclement weather conditions in the future.

Reviewed and signed:

Chief Matthew E. Fruchey  Date: 12/10/13

Officer Caleb Payne P.O.  #657 Date: 12/11/13



**FAIRFIELD TOWNSHIP  
POLICE DEPARTMENT**

**MATTHEW E. FRUCHEY**  
Certified Law Enforcement Executive (CLEE)  
CHIEF OF POLICE



September 4, 2015

To Whom It May Concern,

I am writing on behalf of Caleb Payne, a police officer employed here at the Fairfield Township Police Department. I first met Caleb during his hiring process back in 2012. I have had the pleasure to work with him over the past three years, and he is a tremendous asset to this department.

Caleb's current assignment is evening shift patrol officer, which is frequently our most active shift. Given the shift often works with minimum manpower, Caleb works well under stress while completing tasks efficiently and in a professional manner. Caleb maintains a good appearance, and his demeanor is one that an organization seeks in an individual, especially in a job such as law enforcement where interacting with society is a daily responsibility. He is well spoken, articulate, and his report writing is of great quality.

I have directly observed Caleb's performance over the last several years and he exhibits great work ethic. He is meticulous and detail-oriented when completing a task – an attribute that is great to have in an employee. Furthermore, he consistently demonstrates a willingness to learn new things, another quality sought by an employer.

While our agency and I would not want to see him leave, we also understand his need to explore career opportunities that are beneficial for him and his family. I highly recommend Caleb Payne, as he is a motivated and dedicated employee that serves his community with pride and care.

Sincerely,

**Doug Lanier**  
Sergeant  
513-785-4253

# FAIRFIELD TOWNSHIP POLICE

MATTHEW E. FERRELLI  
CORPORATE TRAINING MANAGER  
CHIEF OF POLICE

TO: Monroe Police Department  
FROM: Sgt. Dave Pratt  
DATE: 28 August 2015  
SUBJECT: Caleb Payne

To Whom it May Concern:

I am writing in reference to an application that has been placed with your agency from Caleb Payne. I have been Mr. Payne's immediate supervisor for the past year and a half. I have found him to be a fine young officer. He has an eagerness to do and learn about the job. I have witnessed his dealings with the public to be fair, kind, and compassionate, as well as stern and forceful when necessary. His use of force has always been appropriate to the situation at hand. He seems to enjoy traffic and always leads the shift in traffic stops and citations. He can answer calls with little supervision, but is not afraid to ask questions if he is unsure of the best way to handle a call. He is a team player and will step up to assist other officers without being asked to do so. He gets along well with the rest of the shift and I consider him an asset on my shift. I am sorry to have to writing this letter as I do not wish to see him go, but under our current fiscal situation, I can totally understand his need to look elsewhere. I whole heartedly give my recommendation in support of Caleb.

If I can be of any other assistance I can be contacted at 513-720-5950.

Sincerely,



Sgt. Dave Pratt  
Fairfield Township Police  
Second Shift Supervisor

6485 Vonnie Vale Court, Fairfield Township, Ohio 45011  
Main - 513.887.4406  
Fax - 513.887.4407

September 6<sup>th</sup>, 2015

To whom it may concern:

Over the past several years I have had the privilege of serving with Caleb Payne as a police officer for the Fairfield Township Police Department. Over those past several years Caleb has shown he is thoroughly dedicated to performing at the highest degree of professionalism, knowledge, and character for which one could hope in his current position. So much is this true that Caleb and I have since become more than merely co-workers, but friends as well. Needless to say, I cannot imagine an easier person for whom to write a letter of recommendation for.

For these reasons I highly recommend Caleb for any position in which he may be considered for as he is a person of the upmost integrity and work ethic. There are truly not very many people whom I believe are as open-minded and eager to learn than Caleb. Please do not hesitate to contact me with any questions regarding this letter or Caleb's application for your agency at (513) 907-7314 - cell.

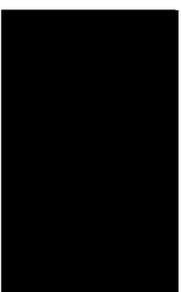
Sincerely,



Brandon L. McCroskey

Caleb F. Payne

4 September 2015



Chief Bob Buchanan  
Chief of Police  
Monroe Police Department  
233 S. Main Street  
Monroe, OH, 45050

Chief Buchanan,

I am highly interested in the recently listed position of Police Officer with the Monroe Police Department. I have now been a police officer for more than three and a half years, and it is my belief that I offer many desirable qualities in addition to the listed minimum requirements.

I have been employed as a full time Police Officer for the Fairfield Township Police Department for nearly a year and a half. Prior to being promoted to full time employment, I was employed as a Police Officer by the Fairfield Township Police Department in a part time capacity while I simultaneously worked as a fully sworn Special Police Officer for the Hamilton Police Department in a full time capacity for nearly two years.

Over the course of my employment in law enforcement, I have proven that I am able to build meaningful relationships with my colleagues and my community. I have shown myself to be a dedicated and motivated employee, as evidenced by leading my current shift in nearly every statistical category. Additionally, I have demonstrated an ability to fairly and responsibly enforce criminal and traffic statutes while managing to avoid complaints from the community.

I am highly regarded because of my compassion, empathy, fairness, professionalism, and thoroughness. Furthermore, I pride myself on having an agreeable and mellow personality and the ability to remain calm in all manner of stressful situations. Because of my experience in law enforcement and my mild nature, I trust that a review of my application and enclosed resume will demonstrate that I am a stellar candidate for employment with the Monroe Police Department.

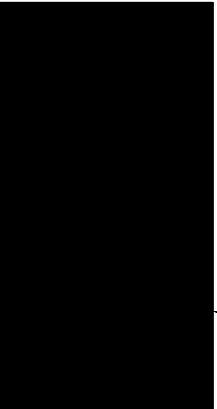
Thank you for your thoughtful consideration. It would truly be my honor to be considered for employment with your agency.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Caleb E. Payne'.

Caleb E. Payne

**Caleb F. Payne**



### **PROFESSIONAL SUMMARY**

Dedicated Police Officer with more than three years of experience in protecting and serving a challenging and diverse community. Highly regarded for being empathetic, meticulous, motivated, and professional. Seeking employment with a community-oriented, forward-thinking law enforcement agency.

### **LAW ENFORCEMENT HISTORY**

**Police Officer, 03/2012 to Present**

**Fairfield Township Police Department — Fairfield Township, OH**

- ❖ Complete accurate and detailed criminal and incident reports.
- ❖ Enforce criminal and traffic laws by making arrests and issuing citations.
- ❖ Interact with citizens while patrolling business and residential areas.
- ❖ Maintain accurate and detailed logs of all events that occur each shift.
- ❖ Prevent crimes through careful observation and investigation of unusual behavior.

**Special Police Officer, 06/2012 to 06/2014**

**Hamilton Police Department — Hamilton, OH**

- ❖ Checked all baggage and persons entering Hamilton Municipal Court.
- ❖ Completed accurate and detailed criminal and incident reports.
- ❖ Enforced criminal laws by making arrests and issuing summonses.
- ❖ Maintained accurate and detailed logs of all events that occurred each shift.
- ❖ Processed and served arrest warrants.
- ❖ Provided meticulous courtroom security.
- ❖ Transported inmates between correctional facilities and court facilities.

### **EDUCATION**

Cincinnati Christian University, Cincinnati, OH — B.S. Psychology, 2008

### **SKILLS**

AED/CPR Certification, Crime Scene Processing Certification, LEADS Certification, Patrol Rifle Certification, TASER Certification, Top Gun Award Recipient.



[Address Summary](#) | [View All Address Variation Sources](#)

(Nov 2011 - Aug 2015)

[Active Address\(es\)](#) | [View All Address Variation Sources](#)

[None Found]

[Previous And Non-Verified Assessments](#) | [View All Address Variation Sources](#)  
3145 PARKWOOD LN, HAMMONTON OH 45011-0972, BUTLER COUNTY (Aug 2015 - Oct 2016)

**Name Associated with Address:**

CALEB E PAYNE

**Current Residents at Address:**

CALEB EDWIN PAYNE

AMIA KONADU MARIPO

PATRICIA KWAST MARFO

JENNA DILLER

KYLE N SLOP

**Neighborhood Profile (2010 Census)**

Average Age: 30

Median Household Income: \$56,318

Median Owner Occupied Home Value: \$128,271

Average Years of Education: 13

(Nov 2011 - Aug 2015)

**Name Associated with Address:**

CALEB E PAYNE

**Current Residents at Address:**

CALEB EDWIN PAYNE

KYLE NOEL SLOPP

KATASHA S GIER

**Neighborhood Profile (2010 Census)**

Average Age: 30

Median Household Income: \$56,318

Median Owner Occupied Home Value: \$128,271

Average Years of Education: 13

**Name Associated with Address:**

CALEB E PAYNE

**Current Residents at Address:**

KATHERINE ANN PAYNE

ROBERT CLYDE PAYNE

**Property Ownership Information for this Address**

**Property:**

Parcel Number - [REDACTED]

Owner Name ROBERT C PAYNE LexID: 001036362904

Owner Name 2 KATHERINE A PAYNE LexID: 0072587289917

Property Address: - [REDACTED]

COUNTY

Owner Address: 3907 HAMMOND BLVD, HAMMONTON OH 45015-0100, BUTLER

COUNTY

Sale Price - \$64,880

Subdivision Name - HAMILTON  
Total Market Value - \$80,450  
Assessed Value - \$28,187  
Land Value - \$29,930  
Improvement Value - \$50,520  
Land Size - 5,599 Square Feet  
Year Built - 1980  
Seller Name - PAUL R TRUST  
Legal Description - 21648 ENT  
Loan Amount - \$54,580  
Loan Type - CONVENTIONAL  
Lender Name - PACIFIC T&L  
Data Source - A

#### Neighborhood Profile (2010 Census)

Average Age: 35  
Median Household Income: \$33,539  
Median Owner Occupied Home Value: \$106,065  
Average Years of Education: 12

#### Possible Education

[None Found]



[None Found]



[None Found]



[None Found]



#### Phones Plus1

Name: CAL EB PAYNE  
Address: [REDACTED]  
Phone Number: [REDACTED] EDT  
Phone Type: Mobile  
Carrier: SPRINT SPECTRUM LP - (CINCINNATI, OH)

#### Phones Plus2

Name: CAL EB PAYNE  
Address: [REDACTED]  
Phone Number: [REDACTED] EDT  
Carrier: CINCINNATI BELL - (HAMILTON, OH)

#### Phones Plus3

Name: CAL EB PAYNE  
Address: [REDACTED]  
Phone Number: [REDACTED] EDT  
Carrier: CINCINNATI BELL - (HAMILTON, OH)

 Email Address(es)

Name: CALLEB E PAYNE  
LexID: 309536718943  
SSN: [REDACTED]

Email Address(es): [REDACTED]

Street Address(es): [REDACTED]

Name: CALLEB E PAYNE  
LexID: 309536718943  
SSN: [REDACTED]

Email Address(es): [REDACTED]

Street Address(es): [REDACTED]

Name: CA, EB E PAYNE  
LexID: 309536718943  
SSN: [REDACTED]

Email Address(es): [REDACTED]

Street Address(es): [REDACTED]

 People at Work

Maximum 50 People at Work records returned

[None Found]

 Details | Contact Information

Name: CALLEB EDWIN PAYNE  
LexID: 309536718943  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
Potential SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 09/29/2019  
Issue Date: 09/29/2015  
License Type: RENEWAL  
License Class: Operator - Non Commercial  
Height: 6'05"

Weight: 250  
Data Source: Governmental  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: Corrective Lenses

Name: CALEB EDWIN PAYNE  
LexID: 3069416543  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
Potential SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2015  
Issue Date: 08/29/2011  
License Type: RENEWAL  
License Class: Operator - Non Commercial  
Height: 6'05"  
Weight: 265  
Data Source: Governmental  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALEB EDWIN PAYNE  
LexID: 3069416543  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
Potential SSN: [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2015  
Issue Date: 08/29/2011  
License Type: RENEWAL  
License Class: Operator - Non Commercial  
Height: 6'05"  
Weight: 265  
Data Source: Governmental  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALEB EDWIN PAYNE  
LexID: 3069416543  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
Potential SSN: [REDACTED]

Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2014  
Issue Date: 08/30/2007  
License Type: RENEWAL  
License Class: Operator - Non Commercial  
Height: 6'05  
Weight: 265  
Data Source: Governmental  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALIEB EDWIN PAYNE  
LexID: 30659-16945  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
Potential SSN [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2007  
Issue Date: 08/11/2005  
License Type: ORIGINAL  
License Class: Operator - Non Commercial  
Height: 6'05  
Weight: 265  
Data Source: Governmental  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALIEB EDWIN PAYNE  
LexID: 30659-16945  
DL Number: [REDACTED]  
State: Ohio  
License Address: [REDACTED]  
DOB: [REDACTED]  
Potential SSN [REDACTED]  
Gender: Male  
Attention Flags: ORGAN DONOR  
Expiration Date: 08/29/2007  
Issue Date: 08/11/2005  
License Type: ORIGINAL  
License Class: Operator - Non Commercial  
Height: 6'05  
Weight: 265  
Data Source: Governmental  
Hair Color: Brown  
Eye Color: Blue  
Restrictions: None

Name: CALEB EDWIN PAYNE

LexID: 300124182625

DL Number

State: Ohio

License Address:

DOB: 0

Potential SSN

Gender: Male

Attention Flags: ORGAN DONOR

Expiration Date: 06/09/2006

Issue Date: 03/08/2005

License Type: TEMPORARY PERMIT

License Class: Operator - Non Commercial

Height: 6'05

Weight: 265

Data Source: Governmental

Hair Color: Brown

Eye Color: Blue

Restrictions: None

Name: CALEB EDWIN PAYNE

LexID: 300124182625

DL Number

State: Ohio

License Address:

DOB: 0

Potential SSN

Gender: Male

Attention Flags: ORGAN DONOR

Expiration Date: 06/29/2006

Issue Date: 04/29/2003

License Type: ORIGINAL

License Class: Identification Card

Height: 6'05

Weight: 250

Data Source: Governmental

Hair Color: Blond

Eye Color: Blue



[None Found]



**Vehicle:**

Description: 2007 Dodge Caliber - Hatchback 4 Door

VIN

State Of Origin: OHIO

Engine: 4 Cylinder 122 Cubic Inch

Ant Lock Brakes: 4 wheel optional

Air Conditioning: Standard

Daytime Running Lights: Standard

Power Steering: Standard

Power Brakes: Standard  
Power Windows: Standard  
Security System: Passive Immobilizer key & keyless entry  
Roof: None / not available  
Price: 17170  
Radio: AM/FM/CD  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Standard  
Data Source: Governmental

*Registrant(s)*

Record Type: CURRENT  
Name: CALEB EDWIN PAYNE  
LexID: 000009118500  
Potential SSN: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 29  
DL #: [REDACTED]  
Tng Number: [REDACTED]  
Earliest Registration Date: 8/29/2014  
Latest Registration Date: 8/26/2015  
Expiration Date: 8/29/2016  
License Plate Type: PASSENGER CAR

**Vehicle:**

Description: 2012 Jeep Patriot - 4 Dr Wagon Sport Utility  
VIN: [REDACTED]  
State of Origin: OHIO  
Engine: 4 Cylinder 146 Cubic Inch  
Anti Lock Brakes: 4 wheel standard  
Air Conditioning: Standard  
Daytime Running Lights: Optional  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: Passive Engine Immobilizer  
Roof: None / not available  
Price: 15995  
Radio: AM/FM/CD/MP3  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Standard  
Data Source: Governmental

*Registrant(s)*

Record Type: CURRENT  
Name: CALEB PAYNE  
LexID: 000009118500  
Potential SSN: [REDACTED]

Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 29  
DL #: [REDACTED]  
Tag Number: [REDACTED]  
Earliest Registration Date: 8/26/2015  
Latest Registration Date: 8/26/2015  
Expiration Date: 8/26/2019  
License Plate Type: PASSENGER CAR

**Vehicle:**

Description: 2012 Jeep Patriot - 4 Dr Wagon Sport Utility  
VIN: [REDACTED]  
State Of Origin: OHIO  
Engine: 4 Cylinder 146 Cubic Inch  
Anti Lock Brakes: 4 wheel standard  
Air Conditioning: Standard  
Daytime Running Lights: Optional  
Power Steering: Standard  
Power Brakes: Standard  
Power Windows: Optional  
Security System: Passive Engine Immobilizer  
Roof: None / not available  
Price: 15995  
Radio: AM/FM CD/MP3  
Front Wheel Drive: Yes  
Four Wheel Drive: No  
Tilt Wheel: Standard  
Data Source: Non-Governmental  
Source Date First Seen: 7/19/2012  
Source Date Last Seen: 4/3/2014

**Owner(s)**

Name: CALEB PAYNE  
LexID: 007086110003  
Address: [REDACTED]  
DOB: [REDACTED]  
Sex: Male  
Age: 29  
DL #: [REDACTED]

**Lien Holder(s)**

None



[None Found]



[None Found]



[None Found]

 Possible Driver(s) for Vehicle 1

[None Found]

 Possible Offense(s) for

[None Found]

 National Motor Vehicle Accidents

Date/Time: 10/01/2012

State: CA

**Vehicle 1 - Vehicle was traveling . Estimated speed unknown**

Type: 2012 FORD CROWN VICTORI

Tag: 103

**Driver**

Name: MATTHEW ALAN MATTHEWS

DL#: D3AD986

DL State: CA

**Owner**

Name: PAUL ROLLER KNIGHT

**Passenger(s)**

Name: GLENN RAY DREZEL

Name: STEPHENIE DANIEL SHANNON

**Vehicle 2 - Vehicle was traveling . Estimated speed unknown**

Type: 1988 HONDA PRELUDE 2.0SI

Tag: [REDACTED]

VIN: JH4BA77410700000

**Driver**

Name: GUY HERBERT ALAN MATTHEWS

DL#: [REDACTED]

DL State: CA

**Owner**

Name: DESORAH HORTON GARNER

**Passenger(s)**

Name: DIANE J. FORD

Name: STEVEN J. DANIEL SHANNON

**Vehicle 3 - Vehicle was traveling . Estimated speed unknown**

Type: 2000 FORD EXPLORER

Tag: [REDACTED]

**Driver**

Name: MATTHEW ALAN MATTHEWS

DL#: [REDACTED]

DL State: CA

**Owner**

Name: SHELLY AUSTIN WASS

**Passenger(s)**

Name: DIESSING DIKPEZE

Name: STEPHANIE DANIELLE STRASSERSON

**Vehicle 4 - Vehicle was traveling . Estimated speed unknown**

Type: 1999 BUICK CENTURY CUSTOM

Tag: [REDACTED]

VIN: [REDACTED]

**Driver**

Name: TINA L GERRICH

LexID: 000043148009

DL#: [REDACTED]

DL State: OH

**Owner**

Name: JAN LOMMON STROUT

**Passenger(s)**

Name: VALERIE PIERCE

**Vehicle 5 - Vehicle was traveling . Estimated speed unknown**

Type: 2012 MERZ BLUETTE

Tag: [REDACTED]

**Driver**

Name: TINA L GERRICH

LexID: 000043148009

DL#: [REDACTED]

DL State: OH

**Owner**

Address: [REDACTED]

**Passenger(s)**

Name: VAL PIER PIERCE

**Vehicle 6 - Vehicle was traveling . Estimated speed unknown**

Type: 1994 HONDA CIVIC EX

Tag: [REDACTED]

VIN: [REDACTED]

**Driver**

Name: ALEXANDER VAZQUEZ

LexID: 000000000000

DL#: [REDACTED]

DL State: NC

**Owner**

Name: HEATHER M BARNES WELLS

Vehicle 7 - Vehicle was traveling . Estimated speed unknown

Type: 2002 JEEP LIBERTY SPORT

Tag:

VIN:

**Driver**

Name: JEFFREY PAUL JONES

LexID: 046330094492

DL#

DL State: NC

**Owner**

Name: STONGESS CYCLE



Professional Information

[None Found]



Voter Registration

Name: CALICE TAYLOR BAYNE

Address:

LexID: 036002100443

DOB:

Last Vote Date: 11/4/2008

State of Registration: Ohio

Name: CALICE HEAVIN BAYNE

Address:

LexID: 036002100443

DOB:

Last Vote Date: 11/6/2012

Political Party: NONE DECLARED

State of Registration: Ohio

Status: ACTIVE

Name: CALICE FIDYAK BAYNE

Address:

LexID: 011659110013

DOB:

Last Vote Date: 11/6/2011

Political Party: NONE DECLARED

State of Registration: Ohio



Unenrolled Progress Planner

[None Found]



Unenrolled Progress Planner

[None Found]



Professional Information

[None Found]

[None Found]

[None Found]

 Possible Relative Summary: (Click on name to link to more details within this report - No Charge)

- > KYLIE NOEL SLOOP, Age 28
  - >> KYLIE NOEL PAYNE - (AKA), Age 28
  - >> DAVID LEON SLOOP, Age 55
  - >>> DAVID LEON SLOOP - (AKA), Age 55
- >> **D** MIRIAM L SLOOP, Age 54
  - >>> **B** MARIAM ISI OOP - (AKA), Age 54
  - >>> **D** MAIRIAM R SLOOP - (AKA), Age 54
  - >>> **D** MIRIAM L SLOOP - (AKA), Age 54
- >> KIMBERLY J SLOOP, Age 30
  - >>> KIM SLOOP - (AKA)
- > CALES EDWIN PAYNE
  - >> KATHERINE ANN PAYNE, Age 55
  - >>> KATHERINE PAYNE - (AKA), Age 55
  - >>> KATHERINE A PAYNE - (AKA), Age 55
  - >>> A PAYNE KATHERINE - (AKA), Age 55
  - >>> KATHERYN ANNETTE PAYNE, Age 58
  - >>> KATHERYN PAYNE - (AKA), Age 58
  - >>> KATHRYN L PAYNE - (AKA), Age 58
  - >>> L PAYNE KATHRYN - (AKA), Age 58
- >> GLENDE HENSLY PAYNE, Age 85
  - >>> CH PAYNE - (AKA), Age 85
  - >>> CL PAYNE - (AKA), Age 85
  - >>> CLARA H PAYNE - (AKA), Age 85
  - >>> CLYDE HENSLY PAYNE - (AKA), Age 85
- >> BETH NOELLE PAYNE, Age 48
  - >>> BETH N CHANEY - (AKA), Age 48
  - >>> BETH N GRUBBS - (AKA), Age 48
  - >>> BETH H PAYNE - (AKA), Age 48
  - >>> BETH GRUBBS - (AKA), Age 48
  - >>> BETH N CHANEY - (AKA), Age 48
  - >>> BETH GRUBBS - (AKA), Age 59
  - >>> BETH N PAYNE - (AKA), Age 59
  - >>> BETH N GRUBBS - (AKA), Age 48
  - >>> BETH GRUBBS - (AKA), Age 48
  - >>> BETH N GRUBBS - (AKA), Age 48
  - >>> BETH GRUBBS - (AKA), Age 48
  - >>> BETH N CHANEY - (AKA), Age 48
  - >>> BETH N CHANEY - (AKA), Age 48
- >> **D** CLARA L PAYNE, Age 79
  - >>> RANDALL P PAYNE, Age 52
  - >>> RANDALL N PAYNE - (AKA), Age 52
  - >>> ROBERT R PAYNE - (AKA), Age 52

- >>> PAYNE RAINALL - (AKA), Age 52
- >>> RAINBALL H PAYNE - (AKA), Age 52
- >>> ROBERT CLYDE PAYNE - Age 55
- >>> ROBERT E PAYNE - (AKA), Age 55
- >>> ROBERT C PAYNE - (AKA), Age 56
- >>> ROBERT O PAYNE - (AKA), Age 55
- >>> ROBERT PAYNE - (AKA), Age 55
- >>> ROBT PAYNE - (AKA), Age 55
- >>> CHLOE KATHERINE PAYNE - Age 23
- >>> KYLIE N SLOOP - Age 28
- >>> KYLIE N PAYNE - (AKA), Age 28

**Residence Receipts**

KYLE NOEL SLOOP LexID: 1781916891 DOB: [REDACTED]  
 354-476666 issued in Illinois between 1/1/1959 and 12/31/1990

**Names Associated with Relative:**

KYLE NOEL PAYNE LexID: 1476151667 DOB: [REDACTED]  
 324-822222 issued in Illinois between 1/1/1989 and 12/31/1990

**Previous And Non-Verified Address(es):**

1834 PINE ST. BURLINGTON KY IN 45602-2701, LAPORTE COUNTY (Aug 2006 - Sep 2015)

**Current Residents at Address:**

- DAVID LEON SLOOP
- MICHAEL SLOOP
- KYLE NOEL SLOOP
- KATHERINE J SLOOP
- JENNA DILLER

50159 BARNETT RD. BOWEN DR. HAMILTON OH 45011-0947 BUTLER COUNTY

(Apr 2014 - Aug 2015)

**Current Residents at Address:**

- CATHER EDWIN PAYNE
- KYLE NOEL SLOOP
- MATASHA S GEE

11111 W. WOODBURY HAMILTON OH 45015-2198 BUTLER COUNTY (Mar 2014)

**Current Residents at Address:**

- KATHERINE ANN PAYNE
- ROBERT DAVID PAYNE

30 FOXCHASE TRAPT. SOUTHWATE KY 41071-6422 DAN BARRILL COUNTY (Feb 2014)

2720 HEEPERRY AVE APT 292, CHD INNATION OH 45704-4727 HANCOCK COUNTY

(Oct 2008 - Nov 2011)

2105 GARTREY DR. CINCINNATI OH 45228-2952 HAMILTON COUNTY (Sep 2010)

**Current Residents at Address:**

- NICHOLAS A TOMMASINI
- JANICE HEATHER TOMASO
- 419 251 2107 - EDT TOMEO JANICE E

**Possible Relative:**

DAVID LEON SLOOP LexID: 0023677031 DOB: [REDACTED]  
 34-530444 issued in Illinois between 1/1/1975 and 12/31/1975

**Names Associated with Relative:**

DAVE LEON SLOOP LexID: 2023677031 DOB: 5/19/1960

241 60 xxx issued in Illinois between 1/1/1975 and 12/31/1976  
**Previous And Non-Verified Address(es):**

1414 HARRIS - MICHIGAN CITY IN 46301-0751 (LAPORTE COUNTY)  
(Jun 1992 - Sep 2015)

**Current Residents at Address:**

DAVID LEON SLOOP  
MIRIAM SLOOP  
KYLE NOEL SLOOP  
KIMBERLY J SLOOP  
JENNA DILLER  
219-279-7379

226 ARNOLD ST. EAST HAN CITY IN 46360-2222 (LAPORTE COUNTY)  
(May 1990 - Jan 1992)

**Current Residents at Address:**

SUZANETTA DEBEL PAPER 4  
219-279-7399

226 ARNOLD ST. EAST HAN CITY IN 46360-2222 (LAPORTE COUNTY)  
(May 1990 - Jan 1992)

**Current Residents at Address:**

DONALD DEAN DOTSON  
MIRIAM PERDERSON DOTSON  
KORRIAN R SCOTT

**Current phones listed at this address:**

219-279-7336 - CDT DOTSON CAROLE C  
219-579-7309

103 DONALD CRITTELL ROAD WILL COUNTY (Jan 1990 - Dec 1991)

MIRIAM J SLOOP LexID: 00200272299 DOB: [REDACTED] DOD:3/30/2004 (LAPORTE IN)

Age at Death: 43 (Born 54 years ago) - Proof

367-55xxxx issued in Illinois between 1/1/1976 and 12/31/1977

\*SSN belongs to a person reported as deceased

**Names Associated with Relative:**

MARIAM L SLOOP LexID: 0020045252874 DOB: [REDACTED] DOD:3/30/2004

(LAPORTE, IN) Age at Death: 43 (Born 54 years ago) - Proof

367-52xxxx issued in Illinois between 1/1/1976 and 12/31/1977

\*SSN belongs to a person reported as deceased

MARIAM R SLOOP LexID: 00200272299 DOB: [REDACTED] DOD:3/30/2004

(LAPORTE, IN) Age at Death: 43 (Born 54 years ago) - Proof

367-52xxxx issued in Illinois between 1/1/1976 and 12/31/1977

\*SSN belongs to a person reported as deceased

MIRIAM J SLOOP LexID: 0020045252874 DOB: [REDACTED] DOD:3/30/2004

(LAPORTE, IN) Age at Death: 43 (Born 54 years ago) - Proof

367-52xxxx issued in Illinois between 1/1/1976 and 12/31/1977

\*SSN belongs to a person reported as deceased

**Previous And Non-Verified Address(es):**

1634 HINT ST. MICHIGAN CITY IN 46360-0751 (LAPORTE COUNTY)  
(May 1992 - Sep 2015)

**Current Residents at Address:**

DAVID LEON SLOOP  
BRENNA L SLOOP  
KYLEE NOEL SLOOP  
KIMBERLY J SLOOP  
JENNA DILLER  
219 822 7534

120 JENNET ST MICHAEL CITY TN 38201 LAUREN CO. TN  
(May 1990 - Nov 1992)

**Current Residents at Address:**

TORALITA CAR DOTSON  
NORAH BECK DOTSON OPTOM  
ROCKHAMER SCOTT

**Current phones listed at this address:**

219 8308 - CDT DOTSON CAROLIE C  
219 8397398

605 BIRD CIRCLE WILMINGTON OH 45396-1810 CROOK COUNTY OH (Oct 1983 - Dec 1991)

**Current Residents at Address:**

ROBERTA MARION BARRETT  
PO BOX 1140 CRESTE H 59417 PHIL. COUNTY (Jan 1990)

KIMBERLY J SLOOP LexID: 14442273779 DOB [REDACTED]  
192-70-8668 issued in Illinois between 1/1/1985 and 12/31/1987

**Names Associated with Relative:**

KIM SLOOP LexID: 14442298779

**Previous And Non-Verified Address(es):**

1544 FINE ST MICHIGAN CITY IN 46060 3751 JAFFRETT COUNTY  
(Mar 2007 - Sep 2015)

**Current Residents at Address:**

DAVID LEON SLOOP  
BRENNA L SLOOP  
KYLEE NOEL SLOOP  
KIMBERLY J SLOOP  
JENNA DILLER

CAI EB EDWIN PAYNE LexID: 15041279306

**Previous And Non-Verified Address(es):**

5555 W HAMILTON BLVD HAMILTON OH 45030-5232 BR. LEN. COUNTY  
(Aug 2008 - Jan 2014)

**Current Residents at Address:**

KATHERINE ANN PAYNE  
ROBERT CLYDE PAYNE

KATHERINE ANN PAYNE LexID: 00139199177 DOB [REDACTED]  
594-29-xxv issued in California between 1/1/1974 and 12/31/1974

**Names Associated with Relative:**

KAUJIRANI PAYNE LexID: 0016257489177 DOB: 9/29/1959

1996-29-xxv issued in California between 1/1/1974 and 12/31/1974

KAATHERINE A PAYNE LexID: 0016257489177 DOB: [REDACTED]

484-28-0000 issued in California between 1/1/1974 and 12/31/1974  
A PATNE KATHERINE LEXID DOB [REDACTED]  
598-1000000 issued in California between 1/1/1974 and 12/31/1974

**Previous And Non-Verified Address(es):**

484-28-0000 HANMOND BLVD HAMILTON OH 45015-0716 BUTLER COUNTY  
(Apr 1968 - Sep 2015)

**Current Residents at Address:**

KATHLEEN ANN PAYNE  
ROBERT COLLE PAYNE  
513-228-0355

1 BROADWAY STE 1000 NEW YORK NY 10004-1000 NEW YORK COUNTY  
(Jan 2015 - Sep 2015)

1011 E MONTECILLO DR PRESNO CA 95726-4582 PRESNO COUNTY  
(Oct 2007 - Apr 2008)

**Current Residents at Address:**

CARIE REINHOLD  
-20 GORDON AVE HAMILTON OH 45011-2929 BUTLER COUNTY (Dec 1987 - Jan 2003)

**Current Residents at Address:**

ROHARD F SHARR  
YELVA L SHARR  
513-387-8074 - EDT SHARP RICHARD A

2987 MILLVILLE AVE HAMILTON OH 45010-1207 BUTLER COUNTY (Dec 1987 - Jan 2003)

**Current Residents at Address:**

MICHAEL KEITH BRIDGMAN  
MILDERED MICHAEL BRIDGMAN  
GARY G BRIDGMAN  
MICHELLE LYNN TRUMBULL  
ALANUREA LYNN TRUMBULL  
TAMBER RENAE REEHER  
CARL ANTHONY RAINEDA JR

20 MARCA RET AVE HAMILTON OH 45015-2741 BUTLER COUNTY (Jun 1992 - Jul 2000)

**Current Residents at Address:**

ERIC BRIAN COBBES  
GADY V BEAK

1137 51ST APT C REEDLEY CA 95664-3885 BUTLER COUNTY (Jul 1986 - Dec 1991)

**Current Residents at Address:**

MARIA J RUIZ  
MARINA V YARLAN  
SERAFINO TAPPOVA  
MARIA RUIZ

25 N 107th ST HAMILTON OH 45011-3581 BUTLER COUNTY (Dec 1987)

**Current Residents at Address:**

MICHELLE R FARDE  
FRANK F FARDE  
KEITH LYNN FALCON

671 W SHERBET AVE APT G REEDLEY CA 95664-3881 PRESNO COUNTY

(Sep 1986 - Apr 1986)

**Current Residents at Address:**

TERRELL JOHNSON  
HOWARD E JOHNSON

2300 N VANDERBOS AVENUE, PUEBLO CO, 81004-4540 FTS960 1014907 (Apr 1985 - Apr 1985)

**Current Residents at Address:**

IVA ASHLEY ALPHO  
ROBERT PATRICK  
MILL CHARLES McDONALD  
RAYE A SUTZ  
SERENID A SULLO  
ALTHEA EASTASHA

**Possible Relative:**

KATHRYN LYNNE PAYNE LexID: C0192352224 DOB: 10/21/957

028-95-xxxx issued in Colorado between 1/1/1973 and 12/31/1973

\* SSN was linked to more than 2 people.

**Names Associated with Relative:**

KATHRYN LYNNE LexID: 00193358224 DOB: [REDACTED]

028-95-xxxx issued in Colorado between 1/1/1973 and 12/31/1973

\* SSN was linked to more than 2 people.

KATHRYN LYNNE LexID: 00193358224 DOB: [REDACTED]

028-95-xxxx issued in Colorado between 1/1/1955 and 12/31/1955

\* SSN belongs to a person reported as deceased.

ELIZABETH KATHRYN LexID: 20192368724 DOB: [REDACTED]

028-08-xxxx issued in Colorado between 1/1/1973 and 12/31/1973

\* SSN was linked to more than 2 people.

**Previous And Non-Verified Address(es):**

2010 WESTMAC RELINQUE DR, NASHVILLE, TN 37211-4111 DAVENPORT COUNTY

(May 2000 - Sep 2015)

**Current Residents at Address:**

KATHRYN LYNETTE PAYNE  
SCOTT MARLENN ILLISS  
KELLYANN ILLISS

1011 W BERTHAU AVE, DALLAS CO, 75242-1512 DALLAS COUNTY

(Oct 1979 - Jan 2015)

**Current Residents at Address:**

PATRICIA A CLARK  
PAT CLARK

**Current phones listed at this address:**

713-271-8827 - CDT CLARK PATRICIA A  
619-603-6036

1102 SPRING CREEK DR, MARIETTA, TN 37093-1148 DAVENPORT COUNTY

(Nov 1985 - Feb 2004)

**Current Residents at Address:**

LAURIE ANN HARTMAN  
DORIS TRACY KNEBEL SHOTT III  
DETTI LANE ANN SMITH  
RAULIEL PASQUALIN ROSEFF  
AMBERLY ANN SCOTT  
MARGARETTE

3746 H HAMILTON CTR APT 17 CHICAGO IL 60644-4200 COOK COUNTY  
(Oct 1979 - Jan 2003)

**Current Residents at Address:**

REBECCA DANAE WAREDA  
SHIRLEY ODEN

129 DONOHUE AVE HAMILTON OH 45036-2925 BUTLER COUNTY  
(Mar 1991 - Jan 1999)

**Current Residents at Address:**

RICHARD A SHARP  
WELMA J SHARP  
JAMES B SHARP - EDT SHARP RICHARD A

1102 W SCHOOL ST APT CHICAGO IL 60637-2128 COOK COUNTY  
(Jul 1989 - Sep 1994)

**Current Residents at Address:**

MARCELA ROSOAM CASEY  
ST - 366-8886

1122 14TH ST APT 106 SANTA MONICA CA 90404-5816 LOS ANGELES COUNTY  
(Jun 1987 - Oct 1989)

424-554-4833 - POT SPISER KRISTI

445 WINDYKNU 307ES AVE 4 RD CHICAGO IL 60637 (Sep 1986)

415 W WASHINGTON AVE APT 40 CHICAGO IL 60657-4688 COOK COUNTY

(Mar 1986 - Apr 1986)

100A NOYES ST APT 4D EVANSTON IL 60201-2707 COOK COUNTY

(Oct 1979 - Apr 1986)

CLYDE HENSLEY PAYNE LexID: 0018933719 DOB [REDACTED]  
79-26-xxxx issued in Ohio between 1/1/1936 and 12/31/1951

**Names Associated with Relative:**

OH PAYNE LexID: 0018933719 DOB [REDACTED]

79-26-xxxx issued in Ohio between 1/1/1936 and 12/31/1951

OH PAYNE LexID: 001939718110 DOB [REDACTED]

79-26-xxxx issued in Ohio between 1/1/1936 and 12/31/1951

\*SSN belongs to a person reported as deceased

CLARA H PAYNE LexID: 0018933719 DOB [REDACTED]

79-26-xxxx issued in Ohio between 1/1/1936 and 12/31/1951

CLYDE HENSLEY PAYNE LexID: 0018933719 DOB [REDACTED]

79-26-xxxx issued in Ohio between 1/1/1936 and 12/31/1951

**Previous And Non-Verified Address(es):**

7411 BOLLER ST APT 16E COLUMBIAS OH 45015-5198 FRANKLIN COUNTY  
(Apr 2012 - Sep 2015)

6902 ALLISON AVE HAMILTON OH 45036-2925 BUTLER COUNTY  
(Jul 2008 - Sep 2015)

**Current Residents at Address:**

CLYDE HENSLEY PAYNE  
CLARA H PAYNE  
LEICAH ROSE  
ELIZABETH ANN ROSE  
ALEXANDER EDWARD ROSE

RANDALL H PAYNE  
57-242964004 - EDT ROSE DARRELL E

330 N 10TH ST, HAMILTON OH 45011-7793 BUTLER COUNTY (Aug 1978 - 2014)

**Current Residents at Address:**

EDDIE TITZGARRH  
ERRAN F PARIOTI  
MARIA L VAIN PARIOTI  
E 10-89-2444E

388 W 24RD AVE APT B, COLLEMBUS OH 43201-0912, FRANKLIN COUNTY (May 2011)  
38 N TERT A ST, HAMILTON OH 45011 BUTLER COUNTY (Dec 2003)  
24 N 10TH ST, HAMILTON OH 45011-5603 BUTLER COUNTY (May 2002 - Aug 2003)

**Current Residents at Address:**

SHARON BLUSH  
ELBA F CODY  
KATHLEEN COLE  
JOS ELA F SARTORI  
RAYMOND MCKINNEY

8508 H ROME AVE, TAMPALULA 39042-1515, HILLSBOROUGH COUNTY

(Sep 1984 - Sep 2001)

**Current Residents at Address:**

ERIC B CRAWFORD  
FRANCES KAY D'ISOVI  
DONALD EUGENE D'ISOVI  
LAWRENCE D'ISOVI JR

**Current phones listed at this address:**

613-929-0217 - EDT DISON DONALD E  
E 10-89-2443

39 N 10TH ST, HAMILTON NY 13545, 2ND COUNTY (Nov 1999)  
3900 N HONE AVE, TAMPA FL 33604, HILLSBOROUGH COUNTY  
(Feb 1993 - May 1995)

4514 REDWOOD DR, FAIRFIELD OH 44014-1598 BUTLER COUNTY (Jan 1990)

**Current Residents at Address:**

FRANCIS CLEAR  
MELISSA MARIE FITZGER

BETH NOELLE PAYNE LexID: 600423657768 DOB: [REDACTED]  
270-81-0xxx issued in Ohio between 1/1/1993 and 12/31/1984

**Names Associated with Relative:**

BETH A CHANEY LexID: 600423657768 DOB: [REDACTED]  
270-81-0xxx issued in Ohio between 1/1/1993 and 12/31/1984

BETH N CHURBERS LexID: 600423657768 DOB: [REDACTED]  
270-81-0xxx issued in Ohio between 1/1/1993 and 12/31/1984

ARTHUR PAYNE LexID: 600423657768 DOB: [REDACTED]  
270-81-0xxx issued in Ohio between 1/1/1983 and 12/31/1984

BETH GRUBBS LexID: 00042657768 DOB: [REDACTED]  
276-82-xxxx issued in Ohio between 1/1/1983 and 12/31/1984

BETH N CHAVLY LexID: 00042657765 DOB: [REDACTED]  
276-82-xxxx issued in Ohio between 1/1/1983 and 12/31/1984

BETH N GROEBS LexID: 00042657768 DOB: [REDACTED]  
276-82-xxxx issued in Ohio between 1/1/1983 and 12/31/1984

ELI H N PAYNE LexID: 00042657765 DOB: [REDACTED]  
276-70-xxxx issued in Ohio between 1/1/1976 and 12/31/1976

BETH GRUBBS LexID: 00042657763 DOB: [REDACTED]  
276-70-xxxx issued in Ohio between 1/1/1976 and 12/31/1976

BETH N GRUBBS LexID: 00042657768 DOB: [REDACTED]  
276-70-xxxx issued in Ohio between 1/1/1976 and 12/31/1976

BETH PAYNE LexID: 01000657768 DOB: [REDACTED]  
276-70-xxxx issued in Ohio between 1/1/1976 and 12/31/1976

BETH CHANEY LexID: 01000657763 DOB: [REDACTED]  
276-92-xxxx issued in Ohio between 1/1/1983 and 12/31/1984

BETH N CHANEY LexID: 000657763 DOB: [REDACTED]  
276-70-xxxx issued in Ohio between 1/1/1976 and 12/31/1976

**Previous And Non-Verified Address(es):**

4008 HICKORY CLEMENS HAMILTON OH 45011-8998 BUTLER COUNTY  
(Jun 1996 - Sep 2015)

**Current Residents at Address:**

BETH NOBLE PAYNE  
RANDALL H PAYNE  
FRANCO H HICKON  
24 N 14TH ST APT 3, HAMILTON OH 45011-8993 BUTLER COUNTY  
(Dec 1996 - Jan 2015)  
P. 5277449

5750 WINDYBUSH CYPRESSDALE OH 45025-2200 HAMILTON COUNTY  
(Apr 1984 - Jan 2003)

**Current Residents at Address:**

CARRINGTON SHAWN SHELL OH 0  
ANA CRISTINA MOHAR  
CHRISTOPHER S SHELTON  
1947 HARBORVIEW BL HAMILTON OH 45015-4863 BUTLER COUNTY  
(Apr 1984 - Jan 2003)

**Current Residents at Address:**

WHEELER D GRUBBS  
LOIS ANN GRUBBS  
MABEL D GRUBBS

**Current phones listed at this address:**

513-865-2449 - EDT GRUBBS LOIS A

829-7074

PO BOX 19815 FAIRFIELD OH 45916-0815 BUTLER COUNTY (Apr 1997 - Jun 1998)  
38 N 101 E ST - HAMILTON OH 45011-9552 BUTLER COUNTY (Dec 1996 - Jan 1997)

**Current Residents at Address:**

NICHOLE B FARIDI  
BRYAN F FARIDI  
MARGA LYNN FALCON

9360 TERR. CINCINNATI OH 45221 HAMILTON COUNTY (Jan 1995 - Jan 1996)  
1486 OAKRIDGE HILL LN APT 2 HAMILTON OH 45015-0750 BUTLER COUNTY  
(Feb 1991 - Jan 1998)

**Current Residents at Address:**

JUDITH ANN LOUISE TERPUN  
929-7074

9930 TERWAY LN CINCINNATI OH 45231 HAMILTON COUNTY (Feb 1995 - Sep 1995)  
6286 SOUTHWEST BAYVIEW T. PARTNERSHIP CINCINNATI OH 45204-0488 BUTLER COUNTY  
(Aug 1989 - Dec 1990)

**Current Residents at Address:**

THOMAS RAY LESTER

**P** CLARA L PAYNE LexID: 00199498400 DO [REDACTED] DOD:2/2/2011 (BUTLER OH)  
Age at Death 74 (Born 79 years ago) - Proof

40044-xxxx issued in Kentucky between 1/1/1993 and 12/31/1994  
\*SSN belongs to a person reported as deceased

**Previous And Non-Verified Address(es):**

8620 ALLISON AVE HAMILTON OH 45011-2828 BUTLER COUNTY  
(Jan 2012 - Sep 2015)

**Current Residents at Address:**

OLYDIE HEASLEY PAYNE  
CELBA L PAYNE  
JITTA ANN ROSE  
ELIZABETH ANN ROSE  
ALEXANDER EDWARD ROSE  
RANDALL H PAYNE  
673-856-4874 - EDT ROSE DARRELLE

3274 COTTON ST HAMILTON OH 45011-9863 HAMILTON COUNTY (Dec 1993 - Sep 2015)

**Current Residents at Address:**

BECKY JE BRADY  
LYN ANN FARIDI  
SARCA LYNN PALCON  
819-609-4248

24 N 10TH ST HAMILTON OH 45011-9803 BUTLER COUNTY (Dec 1995 - Aug 2003)

**Current Residents at Address:**

MARION EUSH  
TULLA F COOY  
KATHIE COLE

JOS-IDA E SANDLIN  
RAYMOND MCKINNEY

8503 N POMPE AVE TAMPA FL 33601-2749 HILLSBOROUGH COUNTY  
(Nov 1989 - Sep 2002)

**Current Residents at Address:**

ERIN B CRAVERSON  
FRANCIS RAY DISON III  
DONALD EDUGENE PRISON  
JACK W DISON JR

**Current phones listed at this address:**

813-930-6327 - EDT DISON DONALD E  
813-930-6328

4814 BRITANNWOOD DR FAIRPORT OH 44804-4038 BUTLER COUNTY (Jan 1990)

**Current Residents at Address:**

ERIN A CLEAR  
MELISSA MARIE BELLELLI  
288 SOUTH HAMILTON O (Jan 1990)

OSCARIN H PAYNE LexID: 0010314814593 DOB: [REDACTED]  
284-650xxxx issued in Ohio between 1/1/1974 and 12/31/1975

**Names Associated with Relative:**

RANDALL N PAYNE LexID: 0009324874556 DOB: [REDACTED]  
281-650xxxx issued in Ohio between 1/1/1974 and 12/31/1975  
ROBERT D PAYNE LexID: 1070328142348 DOB: [REDACTED]  
281-650xxxx issued in Ohio between 1/1/1974 and 12/31/1975  
PAYNE RANDALL LexID: 001034514991 DOB: [REDACTED]  
281-650xxxx issued in Ohio between 1/1/1974 and 12/31/1975  
RANDALL H PAYNE LexID: 0119548144598 DOB: [REDACTED]  
281-650xxxx issued in Ohio between 1/1/1974 and 12/31/1975

**Previous And Non-Verified Address(es):**

4086 HICKORY GLEN DR HAMILTON OH 48014-2509 S JILIE COUNTY  
(Jan 1998 - Sep 2015)

**Current Residents at Address:**

BETH LOUELE PAYNE  
RANDALL H PAYNE  
TANTRILL PHINNEY

24 N 10TH ST AVE S HAMILTON OH 45014-5563 BUTLER COUNTY (Nov 1984 - 2014)  
2410 FRONT ST HAMILTON OH 45011-2901 BUTLER COUNTY (Feb 2011)

**Current Residents at Address:**

DAVID ROBERT WATKINSRISER I  
JOHN J METHERS  
WILLIAM THACKER  
MICHAEL P MAATTON  
117 668-1011 - EDT HAMILTON CITY OF

24 TELFORD CT HAMILTON OH 45014-2462 BUTLER COUNTY (May 1998 - Jul 2004)  
PO BOX 70 MIDDLETOWN OH 45042-0070 BUTLER COUNTY (Apr 2003)  
PO BOX 597342 JIMONA IN 46152-1932 WAYNE COUNTY (Dec 2001 - Feb 2002)  
PO BOX 18875 FAIRFIELD OH 45018-3815 BUTLER COUNTY (Nov 1954 - Jun 2001)  
26 N 10TH ST HAMILTON OH 45011-5249 560 COLUMBY (Jun 1998)  
26 N 10TH ST HAMILTON OH 45011 BUTLER COUNTY (Feb 1997)  
24 N 10TH ST HAMILTON OH 45011 BUTLER COUNTY (Feb 1990 - Nov 1995)

ROBERT CLAYTON PAYNE LexID: 001203652244 DOB: [REDACTED]

2006-04-04 Issued in Ohio between 1/1/1974 and 12/31/1975

**Names Associated with Relative:**

ROBERT F PAYNE LexID: 0016947951244 DOB: [REDACTED]

05-04-1994 Issued in Ohio between 1/1/1974 and 12/31/1975

ROBERT C PAYNE LexID: 001504552844 DOB: [REDACTED]

09-04-1994 Issued in Ohio between 1/1/1974 and 12/31/1975

ROBERT C PAYNE LexID: 00130237044 DOB: [REDACTED]

26-04-1994 Issued in Ohio between 1/1/1974 and 12/31/1975

ROBERT PAYNE LexID: 001450852244 DOB: [REDACTED]

26-04-1994 Issued in Ohio between 1/1/1974 and 12/31/1975

ROB PAYNE LexID: 001203652244 DOB: [REDACTED]

26-04-1994 Issued in Ohio between 1/1/1974 and 12/31/1975

ROB PAYNE LexID: 001203652244 DOB: [REDACTED]

26-04-1994 Issued in Ohio between 1/1/1974 and 12/31/1975

05-09-1997 ~~Issued in Ohio between 1/1/1974 and 12/31/1975~~

(Apr 1998 - Sep 2015)

**Current Residents at Address:**

KATHERINE ANN PAYNE

ROBERT CLAYTON PAYNE

450142462

1 BROADWAY 7 FLOOR NEW YORK NY 10024-1808 NEW YORK COUNTY

(Jan 2015 - Sep 2015)

126 GORDON AVE HAMILTON OH 45012-0126 JUNIATA COUNTY (Oct 1997 - Jan 2003)

**Current Residents at Address:**

RICHARD A SHARP

VELMA L SHARP

613-04-4004 - EDT SHARP RICHARD A

2007 MILLVILLE AVE HAMILTON OH 45014-2427 BUTLER COUNTY (Oct 1987 - Jan 2003)

**Current Residents at Address:**

JACOB HERTZBERGER

MILDRED RICHARD RINEGAR

MARY G GOODMAN

MARIE E ANN FROTHILL

AUDREAL LYNN THIBODILL

LAMSER RENAE RUTNER

02 E ANTHONY BRUNS CARLIN

23 MARGARET AVE HAMILTON OH 45015-2147 BUTLER COUNTY (Jun 1992 - Mar 1999)

**Current Residents at Address:**

FRLO DEAN COOPER

LOAN W PETA

24 MARGARET AVE HAMILTON OH 45015-2147 BUTLER COUNTY (Feb 1998)

28 N 10TH ST HAMILTON OH 45014-5252 BUTLER COUNTY (Dec 1997)

**Current Residents at Address:**

MICHELLE P. PARILLI  
BRANDY PARILLI  
MARCUS LORIN ALANSON  
2170 S. ACADUEWAY AVE. SAUNGER DR. 60571 FLORENCE, CO (Jan 1987)  
1101 S. IOST APT. 6 REEDLEY, CA 95864 - MENDOCINO COUNTY (May 1986)  
2000 N VAUGHN ST. TIRRENO CA 95134-6640 FRESNO COUNTY (Apr 1985 - Apr 1986)

**Current Residents at Address:**

LYNASHA M ALPHEO  
PATRICIA HANTONER  
BILL JAMES DONOFRALDO  
PAVLA SUITZ  
OTTRINO A SOTTO  
ALFREDO LASSIARONA

CHLOE KATHERINE PAYNE LexID: 1188700886 DOB: [REDACTED]  
**Previous And Non-Verified Address(es):**

3887 HARRISON BLVD. HAMILTON, OH 45015-2135, BUTLER COUNTY  
(Apr 2006 - Jun 2013)

**Current Residents at Address:**

KATHERINE ANN PAYNE  
ROBERT CLYDE PAYNE

KYLE N SLOOP LexID: 2572726759 DOB: [REDACTED]  
13422-444 Issued in Illinois between 1/1/1989 and 12/31/1990

**Names Associated with Relative:**

KYLE H PAYNE LexID: 141754 027889 DOB: [REDACTED]  
35450-444 Issued in Illinois between 1/1/1985 and 12/31/1990

**Previous And Non-Verified Address(es):**

1104159 SPRING MEADOWS DR. HAMILTON, OH 45114-0947, BUTLER COUNTY  
(Apr 2014 - Sep 2015)

**Current Residents at Address:**

CALLES EDWIN PAYNE  
KYLE NOEL SLOOP  
KATHARINA SOTE

5143 PARKWOOD LN. HAVERTON OH 45931-1004, BUTLER COUNTY (Aug 2015)

**Current Residents at Address:**

CANDIE ELLEN PAYNE  
ANNA ROBINSON MARFO  
PATRICK JOVASSI MARFO  
JENNA DILLER

KYLE N SLOOP

264 PINE ST. MORTGAGAN CITY IN 46361-3781, CAPRIOTE COUNTY (Aug 2006 - May 2014)

**Current Residents at Address:**

DAVID LEO SLOOP  
MIRIAM L SLOOP  
KYLE NOEL SLOOP  
KATHERINE SLOOP  
JENNA DILLER

2700 GARDENWAY AVE. CONCORDIA OH 43017-5568, HAMILTON COUNTY

**Neighborhood:**

3142 PARKWOOD LN, HAMILTON OH 45011-0210, BUTLER COUNTY (Aug 2015 - Oct 2015)

**Residents:**

CALIEB STEVENS EBYNE DOB: [REDACTED]  
200-620012 issued in Ohio between 1/1/1991 and 12/31/1992  
JANA HOWARD MARRCO DOB [REDACTED]  
301-11xxxx issued in Ohio between 8/2/2006 and 8/1/2008  
PATRICIA ANNAGI MARRCO [REDACTED] - SSN potentially  
[REDACTED]  
JENNA DILLER  
KYLE M SICCO DOB: 1987  
SSN xxx-xx-xxxx issued in Illinois between 1/1/1989 and 12/31/1990

**Address(es):**

3145 PARKWOOD BLV, HAMILTON OH 45011-0249, BUTLER COUNTY  
(Nov 2010 - Sep 2015)

HOLLY A FADULLA LexID: 001505452101 DOB: [REDACTED]

307-xxxx issued in Ohio between 10/1/974 and 12/31/1975

3144 PARKWOOD DR, HAMILTON OH 45011-0210, BUTLER COUNTY

(Dec 2007 - Sep 2015)

**Residents:**

TRACY L CREIGHTON LexID: 0002451195266 DOB: [REDACTED]  
29-xxxx issued in Ohio between 1/1/1975 and [REDACTED]

DONNA LOUISE GREGORY LexID: 00056521442 DOB: [REDACTED]

29-xxxx issued in Ohio between 1/1/1981 and 12/31/1982

SYLVIA LYNN FRYBIE LexID: 01420521422 DOB: [REDACTED]

301-xxxx issued in Ohio between 1/1/1985 and 12/31/1987

JESSICA L ARROYO LexID: 00549040400 DOB: [REDACTED]

20-xxxx issued in Ohio between 1/1/1989 and 12/31/1989

3142 PARKWOOD LN, HAMILTON OH 45011-0210, BUTLER COUNTY

(Aug 2010 - Sep 2015)

**Residents:**

ANNA JANET HINTON LexID: 00112709146 DOB: [REDACTED]

47-xxxx issued in Ohio between 1/1/1975 and 12/31/1976

KYLE J ORTAN HINTON LexID: 05127045501 DOB: [REDACTED]

20-xxxx issued in Ohio between 3/2/1994 and 3/1/1995

**Neighborhood:**

3482 SPRING HEDGECOCK DR, HAMILTON OH 45011-0247, BUTLER COUNTY

(Nov 2011 - Aug 2015)

**Residents:**

CALIEB STEVENS EBYNE DOB: [REDACTED]

200-620012 issued in Ohio between 1/1/1991 and 12/31/1992

KYLE M SICCO DOB [REDACTED]

301-11xxxx issued in Illinois between 1/1/1989 and 12/31/1990

ANNA JANET HINTON DOB [REDACTED]

47-xxxx issued in Ohio between 2/2/1993 and 2/9/1995



)

)

**DATE: October 13, 2015**

**TO: All Personnel**

**FROM: Chief Bob Buchanan**

**RE: General Order 15-4-Hiring background investigation**

The following procedures are established to provide the Background Investigator with a standardized approach to conducting background investigations on applicants. To determine an individual's suitability and stability for employment, the Monroe Police Department relies upon background investigation, psychological evaluation, C.V.S.A. or polygraph examination, physical fitness testing, written testing, and oral interviews.

- 1.1 Purpose of Background Investigation**
- 1.2 Background Investigators**
- 1.3 Home Visit**
- 1.4 Neighborhood Interviews**
- 1.5 Personal Reference Check**
- 1.6 Employment History Verification**
- 1.8 Driving and Criminal History**
- 1.9 Citizenship**
- 1.10 Military History**
- 2.1 Final Report**
- 2.2 Compiling the Report**
- 3.1 Job Dimensions**
- 3.2 Interview Questions**

## **1.1 Purpose of Background Investigation**

- A. The purpose of the background investigation is threefold:
1. To learn how an applicant has behaved under a wide variety of circumstances and from this to base a prediction concerning future performance as an employee.
  2. To verify all statements made by an applicant in their application.
  3. To prevent the police division from hiring a person who will prove to be unqualified.
- B. Whenever practicable, the Background Investigator will obtain information on an applicant through personal interviews with persons who have knowledge of the applicant.

## **1.2 Background Investigators**

- A. Background Investigators will have had training in conducting background investigations prior to conducting any background investigations.

## **1.3 Home Visit**

- A. The purpose of the home visit is to evaluate the candidate in their home environment.
- B. The Background Investigator will conduct a home visit with the applicant and the applicant's spouse/relatives.
- C. The Background Investigator will note in their report the following:
1. The condition of the home (clean, organized, well kept, etc.).
  2. The support or lack of from family members.
  3. The Background Investigator will review the entire Personal History Questionnaire with the applicant and question them on the information provided. The investigator will follow-up on any information received during the interview.
- D. The Background Investigator will summarize the interview and place it in the file.

## **1.4 Neighborhood Interviews**

- A. The purpose of the neighborhood interviews is to obtain background information on the applicant from their neighbors.

- B. The Background Investigator will interview at least two (2) neighbors of the applicant.
  - 1. If the applicant is new to the neighborhood, the Background Investigator should interview neighbors from the applicant's old neighborhood.
  - C. The Background Investigator should inquire about the following topics with the neighbors.
    - 1. The interviews with the neighbors should deal with the personality of the individual. (Does the neighbor think the applicant is reliable? What is the applicant's demeanor? Would the neighbor feel comfortable if the applicant were a police officer/dispatcher? Etc.)
    - 2. Have any odd occurrences occurred at the applicant's residence? (Loud parties, domestic disputes, etc.)
    - 3. What type of visitors does the applicant have? (Unseemly individuals, etc.).
    - 4. Who are the applicant's friends? (Follow up with an interview of these individuals.)
    - D. The results of the neighborhood interview will be summarized and noted in the applicant's file.

**1.5 Personal Reference Check**

- A. The purpose of the reference check is to obtain background information on the applicant from the listed references.
- B. The Background Investigator will verify all of the references listed in the Personal History Questionnaire.
  - 1. While it is preferred that the reference check be conducted in person, verifications can be made by telephone if the individual lives a considerable distance away.
  - 2. If the reference cannot be contacted after several attempts, the Background Investigator will note this in the file.
  - C. The reference should be asked questions relating to the following.
    - 1. The interview with the personal reference should deal with the personality of the individual. (Does the reference think the applicant is reliable? What is the applicant's demeanor? Would the reference feel comfortable if the applicant were a police officer/dispatcher? Would the reference hire the applicant as a police officer? Etc.)

2. Who are the applicant's friends? (Follow up with an interview of these individuals.)
- D. The summary of the interview will be noted in the applicant's file.

#### **1.6 Employment History Verification**

- A. The purpose of the employment history verification is to obtain information on the applicant's work history, work ethics, dependability, and personal relationships.
  - B. The Background Investigator will verify employment history for the past ten years of the applicant.
  - C. The Background Investigator should inquire about the following topics.
    1. Was the applicant reliable? (Did they show up for work on time? Did the employ use a lot of sick time? Was their work acceptable?)
    2. What are the applicant's strengths?
    3. What are the applicant's weaknesses?
    4. Was the applicant a discipline problem?
    5. Would the employer hire the person back? If not, why?
    6. Would the employer recommend or hire the applicant as a police officer/dispatcher?
    7. How does the applicant handle stress?
    8. What were the applicant's personal relationships like? Did the applicant get along with other employees? How did the applicant get along with the public?
  - D. The Background Investigator will summarize the interview and place it in the applicant's file.
- #### **1.7 Education Verification**
- A. The purpose of the education verification is to insure that the applicant's educational credentials are accurate and meets the minimum qualifications.
  - B. The Background Investigator will contact the learning institution in person, when possible, and verify the educational background of the applicant.

- C. The Background Investigator should also interview teachers, guidance counselors, etc. and interview these individuals on the following topics.
  - 1. What type of student was the applicant?
  - 2. Was the applicant's work turned in on time and complete?
  - 3. Did the applicant have a good work ethic?
  - 4. What is the individual's opinion on the applicant's ability to be a police officer/dispatcher? What do they base this opinion on?
  - 5. What is the applicant's personality? Did they get along with other students and the school staff?
- C. The Background Investigator will summarize the interviews and the educational credentials and note them in the applicant's file.

**1.8 Driving and Criminal History**

- A. The Background Investigator will obtain a copy of the applicant's driving record and criminal history and place them in the applicant's file. The investigator should ask the applicant to clarify or explain any issues that arise as a result of these checks during the home visit.
  - 1. The investigator will summarize the interview in reference to the driving and criminal history and place the notes in the applicant's file.
  - B. The Background Investigator will obtain the applicant's fingerprints and send the ten-print card to B.C.I. for a criminal background check. A copy of the B.C.I. report will be placed in the applicant's file.

**1.9 Citizenship**

- A. In order to obtain a commission as a police officer in the State of Ohio and legally carry a firearm, the applicant must be a citizen of the United States.
- B. The Background Investigator will obtain a copy of the applicant's birth certificate. If the applicant was not born in the United States, the Background Investigator will require the applicant to produce documentation that proves United States citizenship.
- C. The birth certificate and any other supporting documentation will be placed in the applicant's file.

## 1.10 Military History

A. Applicants that were in the military will supply a copy of their DD-214 (Military Discharge) to the Background Investigator. The investigator will use the following chart to note any action that was taken against the applicant by the military.

Article	Charge	Article	Charge
77	Principles	78	Accessory After the Fact
79	Conviction on a Lesser Offense	80	Attempts
81	Conspiracy	82	Solicitation
83	Fraudulent Enlistment, Appointment, or Separation	84	Unlawful Enlistment, Appointment, Separation
85	Desertion	86	Absence Without Leave
87	Missing Movement	88	Contempt Toward Officials
89	Disrespect Towards Superior	90	Assaulting or Willfully Disobeying Officer
91	Insubordinate Conduct towards Noncommissioned Officer	92	Failure to Obey Order or Regulation
93	Cruelly or Maltreatment	94	Mutiny or Sedation
95	Arrest and Confinement	96	Releasing Prisoner Without Proper Authority
97	Unlawful Detention of Another	98	Noncompliance with Procedural Rules
99	Misbehavior Before the Enemy	100	Subordinate Compelling Surrender
101	Improper Use of Countersign	102	Forcing a Safeguard
103	Captured or Abandoned Property	104	Aiding the Enemy
105	Misconduct as a Prisoner	106	Spies
107	False Official Statements	108	Military Property of United States – Loss, Damage, Destruction or Wrongful Disposition
109	Property Other than Military Property of the United States – Waste, Spoil, or Destruction	110	Improper Hazarding of Vessel
111	Drunken or Reckless Driving	112	Drunk on Duty
113	Misbehavior of Sentinel	114	Dueling
115	Malingering	116	Riot or Breach of the Peace
117	Provoking Speeches or Gestures	118	Murder
119	Manslaughter	120	Rape and Carnal Knowledge
121	Larceny and Wrongful Appropriation	122	Robbery
123	Forgery	124	Maiming
125	Sodomy	126	Arson
127	Extortion	128	Assault
129	Burglary	130	Housebreaking
131	Perjury	132	Frauds Against the Government
133	Conduct Unbecoming an Officer and Gentleman	134	General Article

## **2.1 Final Report**

- A. Once the background investigation is complete, the Background Investigator will write a final report. The report will summarize the entire investigation. In addition, the investigator will summarize their professional opinion on the applicant and their fitness for the position. This summary will state reasons for the assumptions made. The report will then be added to the applicant's file.
- B. The Background Investigator will also complete a matrix detailing when each phase was completed in the background investigation and verifying that the necessary information is in the file.

<b>Date</b>	<b>Time</b>	<b>Officer</b>
		Photograph
		Fingerprints to B.C.I.
		Home Visit
		Neighborhood Interviews
		Personal Reference Check
		Employment History Verification
		Driving Record
		Criminal History Check
		Citizenship
		Military History
		Final Report

## **2.2 Compiling the Report**

- A. The Background Investigator will be responsible for compiling the final report. In order to achieve consistency, the report will be compiled in the following manner.
- B. The background investigation will be placed in a file folder with the applicants name (Last, First, MI) placed on the tab.
- C. On the left side of the folder the following information will be attached in the following order from top to bottom.
1. Photograph of applicant.
  2. Driving Record.
  3. Criminal History.
  4. B.C.I. Report.

D. On the right side of the folder the following information will attached in the following order from top to bottom.

1. Background Investigators entire summary.
2. Home Visit Information.
3. Neighborhood Interviews Information.
4. Personal Reference Check Information.
5. Employment History Information.
6. Citizenship Information.
7. Military History Information.
8. C.V.S.A./Polygraph Information.
9. Oral Panel Review Information.
10. Physical Fitness Test Information.
11. Written Test Information.
12. Application.

### **3.1 Job Dimensions**

A. When conducting interviews as part of a Background Investigation, the investigator should keep in mind the job dimensions in order to elicit the information needed and to be able to adequately provide the necessary information in the summary. The job dimension for police officer/dispatcher are as follows.

1. **Communication Skills:** Look at what the entry-level police officer/dispatcher do everyday. They take reports and talk to the public. They should be able to communicate not only verbally but also in writing. They should be able to write a report that is complete and accurate.
2. **Problem-Solving Ability:** The police officer/dispatcher should be able to determine that there is a problem, identify what the problem is and what action should be taken. They should be able to make a decision, and these decisions should be made using good judgment.

3. **Learning Ability:** Police officers/dispatchers should be able to retain a large amount of factual information. The police officers have to be able to identify what laws, ordinances; codes, etc. are or can be used in any given situation. The police officer needs to be able to learn on daily basis new laws, the area in which they will work, the people who live and work in the area.
4. **Judgment Under Pressure:** The police officer/dispatcher must be able to maintain control of themselves and the situation. Under pressure they must be able to make sound decisions I dealing with a simple to highly volatile crisis. They must be able to do this without supervision.
5. **Observational Skills:** Mental alertness, memory for detail, is able to able to identify that there is a problem or the potential for one. Be alert to signals that would give them an indication that there is a problem. Understand the people and how they will react to a problem, in their area of responsibility.
6. **Willingness to Confront Problems:** The police officer/dispatcher must have the ability to be assertive in problem situations. They must, again, be in control of the situation. They must have the desire and willingness to stop and talk to people.
7. **Interest in People:** Police officers/dispatcher must have an active interest in people and their problems. They must be fair to the public, regardless of race, ethnic background, income level, religious beliefs or sex.
8. **Interpersonal Sensitivity:** The police officer/dispatcher must show some concern or feelings for the public. They must try and understand the motives of people and how they will react in situations. Show empathy in working with people.
9. **Desire for Self-Improvement:** The police officer/dispatcher must want to continue to learn the job and all the parts that make up the job. They have to stay up to date with the laws, improve their skills and knowledge. They must want to continually improve their competence as a police officer/dispatcher.
10. **Appearance:** The physical appearance, grooming and personal care of the police officer/dispatcher often determine appearance-demeanor to the public. They show pride and professional bearing in personal neatness and overall grooming.
11. **Dependability:** Being available to make calls when assigned. Submitting reports on time. How about being on time for work and coming to work versus calling in sick. Being motivated towards the job. Taking extra effort to being accurate in the reports or investigation.
12. **Physical Ability:** Having the endurance to do the job. The individual should measure up to the physical demands of the job.

13. Integrity: The officers should be able to refuse to yield to the temptation of bribes, gratuities, payoff, etc. They should not tolerate unethical or illegal conduct on the part of any law enforcement personnel. They should show strong moral character and integrity in dealing with the public.
14. Operation of a Motor Vehicle: The police officer should possess a valid drivers license. They should have the ability to drive safely in normal and stressful situations. They should be able to control the motor vehicle at high rates of speeds and in all weather conditions.
15. Credibility in a Court of Law: The police officer/dispatcher should be able to give testimony in a court of law without being subject to impeachment due to their character. That would include some misdemeanors and all felony arrests.

### **3.2 Interview Questions**

- A. Interviewing and applicant is different that interviewing a suspect, victim or witness of a criminal offense. The Background Investigator needs to be aware of the American with Disabilities Act, Discrimination, and Equal Employment Opportunity. How a question is phrased is just as important as the question that is asked. The following are topical areas that must be avoided.
  1. Religion.
  2. Age (other than to verify that the individual is 21 years old for police officer and 18 for dispatcher).
  3. Disabilities or handicaps.
  4. Heritage.
  5. Sexual Preference.
  6. Racc.
- B. While questions into these areas may not be asked, if the individual volunteers this information, it may be noted and recorded. The investigator should note that the information was volunteered. In addition, observations may be noted into the investigators report even if they are in areas that are prohibited from being asked. The investigator should note in the report that it is an observation. (Example: The applicant has a handicapped decal or license plate on their car. Etc.)
- C. Acceptable questions that test an applicant's motivation, maturity, willingness to accept instruction, interest in the job, ability to communicate and personality may be asked. Some of the following are examples.

- What are some of the responsibilities the applicant had in previous jobs?
  - What skills and traits does the applicant have that suit the needs of the police division?
  - What attracted the applicant to the position?
  - What are some of the applicant's outside interests?
  - Describe the applicant's relationship with whom they worked or associate with.
  - What are the applicant's short and long-term goals?
  - Why does the applicant want to change jobs?
  - What form of supervisory style does the applicant prefer?
  - Does the applicant have an understanding of what the job entails?
1. The questions are open-ended and address a general topic. This allows the individual to talk and provide a commentary.

**Top to Bottom**

1. Citizenship Information
2. Military History Information
3. CVSA/Polygraph Information
4. Oral Panel Review Information
5. Physical Fitness Test Information
6. Written Test Information
7. Application
8. Certifications and Commendations

**(Inside Jacket – Copies of signed release waivers)**

1A NAME OF CHILD - FIRST	1B MIDDLE	1C LAST
CALBB	EDWIN	PAYNE
2 SEX	3A THIS BIRTH SINGLE	3B IS MALE'S TWIN CHILD
MALE	SINGLE	NO
4A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	4B STREET ADDRESS (FIRST NUMBER OR LOCALITY)	4C CITY OR TOWN
SEMA DISTRICT HOSPITAL	1141 ROSE AVENUE	FRESNO
5A NAME OF FATHER - FIRST	5B MIDDLE	5C LAST
ROBERT	CLYDE	PAYNE
6A NAME OF MOTHER - FIRST	6B MIDDLE	6C LAST
KATHERINE	ANN	LASHAN
7 STATE OF BIRTH	8 AGE OF FATHER	9 AGE OF MOTHER
CA	26	26
10 DATE OF BIRTH - MONTH DAY YEAR	11 DATE BORN	12 DATE BORN
8-29-86		
13 LOCAL RESIDENTIAL	14 DEATH - BIRTH DATE OR DEATH	15 LOCAL RESIDENTIAL
SEMA, CA 93662		SEP 05 86

STATE OF CALIFORNIA  
COUNTY OF FRESNO

This is to certify that this is a true transcript copy of this document, recorded and/or filed in this office, as provided by law.

William C. Greenwood, County Recorder, By Deputy *[Signature]*

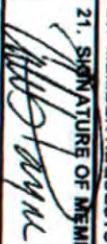
Dated 1-29-91  
Book 86 # 8081  
Page 8081



**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

<b>1. NAME (Last, First, Middle)</b> PAYNE, CALER EDWIN		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> ARMY/RA		<b>3. SOCIAL SECURITY NUMBER</b> [REDACTED]	
<b>4a. GRADE, RATE OR RANK</b> PPC	<b>b. PAY GRADE</b> E03	<b>5. DATE OF BIRTH (YYYYMMDD)</b> [REDACTED]	<b>6. RESERVE OBLIGATION TERMINATION DATE</b> (YYYYMMDD) 00000000		
<b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b> GAHANNA, OHIO		<b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b> [REDACTED]			
<b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> COMPANY F RHU TC		<b>b. STATION WHERE SEPARATED</b> FORT BENNING, GA 31905-5010			
<b>9. COMMAND TO WHICH TRANSFERRED</b> N/A		<b>10. SGLI COVERAGE</b> AMOUNT: \$400,000.00		<input type="checkbox"/> NONE	
<b>11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)</b> NONE//NOTHING FOLLOWS					
<b>12. RECORD OF SERVICE</b>					
<b>a. DATE ENTERED AD THIS PERIOD</b>		<b>YEARS)</b>	<b>MONTH(S)</b>	<b>DAY(S)</b>	
2008		07	07	01	
<b>b. SEPARATION DATE THIS PERIOD</b>		2008	08	07	
<b>c. NET ACTIVE SERVICE THIS PERIOD</b>		0000	01	07	
<b>d. TOTAL PRIOR ACTIVE SERVICE</b>		0000	00	00	
<b>e. TOTAL PRIOR INACTIVE SERVICE</b>		0000	00	00	
<b>f. FOREIGN SERVICE</b>		0000	00	00	
<b>g. SEA SERVICE</b>		0000	00	00	
<b>h. EFFECTIVE DATE OF PAY GRADE</b>		2008	07	23	
<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b> NONE//NOTHING FOLLOWS					
<b>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</b> NONE//NOTHING FOLLOWS					
<b>15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM</b>					
<b>b. HIGH SCHOOL GRADUATE OR EQUIVALENT</b>					
<b>16. DAYS ACCRUED LEAVE PAID 0</b>	<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. REMARKS</b> BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20080529-20080630//MEMBER HAS NOT COMPLETED FIRST PULL TERM OF SERVICE//NOTHING FOLLOWS					

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

<b>19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)</b> [REDACTED]	<b>b. NEAREST RELATIVE (Name and address - Include ZIP Code)</b> ROBERT C PAYNE [REDACTED]
<b>20. MEMBER REQUESTS COPY 6 BE SENT TO</b> OH	<b>DIRECTOR OF VETERANS AFFAIRS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>21. SIGNATURE OF MEMBER BEING SEPARATED</b> 	<b>22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)</b> RILEY, GISELE, LYN, 1014503702 GISELE RILEY, SITE MANAGER

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

<b>23. TYPE OF SEPARATION</b> DISCHARGE	<b>24. CHARACTER OF SERVICE (Include upgrades)</b> UNCHARACTERIZED
<b>25. SEPARATION AUTHORITY</b> AR 635-200, CHAP 11	<b>26. SEPARATION CODE</b> JGA
<b>28. NARRATIVE REASON FOR SEPARATION</b> ENTRY LEVEL PERFORMANCE AND CONDUCT	<b>27. REENTRY CODE</b> 3
<b>29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)</b> NONE	<b>30. MEMBER REQUESTS COPY 4</b> (Initials) CEP



## MONROE POLICE DEPARTMENT

2333SouthMainStreet•P. O. Box330•Monroe, Ohio45050-0330

To: Ptl. Josh King

From: Det. Josh Robertson

Date: November 4, 2015

Re: CVSA of Caleb Payne

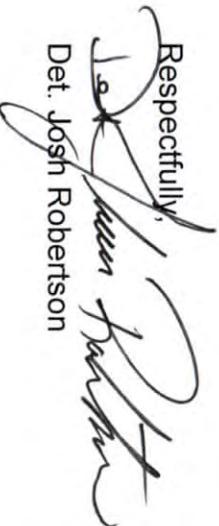
On Wednesday, November 4, 2015 I conducted a CVSA examination on Caleb Payne, lateral candidate for Police Officer.

I reviewed his Personal History Questionnaire (PHQ) with him. Mr. Payne was very thorough in explaining everything on his PHQ. We discussed several items on the PHQ, and Mr. Payne explained them as he had in the PHQ. After reviewing his PHQ, we moved on to the CVSA.

Mr. Payne was asked a series of questions relating to past drug history, employment history, theft history, and his honesty when completing the PHQ. Between chart one and chart two Mr. Payne indicated that he wanted to clear up a question. Mr. Payne explained that he thought of something that he did not disclose on his PHQ. Mr. Payne explained that while employed at Fairfield Township PD he was working a detail at a gravel pit, and while working the detail he used his phone to watch a short pornographic video. Mr. Payne stated that he did not touch himself and did nothing other than watch the video.

After completing the test it was determined that Mr. Payne was being truthful as no deception was indicated during the exam.

Respectfully,



Det. Josh Robertson

**MC CROE POLICE DEPARTMENT**  
**POLICE OFFICER**  
**INTERVIEW**

3

APPLICANT'S NAME Caleb Payne

DATE/TIME OF INTERVIEW 10.20.15 / 10:10

EVALUATORS Payne, Sparks, Patterson, Coburn, McKinney

EVALUATORS' COMMENTS: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

2. INTERVIEW POINTS TOTAL 41.6

Proper appearance, demeanor, courtesy, attentiveness and attitude are expected.

**APPEARANCE:**

Good/Poor Grooming +/- 2 points 2  
Proper/Improper attire +/- 2 points 2  
Military Bearing +/- 2 points 2  
TOTAL 6

**DEMEANOR/ATTITUDE:**

Respectful/Disrespectful +/- 2 points 2  
Attentive/Inattentive +/- 2 points 2  
Late - 5 points -  
TOTAL 4

**APPLICANT'S TOTAL SESSION POINTS** 51.6

MONROE POLICE DEPARTMENT  
POLICE OFFICER INTERVIEW  
QUESTIONS 1 THRU 10  
GROUP AVERAGES

APPLICANT'S NAME Caleb Payne

DATE/TIME OF INTERVIEW 10/20/13 10:10

<u>Evaluator</u>	<u>Total Points Assessed</u>
<u>McKinney</u>	<u>49</u>
<u>Coburn</u>	<u>42</u>
<u>Sparks</u>	<u>35</u>
<u>Patterson</u>	<u>37</u>
<u>Payne</u>	<u>45</u>
_____	_____
_____	_____
<u>AVERAGE:</u>	<u>41.6</u>

**INTERVIEW QUESTION 1**

A police officer is a public servant with varied responsibilities. As a Momroe police officer, what do you believe your responsibilities will be?

- A) Protect and serve community (have clarified) 2 points
- B) Assist the public in any way possible 1 point
- C) Enforce laws 1 point
- D) Provide guidance and counseling when possible 1 point
- E) Investigate incidents / crashes 1 point
- F) Promote good relations between the City and those served 1 point

NOTES: News Dad / FF TWP

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 1

6

15



**INTERVIEW QUESTION 3**

Describe when the use of force would be justified.

- A) After all efforts to convince the person to comply with a lawful order has failed. 2 points
- B) To affect a lawful arrest when the person resists 1 point
- C) Can applicant describe an incident where the appropriate force was used. 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 3** 2





**INTERVIEW QUESTION 6**

You are at a party where drugs are being used. What do you do?

- A) Tell the host, then leave 2 points
- B) Leave 1 point
- C) Handle a minor situation quietly/privately 1 point
- D) Call authorities if serious 1 point
- E) Do nothing, ignore & enjoy the party -2 points
- F) Does applicant cite an example to backup answer. 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 6**

2

**INTERVIEW QUESTION 7**

What would you do if a supervisor gives you a lawful order with which you disagree?

- A) Do it and discuss with supervisor later 1 point
- B) Can applicant cite an example to backup answer 1 point
- C) Tell the supervisor my thoughts on the order -1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 7**

2

**INTERVIEW QUESTION 8**

What would you do if a fellow officer violated a minor department rule?

Ex: Officers are supposed to devote on duty time to patrol efforts. You know a fellow officer is spending hours each shift hiding behind buildings, reading non-police related materials.

- A) Approach him first 2 point
- B) Tell a supervisor 1 point
- C) Ignore it -1 point
- D) Applicant cites incident to backup answer 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 8

5

**INTERVIEW QUESTION 9**

What would you do if a fellow officer commits a serious crime in your presence?

Ex: You respond to assist a fellow officer with an alarm drop at an electronics store. When you arrive, you see the officer loading a DVD player into the trunk of his police car.

- A) Take immediate action personally **2 points**
- B) Notify a supervisor **1 point**
- C) Going to stop it somehow **1 point**
- D) Ignore it, do nothing **-2 points**
- E) Talk to the officer later **-1 point**

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Manner of Presentation:

- Clear, concise, positive forceful **1 point**
- Thoughtfully hesitant, reasonably certain **0 point**
- Indecisive, rambling, attempts to bluff **-1 point**

**TOTAL FOR QUESTION 9**

5

**INTERVIEW QUESTION 10**

What would you do if you saw a fellow officer mistreat or say something inappropriate to someone who was obviously offended or uncomfortable?

- A) Speak with him on minor issue **2 point**
- B) Advise supervisor **1 point**
- C) Intervene 1 point
- D) Ignore it, do nothing -2 points
- E) Speak to the victim **1 point**
- F) Applicant cites incident to backup answer 1 point

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Manner of Presentation:

- Clear, concise, positive forceful **1 point**
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 10**

5

A police officer is a public servant with varied responsibilities. As a Monroe police officer, what do you believe your responsibilities will be?

- A) Protect and serve community (have clarified) 2 points
- B) Assist the public in any way possible 1 point
- C) Enforce laws 1 point
- D) Provide guidance and counseling when possible 1 point
- E) Investigate incidents / crashes 1 point
- F) Promote good relations between the City and those served 1 point

NOTES: Good Speaker, Positive

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 1 4

**INTERVIEW QUESTION 2**

10

Monroe police officers may exercise officer's discretion when taking enforcement action. What are the factors to be considered when using officer's discretion?

- A) Totality of the situation (if properly explained) **5 points**
- B) Seriousness of offense / violation 1 point
- C) Prior criminal / traffic history 1 point
- D) Attitude of offender / violator 1 point
- E) Victim's wishes 1 point
- F) Officer's past experiences with similar cases & court rulings 1 point
- G) Potential effect of letting the offender go without charges 1 point

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Manner of Presentation:

- Clear, concise, positive forceful **1 point**
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 2 10



**INTERVIEW QUESTION 4**

15

Do you support the idea of mandatory drug testing for police officers?  
Why or why not?

- A) Proves integrity of department/public perception **2 points**
- B) I would like to know my fellow employees are clean 1 point
- C) Mandatory drug testing is illegal -2 points
- (D) To prevent officers from initiating drug usage once employed 1 point

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Manner of Presentation:

- Clear, concise, positive forceful **1 point**
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 4**

3

**INTERVIEW QUESTION 5**

“What I do on my off-time is my business.”  
As a police officer, how do you feel about that statement?

- A) Policemen are held to a higher standard      2 points
- B) Policemen are policemen 24/7      1 point
- C) The police are supposed to be an example      1 point
- D) Every officer represents the Department      1 point
- E) The rules only apply when I am working      -2 points

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Manner of Presentation:

- Clear, concise, positive forceful      1 point
- Thoughtfully hesitant, reasonably certain      0 point
- Indecisive, rambling, attempts to bluff      -1 point

**TOTAL FOR QUESTION 5**

2



**INTERVIEW QUESTION 7**

What would you do if a supervisor gives you a lawful order with which you disagree?

- A) Do it and discuss with supervisor later **1 point**
- B) Can applicant cite an example to backup answer 1 point
- C) Tell the supervisor my thoughts on the order -1 point

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Manner of Presentation:

- Clear, concise, positive forceful **1 point**
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 7

2

**INTERVIEW QUESTION 8**

What would you do if a fellow officer violated a minor department rule?

Ex: Officers are supposed to devote on duty time to patrol efforts. You know a fellow officer is spending hours each shift hiding behind buildings, reading non-police related materials.

- A) Approach him first **2 point**
- B) Tell a supervisor **1 point**
- C) Ignore it **-1 point**
- D) Applicant cites incident to backup answer **1 point**

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Manner of Presentation:

- Clear, concise, positive forceful **1 point**
- Thoughtfully hesitant, reasonably certain **0 point**
- Indecisive, rambling, attempts to bluff **-1 point**

**TOTAL FOR QUESTION 8**        4



What would you do if you saw a fellow officer mistreat or say something inappropriate to someone who was obviously offended or uncomfortable?

- A) Speak with him on minor issue 2 point
- B) Advise supervisor 1 point
- C) Intervene 1 point
- D) Ignore it, do nothing -2 points
- E) Speak to the victim 1 point
- F) Applicant cites incident to backup answer 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 10

5

237

**INTERVIEW QUESTION 1**

A police officer is a public servant with varied responsibilities. As a Momroe police officer, what do you believe your responsibilities will be?

- A) Protect and serve community (have clarified) 2 points
- B) Assist the public in any way possible 1 point
- C) Enforce laws 1 point
- D) Provide guidance and counseling when possible 1 point
- E) Investigate incidents / crashes 1 point
- F) Promote good relations between the City and those served 1 point

NOTES: *reference department website + mission*

*of statement*

Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 1**

7

**INTERVIEW QUESTION 2**

Monroe police officers may exercise officer's discretion when taking enforcement action. What are the factors to be considered when using officer's discretion?

- A) Totality of the situation (if properly explained) 5 points
- B) Seriousness of offense / violation 1 point
- C) Prior criminal / traffic history 1 point
- D) Attitude of offender / violator 1 point
- E) Victim's wishes 1 point
- F) Officer's past experiences with similar cases & court rulings 1 point
- G) Potential effect of letting the offender go without charges 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 2**

4

INTERVIEW QUESTION 3

Describe when the use of force would be justified.

- A) After all efforts to convince the person to comply with a lawful order has failed. 2 points
- B) To affect a lawful arrest when the person resists 1 point
- C) Can applicant describe an incident where the appropriate force was used. 1 point

NOTES: use of physical harm - varying levels

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 3

2

**INTERVIEW QUESTION 4**

Do you support the idea of mandatory drug testing for police officers?  
Why or why not?

- A) Proves integrity of department/public perception 2 points
- B) I would like to know my fellow employees are clean 1 point
- C) Mandatory drug testing is illegal -2 points
- (D) To prevent officers from initiating drug usage once employed 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 4**

2





INTERVIEW QUESTION 7

What would you do if a supervisor gives you a lawful order with which you disagree?

- A) Do it and discuss with supervisor later 1 point
- B) Can applicant cite an example to backup answer 1 point
- C) Tell the supervisor my thoughts on the order -1 point

NOTES: may ask for clarification but not disobey.

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 7

3

**INTERVIEW QUESTION 8**

What would you do if a fellow officer violated a minor department rule?

Ex: Officers are supposed to devote on duty time to patrol efforts. You know a fellow officer is spending hours each shift hiding behind buildings, reading non-police related materials.

- A) Approach him first 2 point
- B) Tell a supervisor 1 point
- C) Ignore it -1 point
- D) Applicant cites incident to backup answer 1 point

NOTES: the police funded - responsibility

actions of one bad apple reflect on whole

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 8**

4

**INTERVIEW QUESTION 9**

What would you do if a fellow officer commits a serious crime in your presence?

Ex: You respond to assist a fellow officer with an alarm drop at an electronics store. When you arrive, you see the officer loading a DVD player into the trunk of his police car.

- A) Take immediate action personally **2 points**
- B) Notify a supervisor **1 point**
- C) Going to stop it somehow 1 point
- D) Ignore it, do nothing -2 points
- E) Talk to the officer later -1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful **1 point**
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 9**

4

**INTERVIEW QUESTION 10**

What would you do if you saw a fellow officer mistreat or say something inappropriate to someone who was obviously offended or uncomfortable?

- A) Speak with him on minor issue **2 point**
- B) Advise supervisor **1 point**
- C) Intervene 1 point
- D) Ignore it, do nothing -2 points
- E) Speak to the victim **1 point**
- F) Applicant cites incident to backup answer 1 point

NOTES: apology to person offended

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**Manner of Presentation:**

- Clear, concise, positive foreful **1 point**
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 10**

5

INTERVIEW QUESTION 1

A police officer is a public servant with varied responsibilities. As a Monroe police officer, what do you believe your responsibilities will be?

- A) Protect and serve community (have clarified) 2 points
- B) Assist the public in any way possible 1 point
- C) Enforce laws 1 point
- D) Provide guidance and counseling when possible 1 point
- E) Investigate incidents / crashes 1 point
- F) Promote good relations between the City and those served 1 point

NOTES:

*Very Good Explanation*

Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 1

5

*SR*

## INTERVIEW QUESTION 2

Monroe police officers may exercise officer's discretion when taking enforcement action. What are the factors to be considered when using officer's discretion?

- A) Totality of the situation (if properly explained) 5 points
- B) Seriousness of offense / violation 1 point
- C) Prior criminal / traffic history 1 point
- D) Attitude of offender / violator 1 point
- E) Victim's wishes 1 point
- F) Officer's past experiences with similar cases & court rulings 1 point
- G) Potential effect of letting the offender go without charges 1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 2**

5

**INTERVIEW QUESTION 3**

Describe when the use of force would be justified.

- A) After all efforts to convince the person to comply with a lawful order has failed. **2** points
- B) To affect a lawful arrest when the person resists 1 point
- C) Can applicant describe an incident where the appropriate force was used. 1 point

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Manner of Presentation:

- Clear, concise, positive forceful **1** point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 3**

3

**INTERVIEW QUESTION 4**

Do you support the idea of mandatory drug testing for police officers?  
Why or why not?

- A) Proves integrity of department/public perception ② points
- B) I would like to know my fellow employees are clean 1 point
- C) Mandatory drug testing is illegal -2 points
- D) To prevent officers from initiating drug usage once employed 1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful ① point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 4**

3



**INTERVIEW QUESTION 6**

You are at a party where drugs are being used. What do you do?

- A) Tell the host, then leave 2 points
- B) Leave 1 point
- C) Handle a minor situation quietly/privately 1 point
- D) Call authorities if serious 1 point
- E) Do nothing, ignore & enjoy the party -2 points
- F) Does applicant cite an example to backup answer. 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 6** 2

**INTERVIEW QUESTION 7**

What would you do if a supervisor gives you a lawful order with which you disagree?

- A) Do it and discuss with supervisor later 1 point
- B) Can applicant cite an example to backup answer 1 point
- C) Tell the supervisor my thoughts on the order -1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 7**

3

**INTERVIEW QUESTION 8**

What would you do if a fellow officer violated a minor department rule?

Ex: Officers are supposed to devote on duty time to patrol efforts. You know a fellow officer is spending hours each shift hiding behind buildings, reading non-police related materials.

- A) Approach him first **2** point
- B) Tell a supervisor **1** point
- C) Ignore it -1 point
- D) Applicant cites incident to backup answer **1** point

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Manner of Presentation:

- Clear, concise, positive forceful **1** point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 8**

5

**INTERVIEW QUESTION 9**

What would you do if a fellow officer commits a serious crime in your presence?

Ex: You respond to assist a fellow officer with an alarm drop at an electronics store. When you arrive, you see the officer loading a DVD player into the trunk of his police car.

- A) Take immediate action personally      2 points
- B) Notify a supervisor      1 point
- C) Going to stop it somehow      1 point
- D) Ignore it, do nothing      -2 points
- E) Talk to the officer later      -1 point

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Manner of Presentation:

- Clear, concise, positive forceful      1 point
- Thoughtfully hesitant, reasonably certain      0 point
- Indecisive, rambling, attempts to bluff      -1 point

**TOTAL FOR QUESTION 9**

5

~ **INTERVIEW QUESTION 10** ~

What would you do if you saw a fellow officer mistreat or say something inappropriate to someone who was obviously offended or uncomfortable?

- A) Speak with him on minor issue 2 point
- B) Advise supervisor 1 point
- C) Intervene 1 point
- D) Ignore it, do nothing -2 points
- E) Speak to the victim 1 point
- F) Applicant cites incident to backup answer 1 point

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 10**

\_\_\_\_\_ 6 \_\_\_\_\_

**INTERVIEW QUESTION 1**

A police officer is a public servant with varied responsibilities. As a Monroe police officer, what do you believe your responsibilities will be?

- A) Protect and serve community (have clarified) 2 points
- B) Assist the public in any way possible 1 point
- C) Enforce laws 1 point
- D) Provide guidance and counseling when possible 1 point
- E) Investigate incidents / crashes 1 point
- F) Promote good relations between the City and those served 1 point

NOTES: Quoted our Mission Statement / Great Answers

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 1

6

49

**INTERVIEW QUESTION 2**

Monroe police officers may exercise officer's discretion when taking enforcement action. What are the factors to be considered when using officer's discretion?

- A) Totality of the situation (if properly explained) 6 points
- B) Seriousness of offense / violation 1 point
- C) Prior criminal / traffic history 1 point
- D) Attitude of offender / violator 1 point
- E) Victim's wishes 1 point
- F) Officer's past experiences with similar cases & court rulings 1 points
- G) Potential effect of letting the offender go without charges 1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 2**

8



**INTERVIEW QUESTION 4**

Do you support the idea of mandatory drug testing for police officers?  
Why or why not?

- A) Proves integrity of department/public perception 2 points
- B) I would like to know my fellow employees are clean 1 point
- C) Mandatory drug testing is illegal -2 points
- (D) To prevent officers from initiating drug usage once employed 1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 4**

3

**INTERVIEW QUESTION 5**

“What I do on my off-time is my business.”  
As a police officer, how do you feel about that statement?

- A) Policemen are held to a higher standard 2 points
- B) Policemen are policemen 24/7 1 point
- C) The police are supposed to be an example 1 point
- D) Every officer represents the Department 1 point
- E) The rules only apply when I am working -2 points

NOTES: Great Answers

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 5**

6

**INTERVIEW QUESTION 6**

You are at a party where drugs are being used. What do you do?

- A) Tell the host, then leave 2 points
- B) Leave 1 point
- C) Handle a minor situation quietly/privatey 1 point
- D) Call authorities if serious 1 point
- E) Do nothing, ignore & enjoy the party -2 points
- F) Does applicant cite an example to backup answer. 1 point

NOTES: Would Provide Statement to Police

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 6**

3

**INTERVIEW QUESTION 7**

What would you do if a supervisor gives you a lawful order with which you disagree?

- A) Do it and discuss with supervisor later 1 point
- B) Can applicant cite an example to backup answer 1 point
- C) Tell the supervisor my thoughts on the order -1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 7**

3

**INTERVIEW QUESTION 8**

What would you do if a fellow officer violated a minor department rule?

Ex: Officers are supposed to devote on duty time to patrol efforts. You know a fellow officer is spending hours each shift hiding behind buildings, reading non-police related materials.

- A) Approach him first 2 points
- B) Tell a supervisor 1 point
- C) Ignore it -1 point
- D) Applicant cites incident to backup answer 1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

TOTAL FOR QUESTION 8

5

**INTERVIEW QUESTION 9**

What would you do if a fellow officer commits a serious crime in your presence?

Ex: You respond to assist a fellow officer with an alarm drop at an electronics store. When you arrive, you see the officer loading a DVD player into the trunk of his police car.

- A) Take immediate action personally 2 points
- B) Notify a supervisor 1 point
- C) Going to stop it somehow 1 point
- D) Ignore it, do nothing -2 points
- E) Talk to the officer later -1 point

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 9**

5

**INTERVIEW QUESTION 10**

What would you do if you saw a fellow officer mistreat or say something inappropriate to someone who was obviously offended or uncomfortable?

- A) Speak with him on minor issue 2 point
- B) Advise supervisor 1 point
- C) Intervene ~~1 point~~
- D) Ignore it, do nothing -2 points
- E) Speak to the victim ~~1 point~~
- F) Applicant cites incident to backup answer ~~1 point~~

NOTES:

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Manner of Presentation:

- Clear, concise, positive forceful 1 point
- Thoughtfully hesitant, reasonably certain 0 point
- Indecisive, rambling, attempts to bluff -1 point

**TOTAL FOR QUESTION 10**

6

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# North Atlantic Regional High School

of Lewiston, Maine

Having completed the graduation requirements prescribed by the State of Maine

## Caleb Edwin Barre

is issued this

# Diploma

given at Lewiston, Maine this twenty-third day of May in the Year of Our Lord,  
two thousand four.

*Shirley Rogers*  
Regional Academic Dean



*Walter Matis*  
Director of Education



# OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

&

This is to certify that

**Caleb E. Payne**

has completed the Ohio  
Peace Officer Basic Training Program

Conducted by  
**Butler Tech Peace Officer Training Academy**

Awarded on

March 27, 2012

*Mike DeWine*  
Mike DeWine  
Attorney General

*Vernon P. Stanforth*  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



*Robert A. Fiala*  
Robert A. Fiala, Executive Director  
Ohio Peace Officer Training Commission

*John Ferguson*  
John Ferguson  
School Commander  
BAS11-041 120258

**Butler Technology and Career Development Schools**  
Adult Workforce Education  
**Butler Tech Peace Officer Training Academy**

Certificate of Completion

This certifies that

*Caleb F. Payne*

has satisfactorily completed 680 hours of adult career-technical training in the  
**Basic Peace Officer Academy Class**

**BAS 11-041**

April 4, 2011 – December 8, 2011

*Brett Smith*

Brett Smith  
Chief Executive Officer

*Cheryl Brackman*

Cheryl Brackman  
Executive Director - AWE



*Al Hopkins*

Al Hopkins -BTC0081  
Director of Law Enforcement Training

*John Ferguson*

John Ferguson - BVC-0377  
Academy Commander

# Cincinnati Christian University

## Present the Board

**Caleb Edwin Payne**

Having satisfactorily completed the required studies in the sacred Scriptures as well as in letters and arts, is hereby awarded the degree of

**Bachelor of Science in Biblical Studies**

**Psychology Major**

With all the rights, privileges and distinctions pertaining thereto.

In testimony of which the seal of the University and signatures of proper officials are hereto affixed.

Given this 10th day of May, Two Thousand and Eight

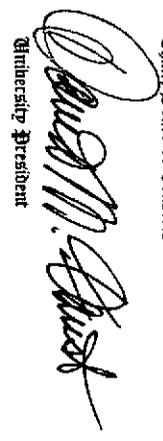
**Cincinnati Bible College**

  
Academic Dean of the College

  
Vice President for Academic Affairs



  
Chair, Board of Trustees

  
University President

# Cincinnati Christian University

## Academic Transcript

Printed: 9/4/2015

Page: 1 of 2

College Division

Advisor: Dr. Rollin Jay Kidwell

College Division

Advisor: Dr. Rollin Jay Kidwell

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2004-2005 : Fall Semester</b>									
BGS -100	Bible Lands and Lifestyles	CR	A-					3.00	3.00
BOT -150	Old Testament History	CR	A					3.00	3.00
GEN -110	College English 1	CR	A-					3.00	3.00
GSC -110	Introductory Sociology	CR	A-					2.00	2.00
GSP -110	Public Speaking	CR	A-					3.00	3.00
PMN -010	Christian Service	CR	CR					0.00	0.00
Subterm : Early Fall									
GEN -070	Reading/Writing for College	CR	CR					0.00	0.00
Subterm Totals : 0.00 0.00 0.00 0.00 0.00 0.00 0.00									
Term Totals : 14.00 14.00 14.00 52.37 3.740									
Career Totals : 14.00 14.00 14.00 52.37 3.740									

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2005-2006 : Spring Semester</b>									
GPS -220	Developmental Psychology	CR	A-					3.00	3.00
GPS -330	Research in Behavioral Sciences	CR	C					3.00	3.00
GPS -383	Learning and Memory	CR	A-					3.00	3.00
PMN -010	Christian Service	CR	CR					0.00	0.00
THH -211	Basic Bible Doctrines 2	CR	B+					3.00	3.00
Subterm Totals : 17.00 17.00 17.00 54.00 3.175									
Career Totals : 68.00 68.00 66.00 240.40 3.642									

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2004-2005 : Spring Semester</b>									
BNT -150	Acts of the Apostles	CR	A					3.00	3.00
GEN -111	College English 2	CR	A-					3.00	3.00
GPS -110	Introductory Psychology	CR	A					3.00	3.00
GPS -150	Theories of Psychotherapy	CR	A					3.00	3.00
PMN -070	Christian Service	CR	CR					0.00	0.00
PMN -145	Introduction to Evangelism	CR	B+					3.00	3.00
Subterm : Early Spring Session One									
GHI -116	Classical GW/Roman History	CR	A-					3.00	3.00
Subterm Totals : 3.00 3.00 3.00 11.01									
Term Totals : 18.00 18.00 18.00 68.01 3.778									
Career Totals : 32.00 32.00 32.00 120.38 3.761									

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2005-2007 : Fall Semester</b>									
BNT -230	Intro to Pauline Letters	CR	W					3.00	0.00
BOT -280	Old Testament Prophecy	CR	A-					3.00	3.00
GEN -225	Survey of Multi-Cultural Literature	CR	B-					3.00	3.00
GPS -360	Special Topics in Counseling	CR	B-					3.00	3.00
GSC -230	Chemistry for the Citizen	CR	B+					3.00	3.00
GSP -215	Advanced Communication	CR	B					3.00	3.00
PMN -010	Christian Service	CR	CR					0.00	0.00
Subterm Totals : 18.00 15.00 15.00 46.02 3.088									
Career Totals : 87.00 81.00 81.00 286.42 3.586									

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2005-2006 : Fall Semester</b>									
BEX -200	Hermeneutics	CR	A-					3.00	3.00
BNT -220	Introduction to the Gospels	CR	W					3.00	0.00
BNT -240	Statistics/Behavioral Sciences	CR	A					3.00	3.00
GSC -220	Biology	CR	A					3.00	3.00
PMN -070	Christian Service	CR	CR					0.00	0.00
TET -110	Modern Ethical Problems	CR	A					2.00	2.00
THH -210	Basic Bible Doctrines 1	CR	A-					3.00	3.00
Subterm : Early Fall									
TAP -210	Philosophy of Religion	CR	A					3.00	3.00
Subterm Totals : 3.00 3.00 3.00 12.00									
Term Totals : 20.00 17.00 17.00 66.02 3.883									
Career Totals : 52.00 49.00 49.00 186.40 3.804									

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2007-2008 : Fall Semester</b>									
BNT -230	Intro to Paul and NT Letters	CR	A					3.00	3.00
GEN -219	Theo. Themes Film	CR	B+					3.00	3.00
GFL -290	Critical Thinking	CR	A					3.00	3.00
GPS -350	Adolescent Psychology	CR	A-					3.00	3.00
GPS -381	History and Systems of Psychology	CR	A					3.00	3.00
GPS -387	Cognitive Psychology	CR	A					3.00	3.00
PMN -010	Christian Service	CR	CR					0.00	0.00
Subterm Totals : 16.00 16.00 16.00 61.66 3.853									
Career Totals : 103.00 97.00 97.00 348.08 3.588									

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2005-2006 : Spring Semester</b>									
BNT -220	Introduction to the Gospels	CR	B+					3.00	3.00
BOT -270	Old Testament Poetry	CR	B					2.00	2.00
Subterm Totals : 3.00 3.00 3.00 12.00									
Term Totals : 20.00 17.00 17.00 66.02 3.883									
Career Totals : 52.00 49.00 49.00 186.40 3.804									

Course Number	Title	CR Type	Gr	Rpt	Att	Emd	Hgpa	Q.Pts	GPA
<b>2006-2007 : Spring Semester</b>									
BNT -230	Intro to Paul and NT Letters	CR	A					3.00	3.00
GEN -219	Theo. Themes Film	CR	B+					3.00	3.00
GFL -290	Critical Thinking	CR	A					3.00	3.00
GPS -350	Adolescent Psychology	CR	A-					3.00	3.00
GPS -381	History and Systems of Psychology	CR	A					3.00	3.00
GPS -387	Cognitive Psychology	CR	A					3.00	3.00
PMN -010	Christian Service	CR	CR					0.00	0.00
Subterm Totals : 18.00 18.00 18.00 69.00 3.833									
Career Totals : 121.00 115.00 115.00 417.08 3.626									

Parent #20050514

ID : 49115

SSN

Name : Mr. Caleb Edwin Payne

Address :

TouchSafe®



Don Thomason

University Registrar

# Cincinnati Christian University

## Academic Transcript

Printed: 9/4/2015

Page : 2 of 2

**College Division**

Advisor: Dr. Rollin Jay Kidwell

Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
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Course Number	Title	CR Type	Gra Rpt	Att	Emd	HGpa	Q.Pts	GPA
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**Seminary Division**

Advisor: Dr. Timothy Lee Barber

**2007-2008 : Spring Semester**

GHI -230	History/Restoration Movement	CR A-	3.00	3.00	3.00	11.01		
GPS -382	Physiology Psychology	CR A-	3.00	3.00	3.00	11.01		
GPS -386	Personality Psychology	CR B+	3.00	3.00	3.00	9.88		
GPS -480	Psychology & Bible Seminar	CR A	2.00	2.00	2.00	8.00		
PMN -010	Christian Service	CR CR	0.00	0.00	0.00	0.00		
PUI -375	Cross Cultural Ldrshp Developer	CR A	2.00	2.00	2.00	8.00		
<b>Term Totals :</b>			<b>13.00</b>	<b>13.00</b>	<b>13.00</b>	<b>48.01</b>	<b>3.693</b>	
<b>Career Totals :</b>			<b>134.00</b>	<b>128.00</b>	<b>128.00</b>	<b>465.09</b>	<b>3.633</b>	

**2008-2009 : Spring Semester**

GHI -570	The Protestant Reformation	CR B	3.00	3.00	3.00	9.00		
PCO -510	Basic CrelingTheories/Methods	CR B	3.00	3.00	3.00	9.00		
PMN -502	Spiritual Formation	CR W	3.00	0.00	0.00	0.00		
TTH -560	Doctrine of Grace	CR B	3.00	3.00	3.00	9.00		
<b>Term Totals :</b>			<b>12.00</b>	<b>9.00</b>	<b>9.00</b>	<b>27.00</b>	<b>3.000</b>	
<b>Career Totals :</b>			<b>12.00</b>	<b>9.00</b>	<b>9.00</b>	<b>27.00</b>	<b>3.000</b>	
<b>Division Career Totals :</b>			<b>12.00</b>	<b>9.00</b>	<b>9.00</b>	<b>27.00</b>	<b>3</b>	

**2007-2008 : Correspondence**

GPS -340	Psychological Testing	CR A	3.00	3.00	3.00	12.00		
<b>Term Totals :</b>			<b>3.00</b>	<b>3.00</b>	<b>3.00</b>	<b>12.00</b>	<b>4.000</b>	
<b>Career Totals :</b>			<b>137.00</b>	<b>131.00</b>	<b>131.00</b>	<b>477.09</b>	<b>3.641</b>	
<b>Division Career Totals :</b>			<b>137.00</b>	<b>131.00</b>	<b>131.00</b>	<b>477.09</b>	<b>3.641</b>	

**Degree Information :**

(1) 'MA in Counseling' Date Conferred : \*\*\*\*\* No more course information below this line \*\*\*\*\*

**Degree Information :**

(1) 'Bachelor of Science' Date Conferred : 05/10/2008

Major(s)

BIBLE  
PSYCHOLOGY MAJOR

\*\*\*\*\* No more course information below this line \*\*\*\*\*

Patient #0005574

ID : 49115

SSN : [REDACTED]

Name : Mr. Caleb Edwin Payne

Address : [REDACTED]

TouchSafe®



Don Thomason

University Registrar

# CINCINNATI CHRISTIAN UNIVERSITY

Office of the Registrar • 2700 Glenway Avenue • Cincinnati, OH 45204 • (513) 244-8100 • fax: (513) 244-8453 • www.ccuuniversity.edu

**Official Name of the Institution**  
 1924 – 1987 The Cincinnati Bible Seminary  
 1987 – 2004 Cincinnati Bible College & Seminary  
 Fall 2004 Cincinnati Christian University

**Academic Calendar**  
 Cincinnati Christian University operates on a semester calendar.

**Accreditation**

Cincinnati Christian University is authorized by the Ohio Board of Regents to grant degrees in the state of Ohio. CCU is regionally accredited by the Higher Learning Commission and is a member of the North Central Association, 30 North LaSalle Street, Suite 2400, Chicago, IL 60602-2504, (312) 263-0456.

The undergraduate divisions of CCU are also accredited by the Association for Biblical Higher Education, 5575 S. Semoran Blvd., Suite 26, Orlando, FL 32822-1781, (407) 207-0808. The Seminary division is accredited by The Association of Theological Schools in the United States and Canada, 10 Summit Park Drive, Pittsburgh, PA 15275-1103, (412) 788-6505.

Other professional accreditations include:  
 TEAC (Teacher Education Accreditation Council) - 2009  
 NASM (National Association of Schools of Music) - 2010  
 CACREP (Council for Accreditation of Counseling and Related Educational Programs) – 2014

CCU is also a member of the Greater Cincinnati Consortium of Colleges and Universities.

**Release of Information**  
 In accordance with The Family Educational Rights and Privacy Act of 1974, this transcript may not be released to a third party without the written consent of the student.

**Grading System**

GRADE	PERCENTAGE	QUALITY POINTS
A	Excellent 95-100	4.00
A-	92-94	3.67
B+	89-91	3.33
B	Good 86-88	3.00
B-	83-85	2.67
C+	80-82	2.33
C	Satisfactory 77-79	2.00
C-	74-76	1.67
D+	71-73	1.33
D	Poor 68-70	1.00
D-	65-67	0.67
F	Failure 0-64	0.00
E	Grade extension	0.0
FA	Failure due to absences	0.0
X	Absent from exam	0.0
AU	Audit credit issued	None
CR	Credit issued	None
N	No grade submitted	None
NC	No credit issued	None
P	Pass	None
R	Course repeated	None
W	Withdrawal without grade	None

**Academic Standing**

An Undergraduate student in good standing is one with a cumulative grade-point average of 2.0.

A Graduate student in good standing is one with a cumulative grade-point average of 2.67.

Dean's List: Full-time students with a semester GPA of 3.67 or higher earn Dean's List honors.

**Credit Types**

**CR** = Course taken for credit. Hours and quality points factor into grade-point average.

**TR** = Transfer courses. Hours count toward graduation but grades do not factor into cumulative GPA.

**AU** = Courses that are audited do not count toward graduation or affect cumulative GPA.

**AF** = Academic Forgiveness. The original grade remains on the transcript but no longer affects the GPA. Hours do not count toward degree completion.

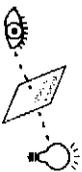
**Honors**

Undergraduates who complete 60 or more hours at CCU are eligible for Honors:

- cum laude (with honor) 3.67 – 3.79
- magna cum laude (with great honor) 3.80 – 3.89
- summa cum laude (with highest honor) 3.90 – 4.00

TO TEST FOR AUTHENTICITY: The face of this document has a purple background and the name of the institution is printed across the face. Also note this security paper is produced with the highest level of security available. Printed on secure paper. A raised seal is not required. Verification of some of these security features can be accomplished by:

- Note this *“self-luminar”* security paper is watermarked. Hold up to transit light to verify.
- Identifying both visible and invisible UV fibers embedded into the paper.
- Inspecting with a UV black light to view invisible fluorescent blue fibers.
- Applying fresh liquid bleach to activate a color stain chemical protection reaction.
- Inspect background with a magnifier to verify the encrypted NanoCopy™ algorithm.
- Photocopying this document produces the word “COPY” across the face.
- NoDupli™ Signature disappears when scanned or photocopied.
- Touch, briskly rub or breathe on TouchSafe® thumbprint to verify color change and hidden word VALID.





# OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

**Caleb E. Payne**

has completed the Ohio

Peace Officer Basic Training Program

Conducted by

**Butler Tech Peace Officer Training Academy**

Awarded on

March 27, 2012

*Mike DeWine*

Mike DeWine  
Attorney General

*Vernon P. Stanforth*

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



*Robert A. Fiala*

Robert A. Fiala, Executive Director  
Ohio Peace Officer Training Commission

*John Ferguson*

John Ferguson  
School Commander  
BAS11-041 120258

BUTLER TECHNOLOGY & CAREER DEVELOPMENT SCHOOLS  
CERTIFICATE OF COMPLETION

*Caleb E. Payne*

The bearer of this certificate has successfully completed 60 hours of firearms training in  
Semi-Auto Handgun and Shotgun

AWARDED AT THE BUTLER TECH PEACE OFFICER TRAINING ACADEMY

*December 15, 2011*

*BAS 11-041*



  
Commander: John Ferguson BTC 0377

*Butler Tech*

*Class BAS 11-041*

*Peace Officer Training Academy*

*Recognizes*

*Caleb Payne*

*For Outstanding Proficiency in Firearms*

*With The*

*Top Gun Award*

*December 15, 2011*



Commander

*Joseph Ferguson*

**BUTLER TECHNOLOGY & CAREER DEVELOPMENT SCHOOLS**  
**PEACE OFFICER TRAINING ACADEMY**

Certificate of Training

**ALCOHOL DETECTION, APPREHENSION & PROSECUTION**  
**(ADAP)**

This is to certify that

***Caleb E. Payne***

has successfully completed thirty-two hours of training in

**ALCOHOL DETECTION, APPREHENSION AND PROSECUTION**

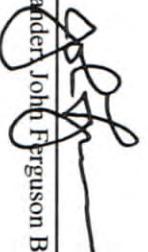
Based on the NHTSA curriculum.

Awarded at the Butler Tech Regional Public Safety Education Complex

Class # **BAS 11 -041**

December 15, 2011



  
\_\_\_\_\_  
Commander John Ferguson BTC 0377

# Butler Tech Peace Officer Training Academy

Certificate of Training

*Caleb E. Payne*

The bearer of this certificate has successfully completed eight hours of classroom and practical application training in

**INTERMEDIATE WEAPONS ASP/BATONS.**

Awarded at the BUTLER TECH Public Safety Education Complex

*BAS 11-041*

*December 6, 2011*

  
Commander John Ferguson BTC 0377



# Butler Tech Peace Officer Training Academy

Certificate of Completion

*Caleb E. Payne*

The bearer of this certificate has successfully completed 6 hours of training in

## O.C. Chemical Agent Certification

Held at the Butler Tech Regional Public Safety Education Complex

**BAS 11-041**

December 15, 2011



  
Commander John Ferguson BTC 0377

# THE BUTLER TECH PEACE OFFICER TRAINING ACADEMY

Certifies that

*Caleb E. Payne*

has successfully completed twenty-four hours of training in the  
National Highway Transportation Safety Administration Guidelines in  
**SPEED MEASURING DEVICES OPERATOR TRAINING COURSE**  
**CORE & RADAR MODULES**

Awarded at the Public Safety Education Center on December 15, 2011  
Class # BAS 11-041



Academy Commander

*John S. Ferguson*



# *Certificate of Completion*

This certifies that

**Caleb E. Payne**

Has successfully completed

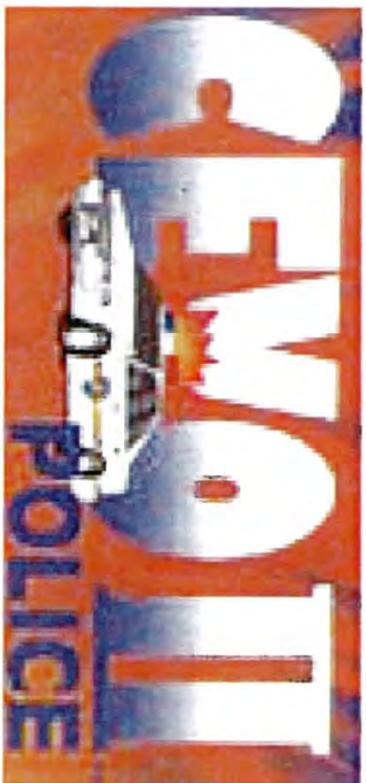
**Alcohol Detection, Apprehension  
and Prosecution**

November 11 – 22, 2011

Butler Tech Basic Police Academy



Lead Instructor



*This Is To Certify That*

*Caleb E. Payne*

*Has Completed The*

**COACHING THE EMERGENCY  
VEHICLE OPERATOR II**

**Police™  
Course**

*Sponsored By: Butler Tech Peace Officer Training Academy  
Class BAS 11-041*

December 15, 2011

*John S. Ferguson*

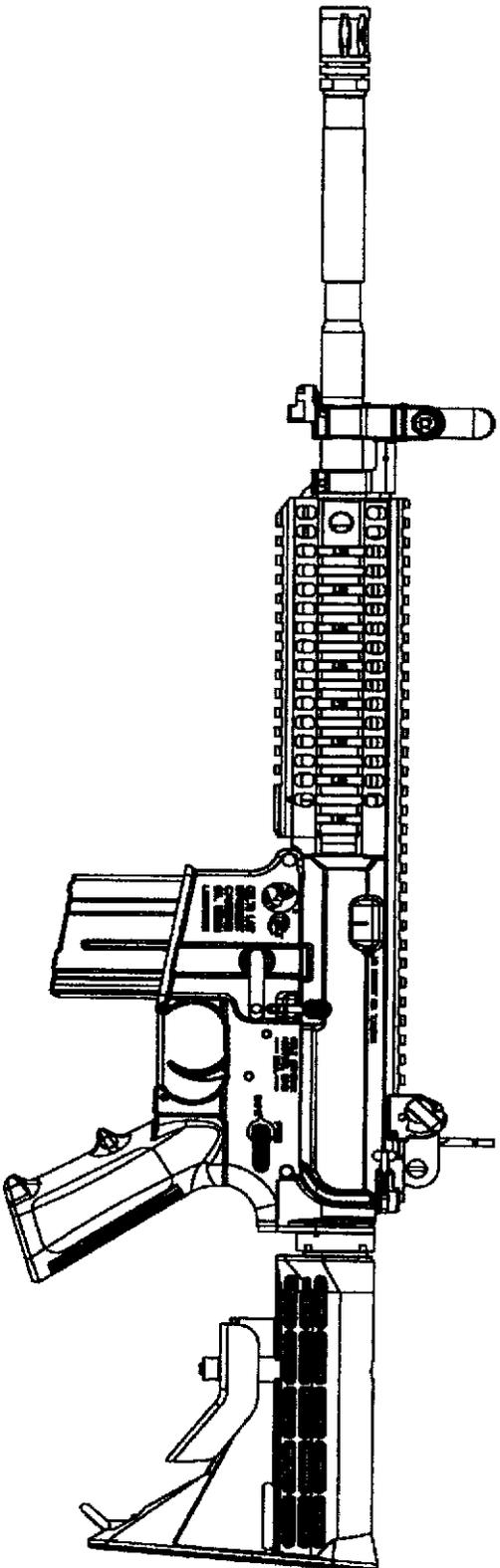
Commander John Ferguson – BTC-0377



BE IT KNOWN THAT ON APRIL 12<sup>TH</sup>, 2015  
AT  
BUTLER COUNTY SHERIFF'S OFFICE RANGE FACILITY

**Officer Caleb Payne**

ATTENDED A BASIC OPERATOR COURSE ON THE  
AR15/M16 WEAPON SYSTEM



*Sgt D Pratt 638*  
INSTRUCTOR SGT. DAVE PRATT  
OPOTC REQ# 03100



*This is to certify that*

**CALEB PAYNE**

*Has successfully completed 40 hours  
of Advanced Law Enforcement training in*

**Basic Crime Scene Processing**

*Held at Public Safety Education Center*

**2/16/2015 – 2/20/2015**



**Butler Technology**  
and Career Development Schools

*Brandon H. H.*  
Instructor:

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Record of: Caleb Edwin Payne

Date Issued: 15-OCT-2015

Student ID: xxxxxxxx9812

Page: 1

Program

College : Col of Engineering & Computing

Major : Nursing - 4 Year

Major/Concentration : Pre-Nursing

COURSE	SEC	COURSE TITLE	CRED	PTS	H
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COURSE	SEC	COURSE TITLE	CRED	PTS	H
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TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

First Semester 2009-10 Cincinnati Christian Univ.

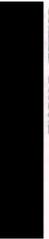
CHM 111		Chemistry In Modern Society	3.00 TR	REL 207	Psychable Seminar	2.00 TR
CLS T07		Classical Gk/Roman History	3.00 TR	REL 211	Civilizations of Middle East	3.00 TR
COM 135		Intro: Publ Express & Crit In	3.00 TR	REL 231	Intro Religion Ancient Israel	3.00 TR
COM 136		Intro:Interpersnal Communicat	3.00 TR	REL T02	Paul & Beginnings of Christia	3.00 TR
ENG 111		College Composition	3.00 TR	REL T03	Intro to the Gospels	3.00 TR
ENG 112		Composition & Literature	3.00 TR	REL T04	Intro to Paul&NT Letters	3.00 TR
ENG T06		Survey of Multi-Cultural Lit	3.00 TR	REL T05	Old Testament Prophecy	3.00 NC
FST T20		Theo Themes Film	3.00 TR	REL T23	Old Testament Poetry	2.00 TR
HST T08		Hst Christianity/Westrn Writ	4.00 TR	SOC 151	Philosophy of Religion	3.00 TR
HST T09		Hst/Rstrtn Movement	3.00 TR	SOC T13	Social Relations	2.00 TR
MTR T10		Statistics/Behavioral Science	3.00 TR	SOC T17	Adolescent Psy	3.00 TR
MTR T01		Hermeneutics	3.00 NC	ZOO T19	Human Sexuality	3.00 TR
MTR T21		Intro to Evangelism	3.00 NC		Biology	3.00 TR
MTR T22		Cross Cultural Ldrshp Dev	2.00 NC		EHrs: 111.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00	
MTR T24		Basic Bible Doctrines 1	3.00 NC	INSTITUTION CREDIT:		
MTR T25		Basic Bible Doctrines 2	3.00 NC	First Semester 2009-10		
MTR T26		Discovering the Will of God	2.00 NC	FSW 381	Prnt/Chd Relations in Div. Fam	3.00 B+
MTR T27		Doctrine Seminar:Heaven&Hell	1.00 NC	HST 111	Survey Of American History	3.00 C+
PHI 131		Prblms Moral Social Values	2.00 TR	MHI 161	Elementary Med Microbiology	4.00 B-
PHI 263		Informal Logic	3.00 TR	ZOO 171	Human Anatomy And Physiology	4.00 C
PSY 111		Introduction To Psychology	3.00 TR		EHrs: 14.00 GPA-Hrs: 14.00 QPts: 35.60 GPA: 2.54	8.00
PSY 221		Social Psychology	3.00 TR	***** CONTINUED ON PAGE 2 *****		
PSY 231		Developmental Psychology	3.00 TR	***** CONTINUED ON NEXT COLUMN *****		

ISSUED TO STUDENT

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CALEB PAYNE



David M. Sauter, University Registrar

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**Record of:** Caleb Edwin Payne

**Date Issued:** 15-OCT-2015

**Student ID:** xxxxxxxx9812

**Page:** 2

Level: Undergraduate

COURSE SEC COURSE TITLE

CRED

PTS H

Second Semester 2009-10

CHM 131	Chemistry Of Life Processes	4.00 W	0.00
EST 350F	Holocaust in Film	3.00 W	0.00
KNH 194	Standard First Aid & CPR	2.00 C+	4.60
KNH 194I	Standard First Aid & CPR Lab	1.00 C+	2.30
ZOO 172	Human Anatomy And Physiology	4.00 W	0.00
Ehrs:	3.00 GPA-Hrs: 3.00 QPts: 6.90 GPA: 2.30		

\*\*\*\*\*UNDERGRADUATE TRANSCRIPT TOTALS \*\*\*\*\*

TOTAL INSTITUTION	Earned Hrs	GPA Hrs	Points	GPA
17.00	17.00	42.50	2.50	

TOTAL TRANSFER	111.00	0.00	0.00	0.00
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OVERALL	128.00	17.00	42.50	2.50
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END UNDERGRADUATE TRANSCRIPT

END UNDERGRADUATE TRANSCRIPT



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## **Job Dimensions**

1. Communications Skills:
2. Problem-Solving Ability:
3. Learning Ability:
4. Judgment under Pressure:
5. Observational Skills:
6. Willingness to Confront Problems:
7. Interest in People:
8. Interpersonal Sensitivity:
9. Desire for Self-Improvement:
10. Appearance:
11. Dependability:
12. Physical Ability:
13. Integrity:
14. Operation of a Motor Vehicle:
15. Credibility in a Court of Law:

[Top to Bottom](#)

1. Personal History Questionnaire
2. Signed Waiver/Release Form

**SECTION A  
APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY

<b>1. YOUR NAME</b>					
Last	First	Middle	Suffix		
PAYNE	CALER	EDWIN			
<b>2. DO YOU HAVE ANY ALIASES?</b> If YES, list all other names below:					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>3. HAS YOUR NAME EVER BEEN LEGALLY CHANGED?</b> If YES, list name, date of change, and location of change:					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>4. CURRENT ADDRESS</b>					
Street		City	State	Zip	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
<b>5. LEGAL RESIDENCE</b>					
Street		City	State	Zip	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
<b>6. HOME PHONE (include area code and indicate hours during which you can be reached here)</b>					
[REDACTED]		Hours	[REDACTED]		
[REDACTED]		Hours	1000 HRS. - 2000 HRS.		
<b>7. [REDACTED] (indicate hours during which you can be reached here)</b>					
[REDACTED]		Hours	[REDACTED]		
<b>8. OTHER PHONE NUMBERS (specify type, pager or cell phone)</b>					
(513) 887-4406		EX.	4252		
[REDACTED]			1445 HRS. - 2315 HRS.		
(N/A)			(N/A)		
<b>9. DATE OF BIRTH</b>			<b>10. SOCIAL SECURITY NUMBER</b>		
[REDACTED]			[REDACTED]		
<b>11. PHYSICAL DESCRIPTORS</b>					
Height	Weight	Eye Color	Hair Color	Scars, Marks, Tattoos	
6'05"	255	BLUE	BROWN	"ZOMAN'S 12:21" ON FLIGHT AREA	
<b>12. CITIZENSHIP</b>					
Are you a United States Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION If NO, what country?					
<b>13. PLACE OF BIRTH</b>					
City	County	State	Country		
SELMA	FRESNO	CA	UNITED STATES		
<b>14. RESIDENCY</b>					
Are you an Ohio Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, what state?					
<b>15. DRIVER'S LICENSE</b>					
Number	State	Expiration			
[REDACTED]	OH	08/29/19			

**SECTION B  
FAMILY/REFERENCE DATA**

**1. MARITAL STATUS**

- Single       Married       Divorced       Separated

**2. SPOUSE**

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**3. SPOUSE'S EMPLOYMENT**  
 KYLIE NOEL PAYNE SLOOP  
 Company Name \_\_\_\_\_ Address \_\_\_\_\_

Phone  
513-942-4435

**4. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE OR FORMER SPOUSES?**  
 FLIP N TWIST GYMNASTICS 25 N ENTERPRISE DR. HAMILTON, OH 45011

- YES     NO

**5. MARRIAGE DATA - List all marriages, starting with most recent**

Date of Marriage	Date of Divorce	Name of Spouse	Address	Phone
05/03/14	N/A	KYLIE N. PAYNE	3148 PARKWOOD LN. HAMILTON, OH 45011	513-412-0717
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

**6. DO YOU HAVE ANY CHILDREN?  YES  NO If yes, list each child below:**

Name of Child	Date of Birth	Place of Birth	Adopted?	Current Address	Phone
A. EVELYN L. PAYNE	10/03/15	FAIRFIELD, OH	<input type="checkbox"/>	3148 PARKWOOD LN. HAMILTON, OH 45011	N/A
B. N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A
C. N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A
D. N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A
E. N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A
F. N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A
G. N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A
H. N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A

**7. INDICATE BELOW THE REQUESTED INFORMATION ABOUT THE CHILDREN LISTED ABOVE:**

Other Parent of Each Child (if different than current spouse)	Legal Guardian of Each Child (if different than yourself)
A. N/A	A. N/A
B. N/A	B. N/A
C. N/A	C. N/A
D. N/A	D. N/A
E. N/A	E. N/A
F. N/A	F. N/A
G. N/A	G. N/A
H. N/A	H. N/A

**SECTION B  
FAMILY/REFERENCE DATA (CONTINUED)**

8. DO YOU HAVE ANY DEPENDENTS OTHER THAN THOSE LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, list below:	
Name	Address	Relationship	
N/A		N/A	
N/A		N/A	
N/A		N/A	
9. FATHER <input type="checkbox"/> DECEASED			
Name	Address	City	State Zip Phone
ROBERT C. PAYNE	3997 HAMMOND BLV.	HAMILTON OH	45015 513-374-9480
10. MOTHER <input type="checkbox"/> DECEASED			
Name	Address	City	State Zip Phone
KATHERINE A. PAYNE			
11. WERE YOU RAISED BY ANYONE OTHER THAN YOUR PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, list below:			
Name	Address	City	State Zip Phone
N/A			
PERSON'S RELATIONSHIP TO YOU: N/A			
12. ARE YOU RECEIVING COURT ORDERED CHILD SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, list below:			
FROM WHOM:	FREQUENCY PAID:	AMOUNT RECEIVED:	
N/A	N/A	N/A	
13. ARE YOU RESPONSIBLE FOR PAYING COURT ORDERED CHILD SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, list below:			
TO WHOM:	FREQUENCY PAID:	AMOUNT PAID:	
N/A	N/A	N/A	
14. ADDITIONAL REFERENCE - List below the name of one additional personal reference other than those listed on your application. Do not list the name of a relative, a person for whom you have worked, or a person listed elsewhere in this packet. This person must have known you for at least five years.			
Name	Address	City	State Zip Home Phone
NEIL FEZDELMAN			
Address	City	State	Zip Home Phone
11000 WINTON RD.	CINCINNATI OH	45218	513-825-2101
Years Known	Person's Occupation	Person's Place of Employment	
20+	POLICE CHIEF	GREENHILLS POLICE DEPARTMENT	
15. FRIENDS/ACQUAINTANCES - List below the names of two persons with whom you have associated closely or seen frequently during the last three years. Do not list relatives, persons for whom you have worked, or persons listed elsewhere in this packet.			
A. Name	Address	City	State Zip Home Phone
CHASE DILLER			
Address	City	State	Zip Home Phone
3344 PLEASANT VIEW DR.	HAMILTON OH	45011	702-767-4296
Years Known	Person's Occupation	Person's Place of Employment	
8	ACCOUNTANT	TRUSTAFF	
B. Name	Address	City	State Zip Home Phone
JOEL RUEHLE			
Address	City	State	Zip Home Phone
3047 BLUE HERON DR.	HAMILTON OH	45011	513-582-7847
Years Known	Person's Occupation	Person's Place of Employment	
6	YOUTH MINISTER	COMMUNITY CHRISTIAN CHURCH	

**SECTION C  
RESIDENCE DATA**

**INSTRUCTIONS:** LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE LAST TEN YEARS. BEGIN WITH YOUR PRESENT ADDRESS. LIST THE MONTH AND YEAR FOR DATES AND INCLUDE APARTMENT NUMBERS IF YOU LIVED IN AN APARTMENT. INCLUDE YOUR MAILING AND/OR STREET ADDRESS DURING ANY PERIODS OF MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, USE THE REMARKS SECTION.

1. PRESENT ADDRESS		Location of Residence			
From	To	Address	City	State	Zip
08/15	PRESENT	3148 PARKWOOD LN.	HAMILTON	OH	45011
DO YOU RESIDE WITH: <input type="checkbox"/> SELF <input checked="" type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:					
		Name	Relationship		
		KYLIE N. PAYNE	SPOUSE		
		EVELYN L. PAYNE	CHILD		
DO YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rent this residence, list the landlord/owner information below:					
Name	Address	City	State	Zip	Phone
THE HEIGHTS 3298 REELECTION PT. HAMILTON OH 45011 513-892-3295					
2. PREVIOUS ADDRESSES		Location of Residence			
From	To	Address	City	State	Zip
03/14	08/15	3188 SPRING MEADOWS DR.	HAMILTON	OH	45011
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input checked="" type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:					
		Name	Relationship		
		KYLIE N. PAYNE	SPOUSE		
		N/A	N/A		
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:					
Name	Address	City	State	Zip	Phone
THE HEIGHTS 3298 REELECTION PT. HAMILTON OH 45011 513-892-3295					
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:					
MOVED TO LARGER APARTMENT BECAUSE OF GROWING FAMILY					
3. PREVIOUS ADDRESS		Location of Residence			
From	To	Address	City	State	Zip
03/98	03/14				
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:					
		Name	Relationship		
		ROBERT KATHERINE PAYNE	PARENTS		
		CHLOE K. PAYNE	SIBLING		
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:					
Name	Address	City	State	Zip	Phone
ROBERT C. PAYNE					
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:					
GOT MARRIED					

SECTION C  
RESIDENCE DATA (CONTINUED)

**4. PREVIOUS ADDRESS**

From	To	Address	Location of Residence	City	State	Zip
	08104	08109	2700 GLENWAY AV.	CINCINNATI	OH	45204
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
JOHN HENSEL, ANTHONY			ROOMMATES			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name			Address			
CINCINNATI CHRISTIAN			UNIVERSITY 2700 GLENWAY AV. CINCINNATI OH 45204			
City			State			Zip
CINCINNATI			OH			45204
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
GRADUATED FROM COLLEGE.						

**5. PREVIOUS ADDRESS**

From	To	Address	Location of Residence	City	State	Zip
	N/A	N/A	N/A	N/A	N/A	N/A
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
N/A			N/A			
DID YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name			Address			
N/A			N/A			
City			State			Zip
N/A			N/A			N/A
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
N/A						

**6. PREVIOUS ADDRESS**

From	To	Address	Location of Residence	City	State	Zip
	N/A	N/A	N/A	N/A	N/A	N/A
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
N/A			N/A			
DID YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name			Address			
N/A			N/A			
City			State			Zip
N/A			N/A			N/A
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
N/A						

SECTION D  
EDUCATIONAL HISTORY

1. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA?

YES  NO

2. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU TAKE AND PASS THE G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT) TEST?

YES  NO  N/A

3. HIGH SCHOOL EDUCATION

Name of School		Address	City	State	Zip	Phone
HOME SCHOOL						
Dates of Attendance						
From	To	HIGHEST GRADE COMPLETED:		DID YOU GRADUATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
08/00	05/04	12				

4. OTHER SCHOOLS - List below any schools that you have attended since high school. Be sure to include colleges, universities, business, and trade schools. Begin with the most recent. If you need additional space, use the remarks section.

A. SCHOOL		Name of School	Address	City	State	Zip	Phone
		BUTLER TECH		HAMILTON	OH		
Dates of Attendance							
From	To	COURSE OF STUDY (MAJOR/MINOR):		DID YOU GRADUATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
04/11	12/11	3403 HAMILTON MIDDLETOWN RD. 45011 513-868-1300		BASIC POLICE ACADEMY			
				CERTIFICATION			

B. SCHOOL		Name of School	Address	City	State	Zip	Phone
		MIAMI UNIVERSITY		1601 UNIVERSITY BV. HAMILTON OH	OH	45011 513-785-3000	
Dates of Attendance							
From	To	COURSE OF STUDY (MAJOR/MINOR):		DID YOU GRADUATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
08/09	05/10	PRE-NURSING		N/A			

C. SCHOOL		Name of School	Address	City	State	Zip	Phone
		CINCINNATI CHRISTIAN UNIVERSITY		7700 GLENWAY AV. CINCINNATI OH	OH	45204 513-244-8100	
Dates of Attendance							
From	To	COURSE OF STUDY (MAJOR/MINOR):		DID YOU GRADUATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
08/04	05/09	PSYCHOLOGY / BIBLICAL STUDIES		BACHELORS DEGREE			

D. SCHOOL		Name of School	Address	City	State	Zip	Phone
		N/A					
Dates of Attendance							
From	To	COURSE OF STUDY (MAJOR/MINOR):		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
N/A	N/A	N/A		N/A			

5. HAVE YOU EVER BEEN DISMISSED, EXPELLED, OR PLACED ON PROBATION FOR ANY ACADEMIC OR DISCIPLINARY REASON WHILE ATTENDING ANY SCHOOL?

YES  NO If YES, explain:

**SECTION E  
EMPLOYMENT EXPERIENCE**

1. ARE YOU CURRENTLY IN THE APPLICATION PROCESS WITH ANY OTHER LAW ENFORCEMENT AGENCY?

YES  NO If YES, list the agency name and status of your application:

2. HAVE YOU EVER APPLIED WITH ANOTHER LAW ENFORCEMENT AGENCY AND NOT BEEN HIRED?

YES  NO If YES, list the agency name, date of application, and reason not hired (if known): 2015 MIAMI UNIVERSITY P.D., DELHI TWP. P.D., WARREN COUNTY S.O. (FAILED POLY), MONTGOMERY P.D., WYOMING P.D. (2011), MIDDLETOWN P.D. (2010), PHOENIX P.D. (2008) (FAILED POLY).

3. HAVE YOU EVER HAD AN EXTENDED WORK ABSENCE FOR REASONS OTHER THAN EARNED VACATION?

YES  NO If YES, explain:

4. EMPLOYMENT HISTORY – Beginning with your present or most recent job, list all employment that you have held for the last TEN years, including part-time, temporary, or seasonal employment. Be sure to list all periods of active military duty (for more than fifteen days) and all periods of unemployment.

A. PRESENT OR MOST RECENT EMPLOYER

Name of Employer		Employment Status	
FAIRFIELD TOWNSHIP POLICE DEPT.		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED	
Your Job Title/Position			

Employment Dates		Employer Address/Phone	
From	To	Address	City State Zip Phone
03/12	PRESENT	4485 YONNIE VALE CT. HAMILTON OH 45011 513-883-4400	
Name of Supervisor		Name of Co-Worker	
SGT. DAVE PRATT		BRANDON MCCRONEY	

Briefly Describe Your Duties Below: LAW ENFORCEMENT. Reason for Leaving: N/A

WILL CONTACT WITH THIS EMPLOYER BE HARMFUL TO YOU?  YES  NO If YES, explain:

B. PREVIOUS EMPLOYER

Name of Employer		Employment Status	
HAMILTON POLICE DEPT.		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED	
Your Job Title/Position			

SPECIAL POLICE OFFICER		Employer Address/Phone	
Employment Dates		City State Zip Phone	
From	To	Address	City State Zip Phone
04/12	04/14	331 S. FRONT ST. HAMILTON OH 45011 513-848-5811	
Name of Supervisor		Name of Co-Worker	
CPT. JOE MURRAY		JOEL MAST	

Briefly Describe Your Duties Below: COURT SERVICES, LAW ENFORCEMENT. Reason for Leaving: FULL TIME EMPLOYMENT WITH FAIRFIELD TOWNSHIP POLICE DEPT.

**SECTION E  
EMPLOYMENT EXPERIENCE (CONTINUED)**

<b>C. PREVIOUS EMPLOYER</b>				Employment Status
Name of Employer				
FIRST FINANCIAL BANK		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position		TELLER		
Employment Dates		Employer Address/Phone		
From	To	Address	City	State Zip Phone
12/1/0	06/1/2	2344 S. ERIE HWY.	HAMILTON	OH 45011 513-860-5440
Name of Supervisor		Name of Co-Worker		
CASSIE STEVENS		DOT COLLINS		
Briefly Describe Your Duties Below:		Reason for Leaving		
TELLER DUTIES, REFERRED PRODUCTS AND SERVICES.		EMPLOYMENT IN LAW ENFORCEMENT.		

<b>D. PREVIOUS EMPLOYER</b>				Employment Status
Name of Employer				
DICK'S SPORTING GOODS		<input checked="" type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position		TEAM SPORTS LEAD		
Employment Dates		Employer Address/Phone		
From	To	Address	City	State Zip Phone
07/1/09	12/1/10	3355 PRINCETON RD.	HAMILTON	OH 45011 513-897-4302
Name of Supervisor		Name of Co-Worker		
JEEF LUNSEFORD		CATHERINE SNODGRASS		
Briefly Describe Your Duties Below:		Reason for Leaving		
CASHIER DUTIES, SALES, SUPERVISOR DUTIES IN TEAM SPORTS DEPARTMENT.		EMPLOYMENT WITH FIRST FINANCIAL BANK.		

<b>E. PREVIOUS EMPLOYER</b>				Employment Status
Name of Employer				
GFS MARKETPLACE		<input checked="" type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position		SALES ASSOCIATE		
Employment Dates		Employer Address/Phone		
From	To	Address	City	State Zip Phone
06/1/05	07/1/09	6805 DIXIE HWY.	FAIRFIELD	OH 45014 513-860-2470
Name of Supervisor		Name of Co-Worker		
DANA GEISZ		KURT HUBBARD		
Briefly Describe Your Duties Below:		Reason for Leaving		
CASHIER DUTIES, STOCKED SHELVES.		EMPLOYMENT WITH DICK'S SPORTING GOODS.		

SECTION E  
EMPLOYMENT EXPERIENCE (CONTINUED)

<b>F. PREVIOUS EMPLOYER</b>		Employment Status	
Name of Employer			
CREATIVE DINING SERVICES		<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> UNEMPLOYED	
Your Job Title/Position			
STUDENT WORKER / SUPERVISOR			
Employment Dates		Employer Address/Phone	
From	To	Address	City State Zip Phone
10/04	05/07	2700 GLENWAY AV. CINCINNATI OH 45204	513-244-8135
Name of Supervisor		Name of Co-Worker	
BRIAN PLIVAN		NATHAN REED	
Briefly Describe Your Duties Below:		Reason for Leaving	
PREPARATION OF FOOD AND BEVERAGES, SUPERVISOR DUTIES IN CAMPUS COFFEE SHOP.		GRADUATED FROM COLLEGE.	

<b>G. PREVIOUS EMPLOYER</b>		Employment Status	
Name of Employer			
UNITED STATES ARMY		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> UNEMPLOYED	
Your Job Title/Position			
SPECIAL FORCES CANDIDATE			
Employment Dates		Employer Address/Phone	
From	To	Address	City State Zip Phone
07/08	08/08	FT. BENNING, GA	
Name of Supervisor		Name of Co-Worker	
N/A		N/A	
Briefly Describe Your Duties Below:		Reason for Leaving	
BASIC TRAINING.		QUEST INJURY SUSTAINED DURING BASIC TRAINING.	

<b>H. PREVIOUS EMPLOYER</b>		Employment Status	
Name of Employer			
CONTEMPORARY SERVICES CORP.		<input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> UNEMPLOYED	
Your Job Title/Position			
EVENT STAFFING			
Employment Dates		Employer Address/Phone	
From	To	Address	City State Zip Phone
10/04	12/05	1 PAUL BROWN STADIUM CINCINNATI OH 45202	
Name of Supervisor		Name of Co-Worker	
N/A		N/A	
Briefly Describe Your Duties Below:		Reason for Leaving	
EVENT STAFFING FOR CINCINNATI BEUGALS HOME GAMES.		NO LONGER NEEDED THE EXTRA EMPLOYMENT	

**INSTRUCTIONS: ANSWER THE FOLLOWING QUESTIONS BY INDICATING YOUR RESPONSE IN THE APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE E, 1). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.**

<p>1. Have you ever been terminated by an employer?</p> <p>a. If so, please list all employers that you were terminated from and the exact reason for your termination.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Have you ever been suspended or faced a disciplinary hearing or action from an employer?</p> <p>a. If so, please list all incidents below with the exact nature of the suspension or disciplinary action.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Have you ever filed a false workers compensation claim?</p> <p>a. If so, please list the exact nature of the false claim and all details regarding such.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Have you ever been asked to resign by an employer?</p> <p>a. If so, please list all employers that you have been asked to resign from and the exact reason for your forced resignation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Have you ever presented a falsified or altered Doctor's Work Excuse to an Employer?</p> <p>a. If so, please list the exact circumstances and the reason you did so.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>6. Have you ever stolen anything over \$25.00 in value from an employer?</p> <p>a. If so, list the employer, date of the incident, and item(s) involved.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7. Have you ever used an illegal narcotic or a prescription drug you were not prescribed while at an employer?</p> <p>a. If so, please list the employer, type of drug(s), dates of use.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>8. Have you ever stolen any cash from an employer or while working for an employer?</p> <p>a. If so, please list the employer, dates of incidents, and exact amount of money taken.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Have you ever taken a Polygraph or CVSA as part of a job hiring process or in reference to an internal or external investigation?</p> <p>a. If so, please list everywhere you have taken one of the examinations, when it was given, results if known, and the exact nature of the examination.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Have you ever falsified a time sheet or other means of calculating actual time worked?</p> <p>a. If so, please list the employer, circumstances, and dates.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>11. Have you ever reported off sick for work when you were actually not sick at all?</p> <p>a. If so, please list the employer, dates, and circumstances of the call off.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

SECTION F  
MILITARY EXPERIENCE

1. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?

YES  NO If YES, complete the following questions. Otherwise proceed to SECTION G.

2. INDICATE YOUR MILITARY SERVICE (list additional periods of military service in the remarks section)

Dates of Active Duty	Branch of Service	Unit Designation
From	To	
07/08	08/08	U.S. ARMY
		BASIC TRAINING
What was your primary MOS (MILITARY OCCUPATIONAL SPECIALITY)?		
SPECIAL FORCES CANDIDATE (18X)		
Highest Rank Held		Rank at Discharge
E-4	E-3	ENTRY LEVEL SEPARATION

3. WHAT IS YOUR PRESENT MILITARY STATUS?

ACTIVE  RESERVE  INACTIVE

4. WERE YOU EVER REDUCED IN RANK?

YES  NO If YES, why? DEMOTED FROM E-4 TO E-3 DUE TO RECEIVING AN ARTICLE 15 FOR A REFUSAL TO TRAIN AFTER SUSTAINING AN INJURY DURING TRAINING.

5. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY?

YES  NO If NO, why? WAS DENIED. ATTEMPTED TO RE-ENLIST IN 2010 BUT A WAIVER.

6. WERE YOU EVER AWOL (ABSENT WITHOUT LEAVE)?

YES  NO If YES, how many times?

7. HAVE YOU EVER RECEIVED A DISCHARGE FROM MILITARY SERVICE THAT WAS OTHER THAN HONORABLE?

YES  NO If YES, explain: RECEIVED AN ENTRY LEVEL SEPARATION AFTER A REDUCTION IN RANK AND RECEIVING AN ARTICLE 15 FOR A REFUSAL TO TRAIN AFTER SUSTAINING AN INJURY DURING TRAINING.

8. WERE YOU EVER SUBJECTED TO DISCIPLINARY ACTIONS WHILE SERVING IN THE MILITARY?

YES  NO If YES, complete question 10

9. WERE YOU EVER THE SUBJECT OF A CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ALLEGED MISCONDUCT ON YOUR PART?

YES  NO If YES, complete question 10

10. IF YOU ANSWERED YES TO QUESTIONS 8 OR 9, GIVE DETAILS BELOW REGARDING YOUR ACTIONS:

Date	Investigating Agency	Charge	Disposition
07/08	U.S. ARMY	REFUSAL TO TRAIN	DEVOTION & DISCHARGE

11. DO YOU STILL HAVE A MILITARY OBLIGATION (RESERVE OR NATIONAL GUARD)?

YES  NO If YES, indicate the type of service and when the obligation is scheduled to terminate:

SECTION G  
SPECIAL QUALIFICATIONS

1. ARE YOU CURRENTLY CERTIFIED AS A PEACE OFFICER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, complete below:		
Academy Attended	Location	Date of Graduation		
BUTLER TECH	HAMILTON, OH	12/11		
2. INDICATE BELOW ANY SPECIAL LICENSES (SUCH AS PILOT, RADIO OPERATOR, SCUBA DIVER, ETC.) THAT YOU HOLD:				
Type of License	Licensing Authority	Date of Issue	Date of Expiration	
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	
3. INDICATE BELOW ANY SPECIALIZED EQUIPMENT THAT YOU CAN OPERATE:				
N/A.				
4. ARE YOU FLUENT IN A FOREIGN LANGUAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF YES, indicate your degree of fluency:				
Language	Reading	Speaking	Understanding	Writing
N/A.	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR			
N/A.	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR			
5. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS THAT YOU POSSESS:				
N/A.				
6. INDICATE BELOW ANY SPECIALIZED LAW ENFORCEMENT RELATED TRAINING THAT YOU HAVE COMPLETED AND/OR CERTIFICATIONS THAT YOU POSSESS:				
BASIC CRIME SCENE PROCESSING CERTIFICATION.				
COMMERCIAL MOTOR VEHICLE ENFORCEMENT CERTIFICATION.				
OP/IAED CERTIFICATION.				
PATROL RIFLE CERTIFICATION.				
TASER CERTIFICATION.				

SECTION H  
MOTOR VEHICLE OPERATION

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES  NO If YES, give the date, location, and reason:

2. LIST BELOW ANY STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE AND INDICATE THE STATUS:  
OHIO - VALID.

3. HAS YOUR VEHICLE REGISTRATION EVER BEEN SUSPENDED, REFUSED, OR REVOKED?

YES  NO If YES, give the date, location, and reason:

4. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?

YES  NO

5. INDICATE YOUR AUTO INSURANCE CARRIER AND THE TYPE OF INSURANCE CARRIED:

Name of Insurer	Type of Coverage
ESURANCE	<input type="checkbox"/> Liability <input type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Comprehensive
N/A	<input type="checkbox"/> Liability <input type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input type="checkbox"/> Comprehensive

6. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED AS AN ADULT OR JUVENILE:

Date	Violation/Charge	Location (City/State)	Police Agency	Final Disposition	Fine Amount
10/05	RED LIGHT	CINCINNATI, OH	CINCINNATI PD	PAID FINE	\$100.00
04/07	SPEED	ARLINGTON HEIGHTS, OH	ARLINGTON HEIGHTS PD	PAID FINE	\$100.00
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

7. LIST BELOW ALL MOTOR VEHICLES OWNED/OPERATED BY YOU:

Vehicle #	Year	Make	Model	License Number	State of License	Insured?
Vehicle #1	2012	JEEP	PATRIOT	995YLA	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #2	2007	DODGE	CALIBER	GRT3108	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #3	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #4	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. AUTOMOBILE CRASHES

A. Since you started driving, in how many automobile crashes have you been involved? 1

B. In how many were you found at fault? 1

C. List below all automobile crashes in which you have been involved. Include date, locations, and who was at fault:  
IN OCTOBER OR NOVEMBER OF 2012, I WAS INVOLVED IN A MINOR CRASH WHILE ON DUTY IN FAIRFIELD TOWNSHIP. I WAS AT FAULT.



**SECTION J  
FINANCIAL DATA**

Use Section N for any questions requiring written explanation. Be sure to reference the relevant section and question number with your answer (example, J 6).

1. DO YOU PRESENTLY HOLD ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY?

YES  NO If YES, explain:

2. DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY WAGE GARNISHMENTS OF YOUR SALARY?

YES  NO If YES, explain:

3. HAVE YOU EVER BEEN FOUND DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?

YES  NO If YES, explain:

4. HAVE YOU EVER HAD A COURT ORDERED FINANCIAL JUDGEMENT AGAINST YOU?

YES  NO If YES, explain:

5. DO YOU PRESENTLY HAVE A FINANCIAL JUDGEMENT PENDING IN COURT?

YES  NO If YES, explain:

6. ARE YOU CURRENTLY DELINQUENT ON ANY FINANCIAL OBLIGATIONS OR OWE ANY MONIES BECAUSE OF AN ILLEGAL TRANSACTION? (Example: Gambling, prostitution, drug deal) **N/O.**

6.(Part B) DO YOU RECEIVE CALLS FROM COLLECTION AGENCY ON DEBT? **N/O.**

YES  NO If YES, explain:

7. HAVE YOU EVER HAD ANY REAL OR PERSONAL PROPERTY REPOSSESSED?

YES  NO If YES, explain:

8. HAVE YOU EVER FILED BANKRUPTCY?

YES  NO If YES, explain and give dates:

9. CURRENT INCOME

	Source of Income	Amount of Monthly Income
YOUR INCOME	EMPLOYMENT	\$3000.00 - \$3500.00
	N/A	N/A
	N/A	N/A
YOUR SPOUSE'S INCOME	Source of Income	Amount of Monthly Income
	EMPLOYMENT	\$1000.00
	N/A	N/A

**SECTION K  
CRIMINAL HISTORY**

**\*\*Please Note:** All crime related history questions, unless otherwise noted, are to be answered considering the following points:

- I. These questions are concerning your entire lifetime and not just when you were an adult!
- II. It is not relevant if you committed offences and were never caught, prosecuted, or charged. If you committed a criminal act then it needs to be written down.
- III. If you are unsure about whether to write down an act or not, it probably needs to be written down.
- IV. The most important thing in this section is to be completely honest. All answers will be verified and weighed later. Dishonesty disqualifies.
- V. You are required to record "yes" or "no" and explain when necessary.

**INSTRUCTIONS: EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE: K, 4). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.**

<p>1. Have you ever committed a serious felony crime? Examples of a serious crime would be Aggravated Murder, Murder, Burglary, Breaking and Entering, Forgery, Felonious Assault, Arson, Kidnapping, Robbery, Theft over \$500, Vandalism, Rape, GSI, Unlawful Sexual Conduct with a Minor, Tampering with Records, Perjury, etc...</p> <p>a. If so, please list all incidents with dates and circumstances.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Have you ever committed a theft offense?</p> <p>a. List all theft offenses with as much detail as possible including dates, exact item(s) taken and all the details of the incident.</p>	<p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Have you ever driven under the influence of drugs and/or alcohol? _____</p> <p>a. List the amount of times and dates you have driven under the influence.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Have you ever been arrested or detained by the police, Loss Prevention Personnel, Security etc..?</p> <p>a. List all times you have been arrested or detained.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Have you ever been questioned by police for any crime?</p> <p>a. List all times you were questioned by the police for any crime.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>6. Have you ever used a gun, knife, or any other weapon against another person?</p> <p>a. List all times you have used a gun, knife, or any other weapon.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7. Have you ever committed any of the following Misdemeanor Crimes?</p> <p>a. Criminal Damaging or Mischief?</p> <p>b. Criminal Trespass?</p> <p>c. Receiving or Purchasing Stolen Property?</p> <p>d. Passing a Bad Check?</p> <p>e. Contributing to the Delinquency of a Minor?</p> <p>f. Prostitution-either buying or selling a sex act?</p> <p>g. Assault?</p> <p>h. Any other Misdemeanor crimes not listed?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Have you ever committed an act of Domestic Violence, or have been accused of Domestic Violence?</p> <p>a. If so, explain in detail and the name of the police agency involved.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Have you ever filed a false police report?</p> <p>a. If so, explain in detail and the name of the police agency involved.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**SECTION L**

## Drug History

- I. These questions are concerning your entire lifetime and not just when you were an adult.
- II. Have you ever used, sold, or assisted in the use or selling of any of the following narcotics? Please answer each and if to the positive, give a detailed account of when, how many times, and the last time you used with dates as close as possible in Section N.

1. Have you ever had contact with the police for a drug violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever used, bought, or sold (Illegal use only): (If YES, indicate which you have done)		
a) Marijuana?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Hashish/Hash?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Uppers?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Downers?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Cocaine?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Crack?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Heroin?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) LSD?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Angel Dust?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Methamphetamine?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) Ecstasy?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) Oxycotin or Oxycodone?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) Hallucigenic Mushrooms?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) PCP?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
o) Prescription drugs not prescribed to you?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
p) Steroids?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
q) Any other illegal or abused drug not listed above?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold	<input type="checkbox"/> Yes <input type="checkbox"/> No
r) Forged a doctor's prescription?	<input type="checkbox"/> Used <input type="checkbox"/> Made	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INSTRUCTIONS: EXPLAIN YOUR ANSWER IN SECTION N**

3. Do you regularly associate with known drug users or sellers? **NO.**
  - a. If so, what is your relationship to them?



**SECTION M  
MISCELLANEOUS  
(Part B)**

**INSTRUCTIONS: EXPLAIN YOUR ANSWER IN SECTION N**

1. Have you ever been addicted to any form of gambling? **NO.**
  - a. If so what type of gambling?
  
2. Do you have any of the following that would restrict you from conforming to departmental standards for grooming and/or appearance? **YES.**
  - a. Tongue, nose, eye or brow splitting or piercing.
  - b. The complete or transversal implantation of any material other than hair replacement or breast augmentation.
  - c. Abnormal shaping of the ears, eyes, nose or teeth.
  - d. Branding or scarification.
  - e. Dental Alteration or Ormentation-Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initials, etc. The use of yellow gold, white gold, or platinum caps (permanent or temporary) merely to add ornamentation to the teeth and not required by dental/medical necessity is prohibited.
  - f. Tattoos/body markings that would be visible while working in any authorized uniform or attire. **I HAVE A TATTOO ON THE INSIDE OF MY RIGHT BICEP. ONE TO TWO INCHES OF THE TATTOO MAY BE VISIBLE IN SHORT SLEEVES.**

(Note) Visible tattoos, body piercings or alterations must also be surgically repaired, returning the body alteration to a normal/acceptable condition as a condition of employment.

**3. PAST LAW ENFORCEMENT EXPERIENCE QUESTIONS**

Yes  N/A

**This section is to only be completed if you have worked in a Law Enforcement Career in the past. If this section does not apply to you, indicate N/A and continue.**

<p>1) Have you ever kept or forgotten to turn in property or evidence that you have collected?</p> <p>a. If so, please give all details.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2) Have you ever taken illegal drugs off someone and kept it for your personal usage or gave it to someone else for their use?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

a. If so, please give all details.	
3) Have you ever planted evidence onto a known criminal? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4) Have you ever been paid or given something of value to forget something happened, lie in court, or let someone know of a pending raid? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5) Have you ever covered up something for a friend or relative relating to a crime? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6) Have you ever covered up an incident of false arrest for a fellow officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7) Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason? a. If pleas give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8) Have you ever stopped an attractive person just to talk or learn their identity? a. If pleas give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9) Have you ever had sexual contact or conduct with yourself or another while working as a Law Enforcement Officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10) Have you ever knowingly lied in any court proceeding? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11) Have you ever used your position to intimidate someone outside of your official duties? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12) Have you ever falsified an official report? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13) Do you have an active or pending internal investigations or discipline? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14) Have you ever struck a handcuffed prisoner? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15) Have you ever been investigated for or been accused of using excessive force? a. If so, please give all details.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16) Have you ever asked for a phone number or other information from a person on a traffic stop or call for service in order to ask them out on a date? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

INSTRUCTIONS: USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

SECTION E, QUESTION 9

- IN APRIL OF 2008, I TOOK A PRE-EMPLOYMENT POLYGRAPH FOR THE PHOENIX (AZ) POLICE DEPT. I FAILED THE POLYGRAPH BECAUSE OF TWO QUESTIONS (1. SINCE YOU LEARNED THE DIFFERENCE BETWEEN THE TRUTH AND A LIE, HAVE YOU EVER TOLD A LIE? 2. SINCE YOU LEARNED THE DIFFERENCE BETWEEN RIGHT AND WRONG, HAVE YOU EVER DONE ANYTHING WRONG?) PRIOR TO BEGINNING THE POLYGRAPH, THE EXAMINER REVIEWED THESE QUESTIONS WITH ME, AND I EXPLAINED THAT MY ANSWER TO BOTH OF THOSE QUESTIONS WOULD BE "YES" AT THAT TIME. THE EXAMINER BECAME VERY CONFRONTATIONAL AND ASKED FOR EXAMPLES. I EXPLAINED THAT I HAD GONE TO THE DIAMONDBACKS GAME THE NIGHT BEFORE AND THAT I HAD CONSUMED A BEER AT THE GAME, EVEN THOUGH I HAD SIGNED A CONTRACT AT MY COLLEGE AND AGREED NOT TO CONSUME ALCOHOL UNTIL I HAD GRADUATED. I EXPLAINED THAT I HAD AN EXTREMELY HYPER CONSCIENCE AND THAT I BELIEVED MY ACTIONS THE PREVIOUS NIGHT TO HAVE BEEN BOTH DISHONEST AND WRONG. THE EXAMINER THEN TOLD ME THAT BOTH QUESTIONS WERE INTENDED FOR MORE BLATANT WRONGS AND THAT THE APPROPRIATE RESPONSE TO BOTH QUESTIONS WOULD BE "NO." WHEN I AGREED TO ANSWER "NO" TO BOTH QUESTIONS, THE EXAMINER BEGAN THE TEST. DURING THE TEST, I FELT PANICKED AND CONFUSED DURING BOTH OF THE QUESTIONS AND I FAILED THE TEST. AFTER I FAILED THE TEST, THE EXAMINER AGAIN BECAME CONFRONTATIONAL AND ASKED IF I HAD BEEN WITHHOLDING INFORMATION. AT THAT TIME, I FELT THAT IT WOULD BE POINTLESS TO ATTEMPT TO EXPLAIN MY CONFUSION AND FRUSTRATION WITH BOTH OF THE QUESTIONS I HAD FAILED, SO I ATTEMPTED TO CLARIFY A RESPONSE TO ANOTHER QUESTION THE EXAMINER HAD ASKED ME PRIOR TO THE TEST. THE EXAMINER ASKED ME IF I HAD EVER FOUND MYSELF ATTRACTED TO CHILDREN. I EXPLAINED THAT WHEN I WAS TWELVE YEARS OLD, MY FAMILY DISCOVERED THAT MY YOUNGER SISTER, WHO I HAVE ALWAYS BEEN CLOSE WITH, HAD BEEN SEXUALLY ABUSED BY A VERY CLOSE FRIEND OF THE FAMILY. AS A RESULT, I WITNESSED THE AGONY AND SHAME MY SISTER EXPERIENCED AS SHE JOURNEYED TOWARD WHOLENESS IN THE AFTERMATH OF THE SEXUAL ABUSE, AND I WAS SHOCKED BY HOW SOMEONE COULD CAUSE SUCH HARM TO A CHILD. I EXPLAINED THAT WHEN I WAS FIFTEEN YEARS OLD, I WAS DIAGNOSED WITH CLINICAL DEPRESSION AND ANXIETY, AS A RESULT

period to  
the test

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

INSTRUCTIONS: USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

OF THE DEPRESSION AND ANXIETY, I WENT THROUGH A PERIOD OF SEVERAL MONTHS WHEN I WAS FIFTEEN AND SIXTEEN YEARS OLD WHERE I WAS IRRATIONALLY AFRAID THAT I WOULD ONE DAY BE ATTRACTED TO CHILDREN AND THAT I WOULD CAUSE THE AGONY AND SHAME THAT I WITNESSED MY SISTER EXPERIENCING. HOWEVER, THAT FEAR ULTIMATELY SUBSIDED. AS A RESULT OF ATTEMPTING TO EXPLAIN THESE CIRCUMSTANCES, THE EXAMINER NOTED THAT I HAD ADMITTED THAT I WAS ATTRACTED TO CHILDREN IN 2012, WHILE I WAS IN THE HIRING PROCESS WITH THE MONTGOMERY POLICE DEPT., I DISCOVERED THAT THE PHOENIX POLICE DEPT. HAD MADE A NOTE ON MY FILE THAT I WAS NO LONGER WELCOME TO APPLY WITH THEIR AGENCY BECAUSE I HAD "ADMITTED" TO BEING ATTRACTED TO CHILDREN AND BECAUSE I HAD ADMITTED TO "EXPOSING" MYSELF TO MY SISTER. DURING MY BACKGROUND INVESTIGATION WITH THE PHOENIX POLICE DEPT., A DETECTIVE ASKED IF I HAD EVER EXPOSED MYSELF TO A JUVENILE. AGAIN, I HAVE AN EXTREMELY HYPER CONSCIENCE, SO I EXPLAINED THAT WHEN I WAS A TEENAGER (I BELIEVE I WAS THIRTEEN OR FOURTEEN YEARS OLD) I DROPPED MY TOWEL FOR A MATTER OF A FEW SECONDS WHILE I SPOKE WITH MY SISTER, WHO WAS STANDING IN THE BATHROOM DOORWAY JUST MOMENTS AFTER I GOT OUT OF THE SHOWER. WHILE THAT INCIDENT WAS IN POOR TASTE, IT WAS INMATURELY DONE IN A JOKING MANNER AND WAS NOT SEXUALLY MOTIVATED IN ANY WAY THIS WHOLE TOPIC IS EMBARRASSING AND REFLECTS POORLY ON ME. HOWEVER, I CAN SAY WITH ABSOLUTE INTEGRITY AND A CLEAR CONSCIENCE THAT I AM NOT NOW, NOR HAVE I EVER BEEN, ATTRACTED TO CHILDREN. FURTHERMORE, I HAVE NEVER BEHAVED INAPPROPRIATELY WITH CHILDREN, NOR HAVE I EVER BEEN ACCUSED OF ANY INAPPROPRIATE BEHAVIOR. IN SPITE OF THE IRRATIONAL FEARS I EXPERIENCED AS AN ADOLESCENT AND THE MANNER IN WHICH THE PHOENIX INCIDENT WAS REFLECTED ON ME, I WOULD NOT CHANGE ANY OF THESE CIRCUMSTANCES. THIS SITUATION HAS MADE ME STRONGER AS A MAN AND MORE EMPATHETIC AS A POLICE OFFICER. AS A RESULT OF THIS, I HAVE BEEN ABLE TO RELATE TO STRUGGLING TEENAGERS, ESPECIALLY WHILE ON DUTY. ADDITIONALLY, BECAUSE OF THIS EXPERIENCE, I HAVE BEEN ABLE TO EMPATHIZE WITH THE VICTIMS OF SEXUAL ABUSE AND THEIR FAMILIES WHILE TAKING REPORTS IN WAYS I WOULD NOT BE ABLE TO OTHERWISE.

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

INSTRUCTIONS: USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

- IN FEBRUARY OR MARCH OF 2012, I TOOK A PRE-EMPLOYMENT POLYGRAPH FOR THE FAIRFIELD TOWNSHIP POLICE DEPT. I PASSED THAT POLYGRAPH.

- IN JUNE OF 2015, I TOOK A PRE-EMPLOYMENT POLYGRAPH FOR THE WARREN COUNTY SHERIFF'S OFFICE. I FAILED THE POLYGRAPH BECAUSE I RECALLED A COLLEGE PRANK WHEN I WAS ASKED IF I HAD EVER COMMITTED A SERIOUS CRIME. WHILE I WAS IN COLLEGE, I WAS PRESENT WHILE SEVERAL FRIENDS MADE ENTRY INTO THE DINING HALL AFTER HOURS THROUGH A WINDOW THEY HAD LEFT OPEN SLIGHTLY EARLIER IN THE DAY. ONCE INSIDE, MY FRIENDS OPENED THE DOOR SO I COULD ENTER THE BUILDING WITH SOME OTHER PEOPLE. ONCE INSIDE, I HELPED MY FRIENDS RE-ARRANGE SIGNS AND DISPLAYS IN AN EFFORT TO PRANK SOME OF OUR FRIENDS WHO WORKED IN THE DINING HALL. I DID NOT MENTION THE INCIDENT ON MY BACKGROUND PACKET BECAUSE I DISMISSED IT AS A PRANK. HOWEVER, DURING THE POLYGRAPH, I REALIZED THAT I HAD TECHNICALLY TAKEN PART IN A BREAKING & ENTERING INCIDENT. ALSO, DURING THE POLYGRAPH, I WAS ASKED IF I HAD INTENTIONALLY WITHHELD ANY INFORMATION FROM MY BACKGROUND PACKET. I DID NOT FAIL THAT QUESTION.

SECTION K, QUESTION 1

- I PARTICIPATED IN A BREAKING AND ENTERING INCIDENT DURING COLLEGE. THE INCIDENT WAS MEANT AS A PRANK. FRIENDS OF MINE STOLE PIECES OF FRUIT AND SMALL AMOUNTS OF CEREAL WHILE I HELPED OTHER FRIENDS RE-ARRANGE SIGNS AND DISPLAYS IN THE CAMPUS DINING HALL. SEE ABOVE.

SECTION K, QUESTION 2

- WHILE I WAS EMPLOYED BY DICK'S SPORTING GOODS, I TOOK A UNIFORM SHIRT BECAUSE I NEEDED A REPLACEMENT. I INTENDED TO PURCHASE THE SHIRT, BUT I FORGOT TO DO SO.

- WHILE I WAS IN COLLEGE, I TOOK BETWEEN \$10 - \$20 IN QUARTERS FROM THE ROOM OF A RESIDENT ON MY FLOOR FOR LAUNDRY MONEY.

SECTION K, QUESTION 3

- I DO NOT KNOW EXACT DATES, BUT I HAVE DRIVEN HOME WHILE SLIGHTLY IMPAIRED ON FOUR OR FIVE OCCASIONS AFTER DRINKING SOCIALLY WITH FRIENDS.

SECTION K, QUESTION 7

- I HAVE WRITTEN CHECKS WITH INSUFFICIENT FUNDS IN MY CHECKING ACCOUNT IN EACH CASE.

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

INSTRUCTIONS: USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

I HAVE DONE THIS JUST BEFORE PAY DAY SO THERE  
WOULD BE SUFFICIENT FUNDS IN MY CHECKING ACCOUNT  
WHEN THE CHECK WAS CASHED.  
SECTION M, QUESTION 1  
- ON ONE OCCASION, I CONFISCATED SEVERAL EMPTY SYRINGES,  
WHICH I LOGGED INTO EVIDENCE. I LATER FOUND ONE OF  
THE SYRINGES IN MY DUTY BAG. IMMEDIATELY THREW THE  
SYRINGE IN THE GARBAGE.  
- ON ONE OCCASION, I CONFISCATED A MARIJUANA PIPE, BUT I  
DID NOT CHARGE THE SUSPECT WITH IT. I LATER THREW THE  
MARIJUANA PIPE IN THE GARBAGE.  
- ON ONE OCCASION, I REMOVED A POCKET KNIFE FROM A  
SUSPECT. I FORGOT TO TAKE THE KNIFE TO THE JAIL WITH THE  
SUSPECT AND THE REST OF HIS PROPERTY. THE KNIFE IS  
STILL IN MY MAIL BOX AT WORK.  
SECTION M, QUESTION 15  
- ON ONE OCCASION, A FEMALE SUSPECT ACCUSED ME OF USING  
EXCESSIVE FORCE WHILE HANDCUFFING HER. THE FEMALE  
SUSPECT THEN ACCUSED ME OF FONDLING HER. THE FEMALE  
SUSPECT WAS NOT INJURED. THE ENTIRE INCIDENT TOOK  
PLACE IN THE PRESENCE OF TWO OTHER OFFICERS.  
SECTION O, QUESTION 7  
- I HAVE RECEIVED TWO WRITTEN REPRIMANDS FROM THE  
FAIRFIELD TOWNSHIP POLICE DEPARTMENT FOR CAUSING  
DAMAGE TO PATROL VEHICLES.  
- I HAVE RECEIVED ONE WRITTEN REPRIMAND FROM THE  
HAMILTON POLICE DEPARTMENT FOR BEING LATE TO  
IN-SERVICE TRAINING.  
SECTION O, QUESTION 13  
- WHILE I WORKED FOR DICK'S SPORTING GOODS AND FIRST  
FINANCIAL BANK, I KEPT MY CELL PHONE ON MY PERSON  
AND USED IT WHILE I WAS ON THE CLOCK.  
SECTION O, QUESTION 15  
- ~~ON~~ ON ONE OCCASION, I WENT INTO TIRE DISCOUNTERS AND  
OBTAINED AN ESTIMATE BECAUSE I HAD BEEN TOLD THAT  
THEY WERE POLICE FRIENDLY. I LATER FELT GUILTY AND  
DISCUSSED THE MATTER WITH MY SUPERVISOR.  
SECTION O, QUESTION 19  
- ON ONE OCCASION, I WAS INVOLVED IN A MINOR CRASH WHILE  
ON DUTY BECAUSE I WAS ATTEMPTING TO APPREHEND A  
EVEILING SUSPECT.  
- ON ONE OCCASION, I BACKED MY PATROL CAR INTO ANOTHER  
PATROL CAR IN THE PARKING LOT OF THE POLICE  
DEPARTMENT.



## SECTION O APPLICANT QUESTIONNAIRE

**INSTRUCTIONS:** ANSWER THE FOLLOWING QUESTIONS BY INDICATING YOUR RESPONSE IN THE APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1. Have you ever used a date or place of birth different from either listed on your birth certificate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever intentionally altered your name, address, or date of birth on any official document?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever lied about your name, age, or address?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been asked to resign from any job or position?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever quit any job without giving notice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been disciplined, reprimanded, or counseled at any job for any reason?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Would any of your previous employers refuse to rehire you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do you have any racial, ethnic, religious, sexual or other prejudices that will affect your performance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever been warned, counseled, or spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preference?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever called in sick to work when you were not sick?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Have you ever called in sick because you were too hung over or too drunk to go to work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you ever intentionally violated any employer's rule(s) but not been caught?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been accused of stealing money from an employer, whether you did it or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Have you ever used your position for personal gain in any way?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Have you ever been the subject of a disciplinary investigation at work, in the military, school, or as a volunteer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Have you ever been suspended from employment for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Have you ever received a "less than satisfactory" performance evaluation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Have you ever been involved in a traffic accident while in an employer's vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you ever lied concerning your actions as an employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. Have you ever served in the armed forces of another nation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Have you ever been denied entrance into the armed forces for any reason?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever intentionally written a bad check?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you have any creditors that are demanding payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Have you ever been delinquent on Federal or State income taxes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. Have you ever been evicted from a residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. Have you ever broken a lease agreement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28. Have you ever been suspended, expelled, or placed on academic probation at any school?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. Have you ever misrepresented your educational level?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Has your spouse or domestic partner ever called the police on you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Has your spouse or domestic partner ever accused you of abuse in a report or discussion with anyone else?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
32. Has anyone ever claimed that you have beaten, abused, mistreated, or sexually assaulted a child?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. Have the police ever been called to your home by you or anyone else?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34. Have any members of your immediate family (spouse, parents, children, siblings) ever been arrested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. Have you ever been the victim of a crime?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



CERTIFICATION

I, the undersigned, do hereby attest that the information I have provided in the preceding pages is truthful and complete to the best of my ability and does not knowingly contain any material misrepresentation of fact. I understand that the information collected is for the purposes of conducting a background investigation to determine my eligibility for employment with the Monroe Police Department and that if I refuse to provide the requested information I may be disqualified from further consideration.

I affirm that I have read and understand the job requirements and job descriptions of the position for which I have applied.

I also understand that I will be disqualified from further consideration at any point in the application process or will be dismissed from the department after appointment for providing false information or for deliberately omitting or concealing information from my background.

  
APPLICANT SIGNATURE

10/20/15  
DATE

NOTARY

Subscribed and duly sworn before me according to law by the above named individual on the 20 day of October, 2015 at 8:53am in the County of Butler, State of Ohio.

Signature of Notary Thane M. Gay  
(affix seal below)

Official Title Notary  
Commission Expiration Date June 4, 2017



**Thane M. Gay**  
Notary Public State of Ohio  
My Commission Expires  
June 4, 2017

I, CALEB PAYNE, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

A photocopy of this authorization is to be accepted as an original.

WITNESS		APPLICANT	
Printed Name:	KYLIE PAYNE	Printed Name:	CALEB PAYNE
Signature:	<i>Kylie Payne</i>	Signature:	<i>Caleb Payne</i>
Date:	10/20/15	Date of Birth:	08/29/86
		Social Security Number:	

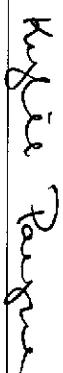
I, CALEB PAYNE, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

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I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

A photocopy of this authorization is to be accepted as an original.

WITNESS		APPLICANT	
Printed Name: KYLIE PAYNE	Printed Name: CALEB PAYNE	Signature: 	
Signature: 	Signature:	Date of Birth: 08/29/86	
Date: 10/20/15		Social Security Number: 	

**PLEASE READ THIS STATEMENT CAREFULLY**

As an applicant with the City of Monroe, my signature below authorizes the Monroe Police Department, or its agent, to obtain a consumer credit report or other information regarding my credit status for the purposes of determining my suitability for employment with the City. I understand that this information will be used only for employment purposes.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I understand that the information obtained from a credit verification check will be used in accordance with the Federal Fair Credit Reporting Act.

<b>WITNESS</b>		<b>APPLICANT</b>	
Printed Name: KYLIE PAYNE	Signature: <i>Kylie Payne</i>	Printed Name: CALIB PAYNE	Signature: <i>Calib Payne</i>
Date: 10/20/15		Date of Birth: 08/29/86	
		Social Security Number: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Certificate of Course Completion**

**This is to verify that**

**Sgt. Caleb Payne**

**has completed**

**Sexual Harassment Prevention in the Workplace**

**on**

**3/9/2020**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Narcan eLearning Course***

***Completed on: 7/25/2018 4:58:39 AM***



60POTA  
**FILE**

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Force on Force Advanced Tactics (8 Hours) June 6, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

**FILE**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Barricaded Subjects (8 Hours) June 8, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Performance Gunfighting One Day Mod (8 Hours) June 7, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

---

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

**FILE**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Vendor Exhibition with over 20 Break - Out Training Courses (8 Hours) June 5, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

FILE

**Caleb Payne**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

OTOA Conference General Session & Incident Debriefings (8 Hours) June 4, 2018



Patrick J. Florilli  
President



John Chapman  
Director of Training



SAVE A LIFE

**AMERICAN COLLEGE OF SURGEONS  
COMMITTEE ON TRAUMA**

Recognizes

*Caleb Payne*

For successful completion of the

**Bleeding Control Basic v. 1.0 Course**

Presented on August 16, 2018, by

**Brian J. Doering NRP, FP-C**

Little Miami Fire Rescue

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THE  
**COMMITTEE  
ON TRAUMA**



100+years

AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:  
Highest Standards, Better Outcomes*

FILE



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Missing Persons***

***Completed on: 4/6/2018 3:04:26 AM***

OHIO



**FILE**  
eOPOTA



*This is to certify that*

***Caleb Payne***

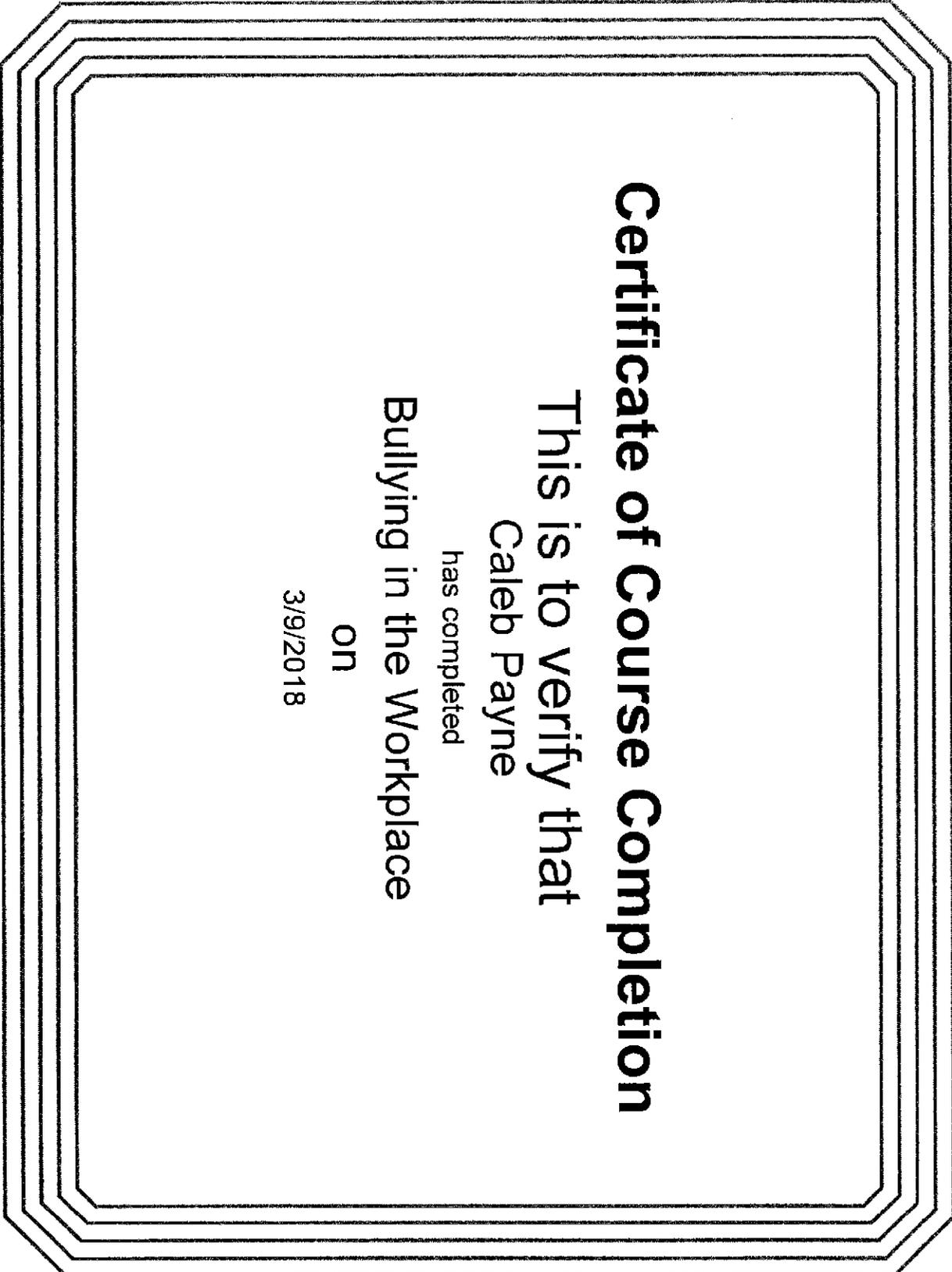
*has completed the Ohio Attorney General's online training course on*

***Companion Animal Encounters***

***Completed on: 10/17/2016 11:54:01 PM***



**FILE**



**Certificate of Course Completion**

**This is to verify that**

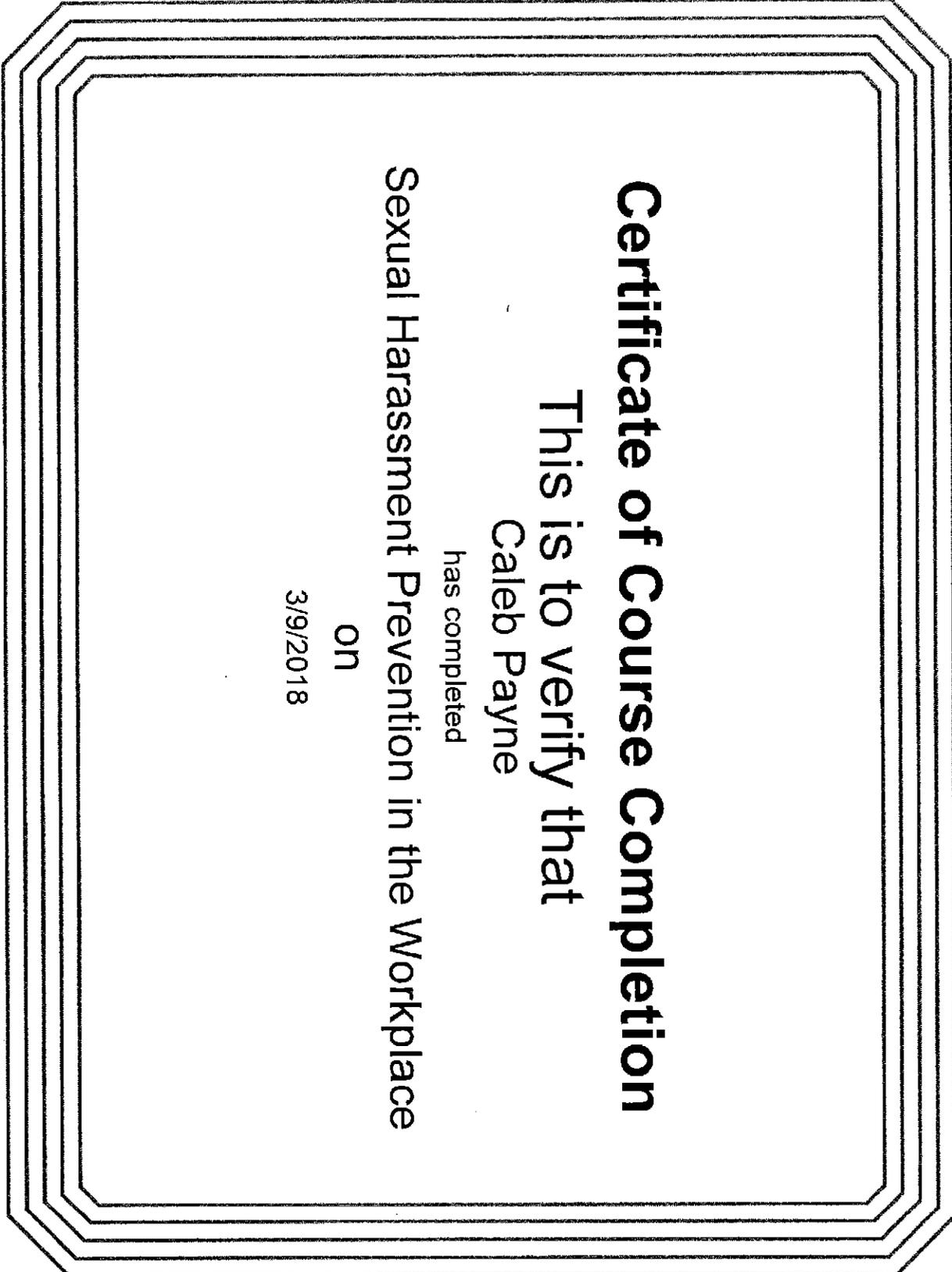
**Caleb Payne**

**has completed**

**Bullying in the Workplace**

**on**

**3/9/2018**



**Certificate of Course Completion**

This is to verify that

Caleb Payne

has completed

Sexual Harassment Prevention in the Workplace

on

3/9/2018

**FILE**

*Lt. Dennis Chertan*

**HEARTSAVER CPR AED**

Heartsaver®  
CPR AED



Caleb Payne

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED

Infant CPR

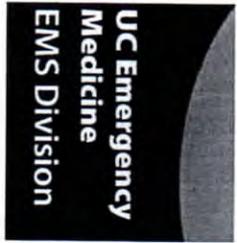
Written test

04/2015

04/30/2017

Issue Date

Recommended Renewal Date



West Chester  
Hospital |  UC Health™



FILE

**This Certificate Of Completion Is Hereby Awarded To:**

**Caleb Payne**

**FOR SUCCESSFUL COMPLETION OF THE FOLLOWING EDUCATIONAL PROGRAM(S) ENTITLED:**

**SELF-CARE / BUDDY CARE FOR LAW ENFORCEMENT**

***Presented by Dustin Calhoun, MD and Ryan Burke, NRP***

**Presented On:**

*November 3, 2017*

*08:00 am – 10:30 am*

**Location:**

**Monroe Police Department**

*223 South Main Street*

*Monroe, Ohio 45050*

Donald Locasto, MD  
Medical Director

Joshua A. Borkosky, BS, NR-P, EMSI  
EMS Education Manager  
Department of Emergency Medicine—Division of EMS



FILE

## **The International Association of Chiefs of Police**

*This is to certify that*

**Caleb Payne**

*has successfully completed all requirements  
of the Drug Evaluation and Classification Program  
and is hereby recognized as a*

# **Drug Recognition Expert**

**Presented on 12/1/2017**

**Vincent Talucci**  
Executive Director

International Association of Chiefs of Police

**Jennifer Rolfe**  
DEC Program Manager

International Association of Chiefs of Police



## IACP Drug Evaluation and Classification Program

International Association of  
Chiefs of Police  
44 Canal Center Plaza, Suite 200  
Alexandria, VA 22314-2357  
Phone: 703-836-6767;  
1-800-THE IACP  
Fax: 703-836-4543  
Web: [www.theiacp.org](http://www.theiacp.org)

### DRE Certification Card

FILE

Dear Colleague:

On behalf of the International Association of Chiefs of Police, it is my pleasure to congratulate you on completing your certification as an IACP drug recognition expert. Enclosed is your DRE certificate and card. These items signify that you have met all requirements of the IACP's Drug Evaluation and Classification Program.

Under the IACP standards, your DRE certificate is valid for a period of two years. Your state coordinator will be notified of the need to reapply for certification six months prior to the expiration date printed on your card.

State and local DRE coordinators should have copies of the document entitled "The IACP International Standards for the Drug Evaluation and Classification Program." You should read this document carefully if you have any questions regarding the IACP standards or the administration of the program. If you have any questions regarding the IACP DRE Certification Program, please contact your DRE state coordinator.

Sincerely,

Jennifer Rolfe  
Program Manager



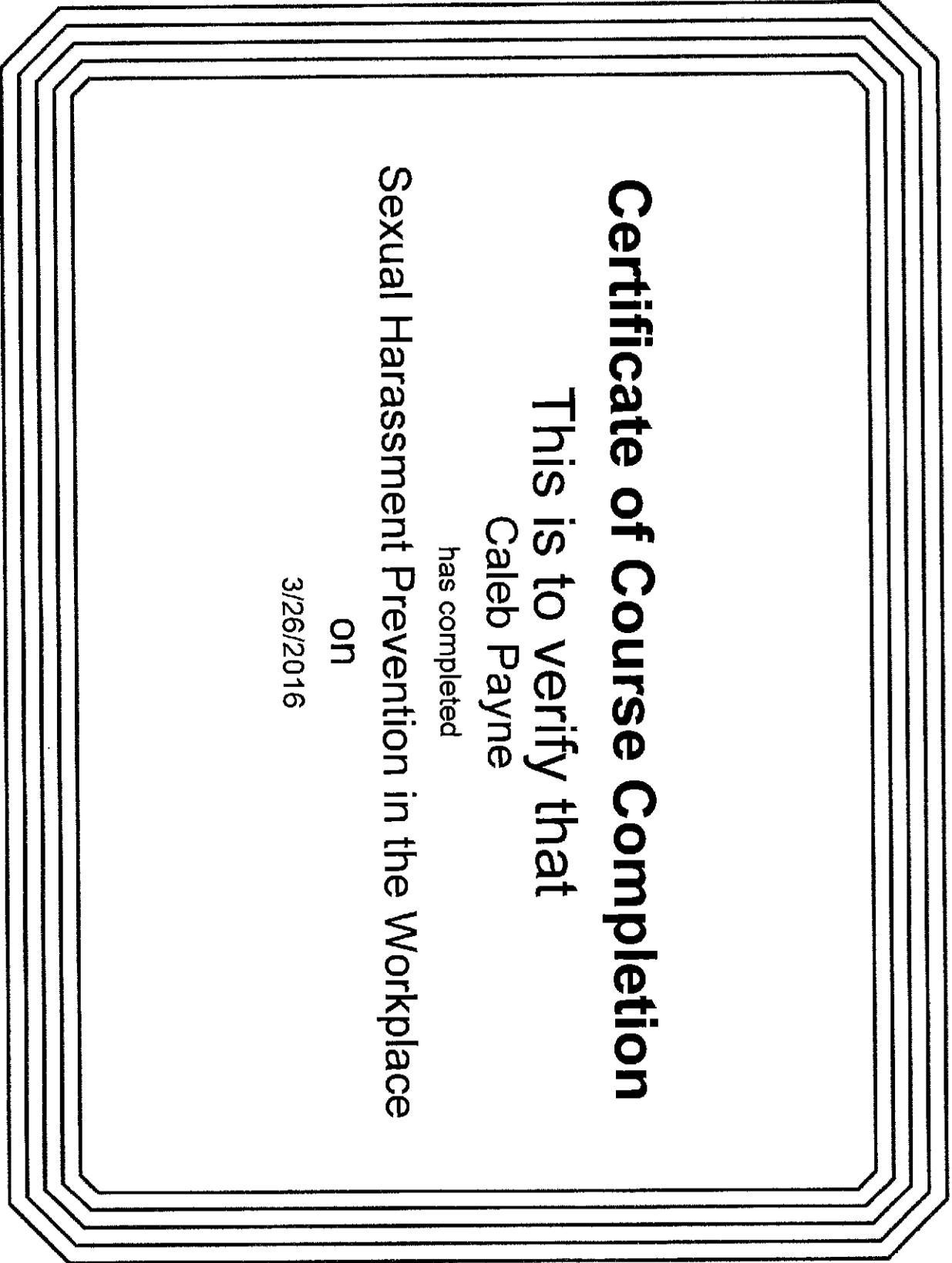
International Association  
of Chiefs of Police



### Drug Recognition Expert

Caleb Payne  
Name  
DRE029058  
Certification No.

Vincent Talucci  
Executive Director  
12/1/2019  
Expiration Date



**Certificate of Course Completion**

**This is to verify that**

**Caleb Payne**

has completed

**Sexual Harassment Prevention in the Workplace**

**on**

**3/26/2016**



**MIKE DEWINE**  
★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675  
P. O. Box 309  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

January 14, 2016

**FILE**

Chief Robert Buchanan  
Monroe Police Department  
233 South Main Street  
P.O. Box 330  
Monroe, OH 45050

[buchananb@monroehio.org](mailto:buchananb@monroehio.org)

Re: Update Training Evaluation for Officer Caleb Payne

Dear Chief Buchanan:

**We have reviewed this matter and find no update training is required.**

This determination is based upon the information reported to the Commission and does not relieve this officer or the appointing authority of any training obligations, including but not limited to annual firearms requalification training and Continuing Professional Training requirements.

If you have any questions, you can reach me at the phone number listed above.

Sincerely,

Brittany Thompson  
Certification Officer  
Professional Standards Division

cc: Officer

BT/jw



# Warren County Combined Training Team



FILE

THIS IS TO CERTIFY THAT

**Caleb Payne**

HAS COMPLETED 4 HOURS IN GENERAL CPT TRAINING DURING THE

## 2017 Combined Training Event

9/26/2017

Chief Jeffrey Kruthoff

Springboro Police Department

Sergeant Thomas Naumovski

Warren County Sheriff's Office

# Certificate of Training

**Caleb Payne**  
**Monroe Police Department**

has successfully completed the 16-hour

**Drug Recognition Expert Pre-School**

Ohio State Highway Patrol Academy  
October, 2017



*Ronald Kenny #22122*  
Course Manager

Ohio DEC Program Coordinator  
*[Signature]*  
Ohio State Highway Patrol



FILE

# Certificate of Training

**Caleb Payne**  
**Monroe Police Department**

has successfully completed the 56-hour

**Drug Recognition Expert School**

Ohio State Highway Patrol Academy  
October, 2017

*Ronald Kenny Hsala*  
Course Manager



Ohio DEC Program Coordinator  
*[Signature]*  
Ohio State Highway Patrol



FILE



# OHIO PEACE OFFICER TRAINING COMMISSION

§

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

**Caleb Payne**

has successfully completed the Webcast course

**Practical Application of Force**

issued on

August 9, 2017



Mike DeWine  
Ohio Attorney General



Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



  
Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

FILE



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

This is to certify that

**Caleb Payne**

has successfully completed the Webcast course

**Procedural Justice & Police Legitimacy**

issued on

June 1, 2017

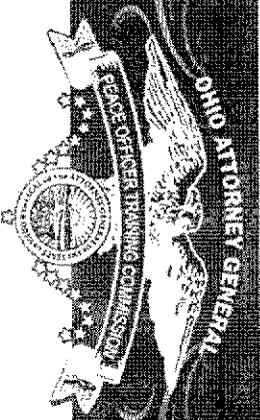
  
Mike DeWine  
Ohio Attorney General

  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



  
Mary E. Davy, Executive Director  
Ohio Peace Officer Training Commission

FILE



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

This is to certify that

**Caleb Payne**

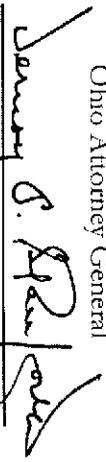
has successfully completed the Webcast course

**Trauma Informed Policing**

issued on

**June 27, 2017**

  
Mike DeWine  
Ohio Attorney General

  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



  
Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***2017 Legal Update: Search and Seizure Law***

*Completed on: 7/8/2017 10:21:13 AM*



**FILE**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***2017 Legal Update: Domestic  
Violence Refresher***

*Completed on: 7/8/2017 10:25:19 AM*



**FILE**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***2017 Legal Update: Search and Seizure Law***

*Completed on: 7/8/2017 10:21:13 AM*



**FREE**  
eOPOTA

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

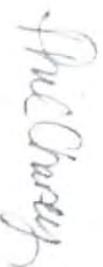
**Caleb Payne**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Executing High Risk Search Warrant (8 Hours) June 9, 2017



Patrick J. Fiorilli  
President



Phil Chaney  
Director of Training

**FILE**

**FILE**

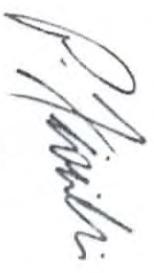
# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Handgun Combatives (8 Hours) June 7, 2017



Patrick J. Fiorilli  
President



Phil Chaney  
Director of Training

**FILE**

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course:

Intermediate Distance Carbine Deployment (8 Hours) June 8, 2017



Patrick J. Fiorilli  
President



Phil Chaney  
Director of Training

**FILE**

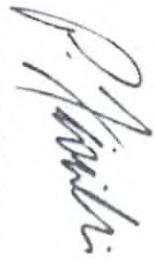
# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

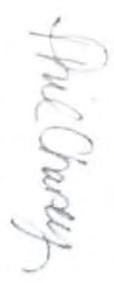
**Caleb Payne**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course:

OTOA Conference General Session & Incident Debriefings (8 Hours) June 5, 2017



Patrick J. Fiorilli  
President



Phil Chaney  
Director of Training

FILE

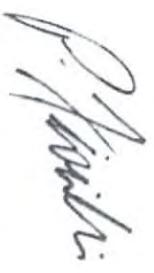
# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course:

Vendor Exhibition with over 20 Break - Out Training Courses June 6, 2017



Patrick J. Fiorilli  
President



Phil Chaney  
Director of Training

FILE



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

This is to certify that  
**Caleb Payne**

has successfully completed the Webcast course

**Trauma Informed Policing**

issued on  
**June 27, 2017**

*Mike DeVine*

Mike DeVine  
Ohio Attorney General

*Vernon P. Stanforth, Chair*

Vernon P. Stanforth, Chair  
Ohio Peace Officer Training Commission



*Mary E. Davis*

Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

**HEARTSAVER CPR AED**

Training Center Name Liberty Twp Fire Department Patient #

TC Info TC City, St Fairfield Twp FD - 513.887.4402

Course Location Fairfield Twp. Fire Department

Instructor Name Robbie Potter Inst. ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1813

**HEARTSAVER CPR AED**

Heartsaver<sup>®</sup>  
CPR AED



Caleb Payne

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those NOT marked out.

Child CPR AED 04/2015 Infant CPR 04/30/2017 Written test

Issue Date 04/2015 Recommended Renewal Date

**FILE**



# TASER TRAINING ACADEMY

FILE

## TASER Conducted Electrical Weapon TASER Certified End User Certificate

**OFFICER CALLEB PAYNE**

*This certifies that the above named individual ("the Student") has completed the training required and has passed a written examination in the use of the TASER\_x26p\_Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the TASER Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.*

Instructor: B.Schulten, M.Krzmarich      Date 1-4-15  
(name)

# Emergency Management Institute



FILE

## FEMIA

This Certificate of Achievement is to acknowledge that

**CALEB E PAYNE**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00100.b**

**Introduction to Incident Command System**

**ICS-100**

*Issued this 4th Day of August, 2012*



A handwritten signature in black ink, appearing to read "Tony Russell".

**Tony Russell**  
Superintendent  
Emergency Management Institute

# Emergency Management Institute



FILE

## FEMMA

This Certificate of Achievement is to acknowledge that

**CALEB E PAYNE**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00200.b**

**ICS for Single Resources and  
Initial Action Incident, ICS-200**

*Issued this 5th Day of August, 2012*



A handwritten signature in black ink, appearing to read "Tony Russell".

**Tony Russell**  
Superintendent  
Emergency Management Institute

# Emergency Management Institute



FILE

## FEMIA

This Certificate of Achievement is to acknowledge that

**CALEB E PAYNE**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00700.a**

**National Incident Management System (NIMS)  
An Introduction**

*Issued this 29th Day of November, 2011*



A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell  
Superintendent  
Emergency Management Institute

**FILE**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Awareness of Human Trafficking***

*Completed on: 07/16/2012*

*Completed in: 0:35:52*



eOPOTA



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Responding to Human Trafficking***

*Completed on: 07/16/2012*

*Completed in: 1:24:0*



**FILE**

# CERTIFICATE OF COMPLETION

**CALEB PAYNE**

BUTLER TECH  
98%

*Has successfully completed the required curricula of the*

**CEVO II - POLICE**

*This status is awarded on 9/29/2011*



**National  
Safety  
Council**



**FILE**

# Butler Tech Peace Officer Training Academy

Certificate of Training

*Caleb E. Payne*

FILE

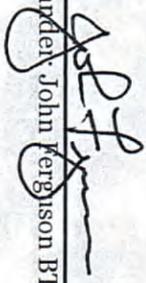
The bearer of this certificate has successfully completed eight hours of classroom and practical application training in

**INTERMEDIATE WEAPONS ASP/BATONS.**

Awarded at the BUTLER TECH Public Safety Education Complex

**BAS 11-041**

**December 6, 2011**

  
Commander John Ferguson BTC 0377



# Butler Tech Peace Officer Training Academy

## Certificate of Completion

*Caleb E. Payne*

FILE

The bearer of this certificate has successfully completed 6 hours of training in

## O.C. Chemical Agent Certification

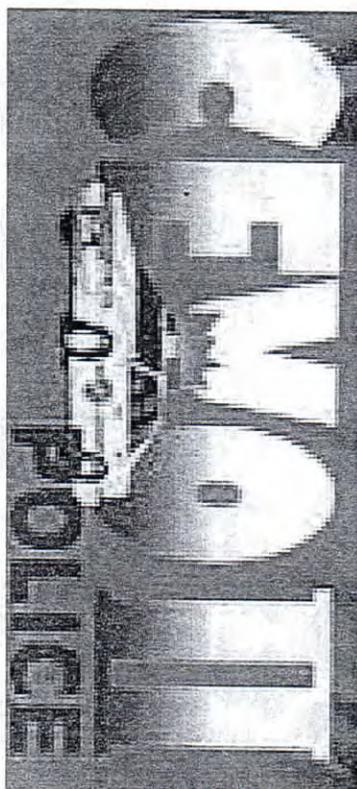
held at the Butler Tech Regional Public Safety Education Complex

**BAS 11-041**

**December 15, 2011**



  
Commander John Ferguson BTC 0377



FILE

*This Is To Certify That*

***Caleb E. Payne***

*Has Completed The*

**COACHING THE EMERGENCY  
VEHICLE OPERATOR II**

**Police™  
Course**

Sponsored By: *Butler Tech Peace Officer Training Academy*  
*Class BAS 11-041*



**December 15, 2011**

*John S. Ferguson*

Commander John Ferguson - BTC-0377

# THE BUTLER TECH PEACE OFFICER TRAINING ACADEMY

Certifies that

*Caleb E. Payne*

FILE

has successfully completed twenty-four hours of training in the  
National Highway Transportation Safety Administration Guidelines in  
**SPEED MEASURING DEVICES OPERATOR TRAINING COURSE**  
**CORE & RADAR MODULES**

Awarded at the Public Safety Education Center on December 15, 2011  
Class # BAS 11-041

**nhitsa**  
www.nhitsa.dot.gov  
people saving people

**BUTLER  
TECH**

*John S. Ferguson*

Academy Commander

BUTLER TECHNOLOGY & CAREER DEVELOPMENT SCHOOLS

CERTIFICATE OF COMPLETION

FILE

*Caleb E. Payne*

The bearer of this certificate has successfully completed 60 hours of firearms training in

Semi-Auto Handgun and Shotgun

AWARDED AT THE BUTLER TECH PEACE OFFICER TRAINING ACADEMY

*December 15, 2011*

*BAS 11-041*



*John Ferguson*  
Commander: John Ferguson BTC 0377

**BUTLER TECHNOLOGY & CAREER DEVELOPMENT SCHOOLS**  
**PEACE OFFICER TRAINING ACADEMY**

Certificate of Training

**ALCOHOL DETECTION, APPREHENSION & PROSECUTION**  
**(ADAP)**

**FILE**

This is to certify that

*Caleb E. Payne*

has successfully completed thirty-two hours of training in

**ALCOHOL DETECTION, APPREHENSION AND PROSECUTION**

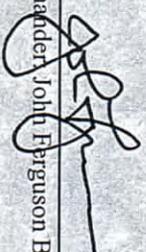
Based on the NHTSA curriculum.

Awarded at the Butler Tech Regional Public Safety Education Complex

Class # **BAS 11 -041**

December 15, 2011



  
Commander John Ferguson BTC 0377

# Butler Technology and Career Development Schools

Adult Workforce Education

Butler Tech Peace Officer Training Academy

Certificate of Completion

This certifies that

**Caleb E. Payne**

has satisfactorily completed 680 hours of adult career-technical training in the

**Basic Peace Officer Academy Class**

**BAS 11-041**

April 4, 2011 – December 8, 2011



Brett Smith  
Chief Executive Officer



Cheryl Brackman  
Executive Director - AWE





Al Hopkins -BTC0081  
Director of Law Enforcement Training



John Ferguson -BTC-0377  
Academy Coordinator

FILE



Butler Technology and Career Development Schools  
Adult Workforce Education

3603 Hamilton-Middletown Road  
Hamilton, OH 45011  
OFFICIAL TRANSCRIPT

Student: Caleb Payne

Student ID: 11PAYN544

DOB: 8/29

Program: Basic Police APR11 9605 878

Program Start Date: 4/4/2011

Program End Date: 12/8/2011

FIRST TERM

Term Start 4/4/2011

Hours

Numeric

Letter

1104APR BPA TERM1

Term End 8/2/2011

Earned

Grade

Grade/GPA

Course	Hours	Grade	Letter
Administration	21	93	A
Firearms I PM	28		S
Legal	77	93	A
Human Relations	91	94	A
Physical Conditioning PM	28		S
Practical Applications PM	27		S
First Aid	12		S
Investigations	58	98	A
<b>Term</b>	<b>342</b>	<b>95</b>	<b>4.00</b>

Term Honors:

Attendance 99.41 %

SECOND TERM

Term Start 8/3/2011

Hours

Numeric

Letter

1104APR BPA TERM2

Term End 12/8/2011

Earned

Grade

Grade/GPA

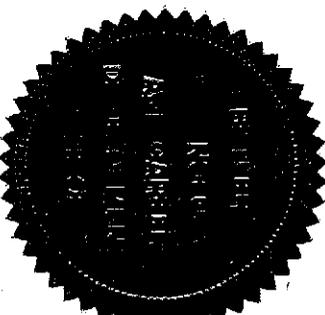
Course	Hours	Grade	Letter
Driving	28		S
Civil Disorders	8	100	A
Homeland Security	21	97	A
Firearms II PM	32		S
Traffic	72	96	A
Subject Control PM	60		S
Patrol PM	48	99	A
Physical Conditioning II PM	2		S
Practical Applications II PM	67		S
<b>Term</b>	<b>338</b>	<b>97</b>	<b>4.00</b>
<b>Cumulative</b>	<b>680</b>	<b>96</b>	<b>4.00</b>

Term Honors:

Attendance 98.99 %

*Marlene Nunez* Registrar December 8, 2011

Program Director/Date



FILE

*Butler Tech*

*Class BAS 11-041*

*Peace Officer Training Academy*

*Recognizes*

*Caleb Payne*

*For Outstanding Proficiency in Firearms*

*With The*

*Top Gun Award*

*December 15, 2011*



Commander

*Joseph Ferguson*



# Certificate of Completion

This certifies that

**Caleb E. Payne**

Has successfully completed

**Alcohol Detection, Apprehension  
and Prosecution**

November 11 – 22, 2011

Butler Tech Basic Police Academy



A handwritten signature in black ink, appearing to read "Scott Edmund".

Lead Instructor

FILE

FILE

PEEL  
HERE

HEARTSAVER FIRST AID  
Heartsaver®  
First Aid



Caleb E. Payne

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.  
Optional Module completed if NOT marked out: Written test  
07/2011 07/2013

Issue Date

Recommended Renewal Date

Strike through the modules NOT completed.  
This card contains unique security features to protect against forgery.

90-1814 3/11

PEEL  
HERE

HEALTHCARE PROVIDER  
Healthcare  
Provider



Caleb E. Payne

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

Issue Date

Recommended Renewal Date

This card contains unique security features to protect against forgery.

90-1801 3/11

HEARTSAVER FIRST AID

HEARTSAVER FIRST AID

Training Center Name BUTLER TECH TC ID #OH03265

TC Info Hamilton, OH 45011 513.645.8350

Course Location Butler Tech

Instructor Name Ken Ritchie Inst. ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1814

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Training Center Name BUTLER TECH TC ID #OH03265

TC Info Hamilton, OH 45011 513.645.8350

Course Location Butler Tech

Instructor Name James Clements Inst. ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1801



*This is to certify that*

*Caleb Payne*

*has completed the Ohio Attorney General's online training course on*

*Death Notification*

*Completed on: 12/13/2014 5:07:27 PM*



**FILE**



*This is to certify that*

*Caleb Payne*

*has completed the Ohio Attorney General's online training course on*

*Finding Words*

*Completed on: 12/13/2014 9:19:01 PM*



**FILE**



*This is to certify that*

*Caleb Payne*

*has completed the Ohio Attorney General's online training course on*

*Sovereign Citizens Part One*

*Completed on: 12/13/2014 7:48:03 PM*



eOPOTA

**FILE**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Sovereign Citizens Part Two***

***Completed on: 12/13/2014 8:38:08 PM***



eOPOTA

**FILE**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Domestic Violence Laws***

*Completed on: 12/9/2015 7:03:50 PM*



eOPOTA

**FILE**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Protection Order Laws***

*Completed on: 12/9/2015 7:24:27 PM*



eOPOTA

**FILE**



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Domestic Violence Legal Updates:  
Ohio Stalking Laws***

*Completed on: 12/9/2015 7:37:12 PM*

**FILE**

eOPOTA

07 December 2015

FILE

Chief Fruchey,

As you are aware, I have been in the hiring process with the Monroe Police Department for the past two months. In recent days, the Monroe Police Department has offered me a position with their agency and I have accepted it. For this reason, I resign my position as a police officer with the Fairfield Township Police Department effective 18 December 2015. Please rest assured that I have not made this decision lightly. I have spent a substantial amount of time in thought and prayer regarding this decision and I have concluded that this move is in the best interest of my family. I will always be deeply grateful for the opportunities I have been afforded by the Fairfield Township Police Department. Furthermore, the growth I have experienced both personally and professionally during the course of my employment with the Fairfield Township Police Department has meant more to me than what I could ever hope to put into words. Thank you for your influence on my career to this point.

Respectfully Submitted,

P.O. Caleb Payne #651

# BORROWER'S CERTIFICATION & AUTHORIZATION

LOAN #: 413549

## Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan from **Union Home Mortgage Corp.**

("Lender").

2. In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the Financial Institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

## Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Lender. As part of the application process, Lender and the mortgage guaranty insurer (if any) may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Lender and to any investor to whom Lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender or any investor that purchases the mortgage or the mortgage guaranty insurer (if any) may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Lender, the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any):

## VA and FHA Loans

This is notice to you as required by the Right to Financial Privacy Act of 1978 that:

N/A Department of Veterans Affairs (VA)  
N/A Department of Housing and Urban Development

has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the agency indicated above without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. Prior to the time that your financial records are disclosed, you may revoke this authorization at any time; however, your refusal to provide the information may cause your application to be delayed or rejected. If you believe that your financial records have been disclosed improperly, you may have legal rights under the Right to Financial Privacy Act of 1978.

Digitized by  
Calib E Payne

CALEB E PAYNE

12/20/2017 10:26:34 PST

DATE

12/20/17 - Verified w/ Mr. Payne.

Ellie Mae, Inc.



GBCTJ 0112  
GBCTJ (IN)  
12/20/2017 05:25 AM PST



# CITY OF MONROE

233 SOUTH MAIN STREET P. O. BOX 330  
MONROE, OHIO 45050  
(513) 539-7374 (513) 539-6460 FAX



## FACSIMILE TRANSMITTAL SHEET

---

TO: FROM: Kim Wagers (ext. 1028)  
G. Milbrodt

---

COMPANY: DATE: DECEMBER 21, 2017  
Union Home Mtg. Corp

---

FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER: 2  
(440) 214-7710

---

PHONE NUMBER: SENDER'S E-MAIL ADDRESS  
wagersk@monroecohio.org

---

RE: YOUR REFERENCE NUMBER:  
C. Payne

---

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

NOTES/COMMENTS:

---



*This is to certify that*

***Caleb Payne***

***has completed the Ohio Attorney General's online training course on***

***Narcarn eLearning Course***

***Completed on: 7/25/2018 4:58:39 AM***

OHIO



eOPOTA

**FILE**

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Force on Force Advanced Tactics (8 Hours) June 6, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

**FILE**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Barricaded Subjects (8 Hours) June 8, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

FILE

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Performance Gunfighting One Day Mod (8 Hours) June 7, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**Caleb Payne**

**FILE**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**Vendor Exhibition with over 20 Break - Out Training Courses (8 Hours) June 5, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training

# OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

**FILE**

**Caleb Payne**

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

**OTOA Conference General Session & Incident Debriefings (8 Hours) June 4, 2018**



Patrick J. Fiorilli  
President



John Chapman  
Director of Training



SAVE A LIFE

**AMERICAN COLLEGE OF SURGEONS  
COMMITTEE ON TRAUMA**

Recognizes

*Caleb Payne*

FILE

For successful completion of the

**Bleeding Control Basic v. 1.0 Course**

Presented on August 16, 2018, by

**Brian J. Doering NRP, FP-C**

Little Miami Fire Rescue

Copyright © 2017 by the American College of Surgeons



THE  
**COMMITTEE  
ON TRAUMA**



100+ years

AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:*  
*Highest Standards, Better Outcomes*



*This is to certify that*

***Caleb Payne***

*has completed the Ohio Attorney General's online training course on*

***Ethics and Professionalism***

*Completed on: 11/6/2018 3:31:03 AM*



eOPOTA

**FILE**



*This is to certify that*

*Caleb Payne*

*has completed the Ohio Attorney General's online training course on*

*Missing Persons*

*Completed on: 4/6/2018 3:04:26 AM*



**FILE**  
ePOPTA



*This is to certify that*

***Caleb Payne***

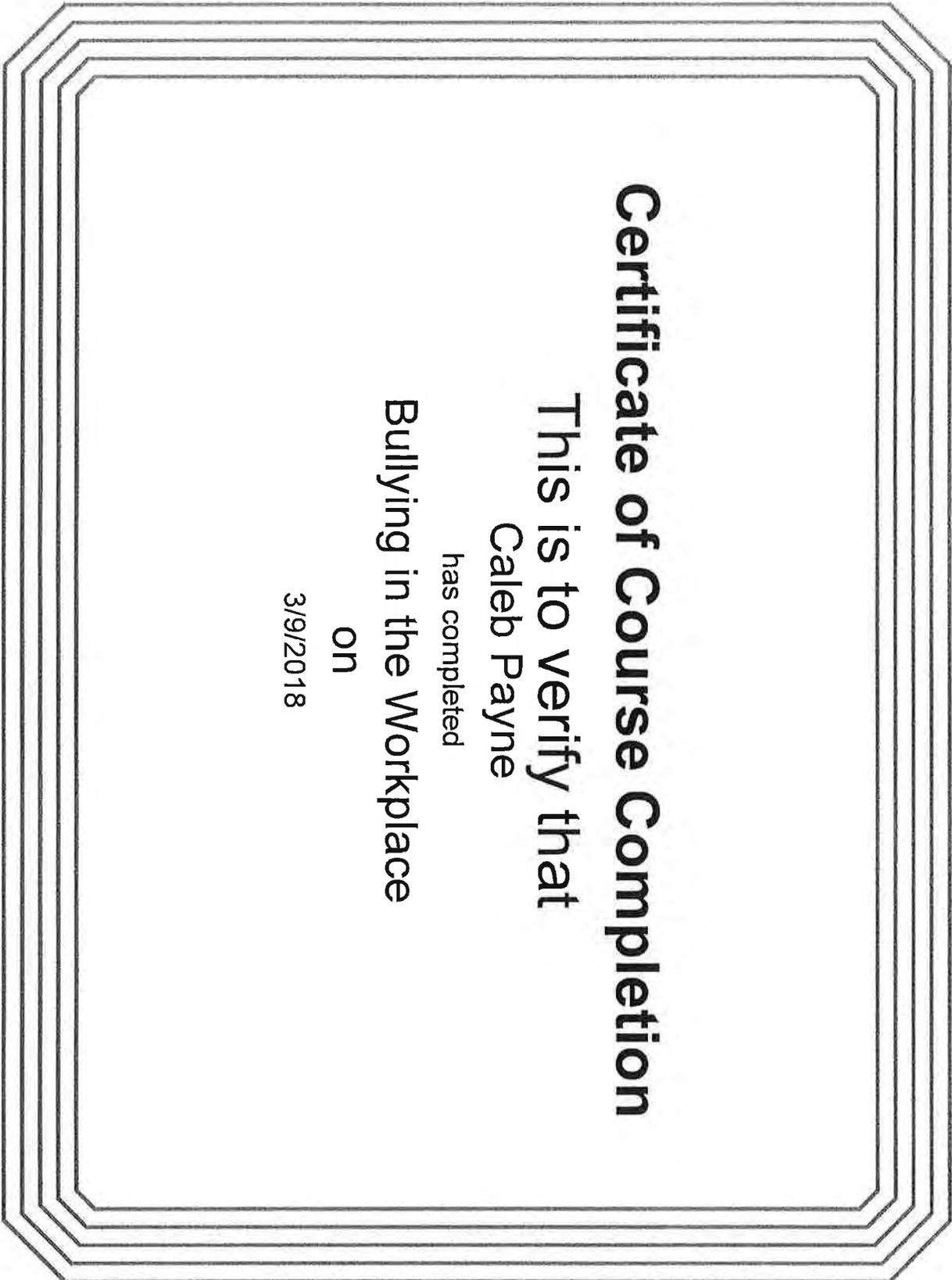
*has completed the Ohio Attorney General's online training course on*

***Companion Animal Encounters***

***Completed on: 10/17/2016 11:54:01 PM***



**FILE**



**Certificate of Course Completion**

**This is to verify that**

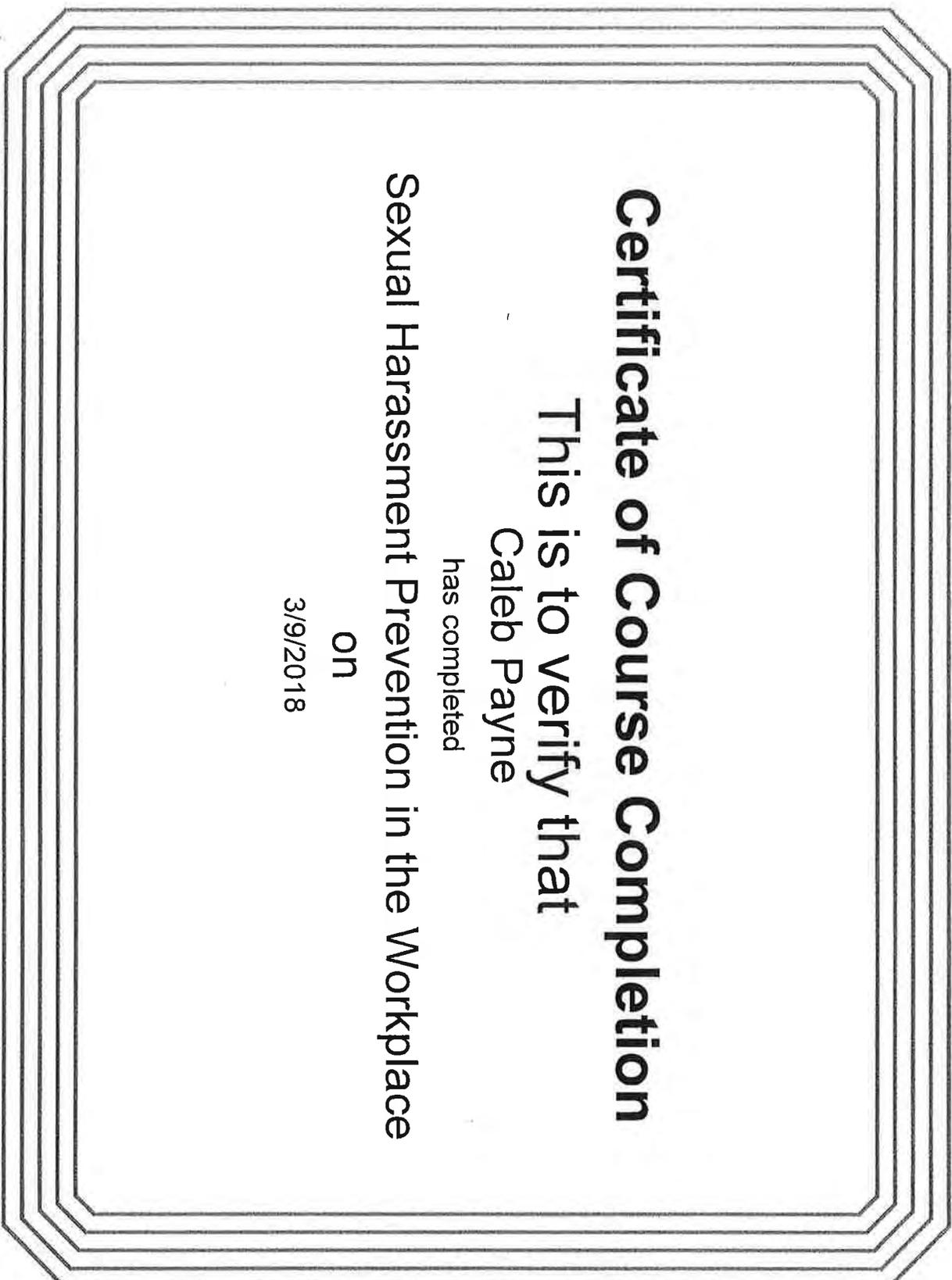
**Caleb Payne**

has completed

**Bullying in the Workplace**

**on**

**3/9/2018**



**Certificate of Course Completion**

This is to verify that

Caleb Payne

has completed

Sexual Harassment Prevention in the Workplace

on

3/9/2018

**FILE**

*Lt. Dennis Chertan*

**HEARTSAVER CPR AED**

Heartsaver®  
CPR AED



American  
Heart  
Association

Caleb Payne

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED

Infant CPR

Written test

04/2015

04/30/2017

Issue Date

Recommended Renewal Date



FILE

This is to certify that  
CALEB E PAYNE

has successfully completed the Ohio LEADS testing on

September 20, 2018

by completing the following exam:

Inquiry Test

This certificate is good through

September 20, 2020



February 22, 2018

Lieutenant Brian Curllis  
233 S Main St  
Monroe, OH 45050

Dear Lieutenant Curllis:

Congratulations! Based off of the information that you provided to us concerning the many outstanding results and achievements accomplished by Officer Caleb Payne it is our privilege to announce that Officer Schuler has been selected among many nominees as recipients of this year's MADD's "Award of Excellence". The Award of Excellence will be presented in category to selected officers, judges, prosecutors, and prominent citizens in Ohio who have made a significant impact in their respective communities to stop impaired driving.

Because the person who you nominated was selected as a recipient of this prestigious award, you are also cordially invited to attend the Awards Luncheon as our guest. The Awards Luncheon Ceremony will be held at Double Tree Hilton, 6300 East Kemper Road Sharonville Ohio on Thursday, March 29th, from 11:30 a.m. to 1:30 p.m.

Please R.S.V.P. no later than **March 16<sup>th</sup> 2018** to let us know if you will be attending, by emailing the enclosed form to [Rachel.Babich@madd.org](mailto:Rachel.Babich@madd.org) or you may simply RSVP by calling the MADD office at (614) 885-6233.

I want to welcome and encouraged you to invite any additional personal guests, spouses, department heads, co-workers or community leaders who would like to come and share their sediments to Officer Caleb Payne by being a part of this prestigious event. We want to make this a big event – one that reflects the level of service and achievement that Officer Caleb Payne has demonstrated in his service. (There is a cost of \$25 per person for all *additional* guests that is necessary to help us cover the cost of additional meals). There is no cost to Officer Caleb Payne, and you, the person who nominated him). Again, please R.S.V.P. no later than by March 16th. We hope to see you at the event!

Sincerely,

  
Rachel Babich  
Program Director of MADD Ohio

CC: Chief Bob Buchanan  
Mayor Robert E. Routson

# Monroe Police Department Employee Action Notice

<b>Employee's Name</b>	<b>Position</b>	<b>Date(s) Of Incident(s)</b>
Caleb Payne	Patrol Officer	11/03/2016

**Narrative Of Incident(s):**

Officers were dispatched to an alarm at Treasure Aisle Flea Market on Garver Rd. The company callout had surveillance video of 2 armed suspects inside the business. Officers set up a perimeter as the suspects were watched remotely. As midnight Officer Auspacher and Officer Payne, along with Sgt Walton arrived on scene, Officer Binder and Stewart then witnessed 2 suspects run from the building. Officer Binder gave pursuit and caught one suspect. Officer Stewart maintained a visual of the second suspect who ran into the woods. Warren Co K-9 and I tracked the second suspect through the woods until he emerged from the area and onto Lakeview where Detective Eddie Myers gave pursuit and apprehended the second suspect.

**Action Taken:**

- Commendation                       Counseling/Training                       Oral Reprimand  
 Written Reprimand                       Suspension                       Termination

**SATISFACTORY IMPROVEMENT MUST BY SHOWN OR FURTHER DISCIPLINARY ACTION WILL BE TAKEN, UP TO AND INCLUDING SUSPENSION OR DISCHARGE.**

**Comments:**

This is a good example of professionalism and duty. As this business does have frequent alarm calls that turn out to be false, Officers did not become complacent, resulting in the apprehension of 2 suspects who had previously eluded capture during other break-ins. Further this is also an excellent example of multi-jurisdictional cooperation, as Warren County S.O. had sent multiple Deputies and the Ohio State Patrol also assisted on the perimeter of the area. Without the team work of all involved these suspects could have again gone free.

Supervisor's Signature: *[Signature]* Date: 11/05/2016

**Employee Statement:** (not required)  
*[Signature]*

**MY SIGNATURE ONLY DENOTES THAT I HAVE READ AND RECEIVED A COPY OF THIS REPORT AND IN NO WAY IMPLIES THAT I AGREE WITH THE CONTENTS.**

Employee's Signature *[Signature]* #855                      Date 11/05/16



## MONROE POLICE DEPARTMENT

233 South Main Street • P. O. Box 330 • Monroe, Ohio 45050-0330

To: City Manager Bill Brock

From: Chief Buchanan

Date: 11-23-15

**Subject: Conditional Offer of Employment**

I have had the opportunity to interview the number two candidate in our current later-entry hiring process. Caleb Payne is currently a full-time officer with the Fairfield Twp. Police department with over three years of experience. He has been at the top of the list since the start of our process and I believe that he is an excellent choice for our department. I would like to request that we extend a conditional offer of employment to Mr. Payne that includes:

- Starting Pay at step 3 of the current OPBA contract for the duration of his FTO period.
- Pay rate of step 4 of the OPBA contract, at the completion of his FTO period.
- Pay rate of step 5 of the OPBA contract at the completion of one year of service.
- 85 hours of vacation time available to use at the completion of his FTO period in accordance with the current OPBA contract.
- The satisfactory completion of any required medical examinations.
- The satisfactory completion of a psychological evaluation

He requested the opportunity to provide his current employer with two-weeks' notice. To accommodate that request, I anticipate a start date of December 21st.

Thank you for your consideration in this matter.



Monroe (513) 539-7374  
Fax (513) 539-6460

# CITY OF MONROE

P.O. BOX 330

Robert E. Rounson  
Mayor

Monroe, OH 45050  
[www.monroecohio.org](http://www.monroecohio.org)

William J. Brock  
City Manager

November 24, 2015

Caleb E. Payne



Dear Mr. Payne:

This will serve as a conditional offer of employment with the City of Monroe for the full-time position of Patrol Officer.

Your starting wage will be \$50,151.00 per year and, upon completion of your FTO, will increase to \$55,021.00 per year. After completion of one year of service and a satisfactory evaluation your rate of pay shall be \$62,189.00. You will receive two personal days per year and, on January 1, 2016, you will receive 127.5 hours of vacation that can be used following completion of your FTO period.

You have the option of receiving health, dental, and vision insurance. Your cost for health insurance per pay for 2016 is \$34.54 for single, \$86.60 for employee plus spouse, \$62.30 for employee plus children, or \$106.49 for family. Your dental insurance for 2016 is \$2.59 per pay or \$7.72 for family. There is no cost for vision insurance. Health and dental insurance is effective on the first date of employment and vision is effective on the 1st of the month following your hire date. Your spouse is ineligible for the City's health insurance plan if your spouse works 30 or more hours per week, the employer pays 50% or more of the premium and the plan must meet the Affordable Care Act standards. The City of Monroe provides a \$25,000 life insurance policy at no cost to the employee. Additional benefits provided by the City, such as short term disability and additional optional life insurance will be explained at the time of your orientation.

It is my understanding that you have agreed to begin employment on December 21, 2015. This start date is contingent on a negative drug screen, passing of a psychological examination and physical, and completion of the required documentation. Please contact Dr. James Daun at 513-961-7066 to schedule an appointment for the psychological examination. For the drug test and physical you can visit Excel Corporate Care located at 4220 Grand Avenue in Middletown. Please call them at 513-420-4700 to schedule the physical. Please contact Argela S. Wasson at 513-539-7374 extension 1012 to schedule a time to complete the required documentation or if you have any questions.

We look forward to working with you and being part of our team at the City of Monroe.

Sincerely,

  
William J. Brock, P.E.  
City Manager

# PAYROLL CHANGE NOTICE

*\$1175*

**TO: PAYROLL DEPARTMENT**

**N<sup>o</sup> 1094**

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

DATE & TIME  
*1-12-19*

EMPLOYEE NAME

*Caleb Payne*

SOCIAL SECURITY NO.

DEPARTMENT

*Police*

EFFECTIVE DATE

*12-21-18*

**THE CHANGE(S):**

All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>Step 4</i>	<i>Step 5</i>
<input type="checkbox"/> OTHER	<i>\$96,671.00</i>	<i>\$62,189.00</i>
<input type="checkbox"/> OTHER	<i>(#27,25)</i>	<i>(#29,90)</i>

**THE REASON FOR THE CHANGE(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> HIRED                  | <input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED     |
| <input type="checkbox"/> RE-HIRED               | <input type="checkbox"/> LENGTH OF SERVICE INCREASE                   |
| <input type="checkbox"/> PROMOTION              | <input type="checkbox"/> RE-EVALUATION OF EXISTING JOB <i>11/3/17</i> |
| <input type="checkbox"/> DEMOTION               | <input type="checkbox"/> RESIGNATION                                  |
| <input type="checkbox"/> TRANSFER               | <input type="checkbox"/> RETIREMENT                                   |
| <input type="checkbox"/> MERIT INCREASE         | <input type="checkbox"/> LAYOFF <i>1/12/17</i>                        |
| <input checked="" type="checkbox"/> UNION SCALE | <input type="checkbox"/> DISCHARGE <i>1/26/17</i>                     |
| <input type="checkbox"/> LEAVE OF ABSENCE FROM  | UNTIL   |
| <input type="checkbox"/> OTHER (Explain)        | (DATE) (DATE)   |

*Completion of one year / Release from Probationary Status*

**AUTHORIZATION:**

RECOMMENDED BY <i>[Signature]</i>	DATE <i>1-12-17</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>1/12/17</i>

✓

ENTERED  
*[Signature]*  
*1/26/17*

# PAYROLL CHANGE NOTICE

#1175

DM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME <i>Chad Payne</i>	DEPARTMENT <i>Police</i>	EFFECTIVE DATE <i>2-22-16</i>
------------------------------------	-----------------------------	----------------------------------

## THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>\$50,151.<sup>00</sup> / \$24.11</i>	<i>\$55,021.<sup>00</sup> / \$26.45</i>
<input checked="" type="checkbox"/> OTHER <i>Vacation</i>	<i>—</i>	<i>85</i>
<input type="checkbox"/> OTHER _____		

## THE REASON FOR THE CHANGE(S):

*vac*

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB <i>3/15/16</i>
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF <i>u/s</i>
<input checked="" type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE <i>3/24/16</i>
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) _____ (DATE)	<input type="checkbox"/> UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

ENTERED  
Kud

## AUTHORIZATION:

RECOMMENDED BY <i>[Signature]</i>	DATE <i>3-6-16</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>3.8.16</i>

# PAYROLL CHANGE NOTICE

#1175

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

Caleb E. Payne

DEPARTMENT

EFFECTIVE DATE  
12/21/2015

Police

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input checked="" type="checkbox"/> JOB		Patrol Officer
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE		50,151.00
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> HIRED   | <input type="checkbox"/> PROBATIONARY PERIOD COMPLETED |
| <input type="checkbox"/> RE-HIRED   | <input type="checkbox"/> LENGTH OF SERVICE INCREASE    |
| <input type="checkbox"/> PROMOTION  | <input type="checkbox"/> RE-EVALUATION OF EXISTING JOB |
| <input type="checkbox"/> DEMOTION   | <input type="checkbox"/> RESIGNATION                   |
| <input type="checkbox"/> TRANSFER   | <input type="checkbox"/> RETIREMENT                    |
| <input type="checkbox"/> MERIT INCREASE   | <input type="checkbox"/> LAYOFF                        |
| <input type="checkbox"/> UNION SCALE  | <input type="checkbox"/> DISCHARGE                     |
| <input type="checkbox"/> LEAVE OF ABSENCE FROM _____  | UNTIL _____  |
| <input type="checkbox"/> OTHER (Explain) <u>DOB: 08/29/1986</u> <small>(DATE)</small> <u>Phone-513-512-2304</u> <small>(DATE)</small> |  |
- #1,206 H.S.A, Family health, dental, and vision.  
#150,000 opt life and \$50,000 opt life spouse
- ENTERED**  
12/17/15  
11/11/16

AUTHORIZATION:

RECOMMENDED BY	DATE
	12-17-15
AUTHORIZED BY	DATE
	12-17-15

FILE

Equipment Issued	# Of Items	Date Issued	Date Returned
Badge – small (0)	0	01/21/16	
Badge – large (3)	3	"	
Badge – hat	1	"	
Collar brass Insignia (3) pair 2 small, one large for jacket	0	"	
Name Plate and yr serving (2)	2	"	
I.D. Card	1	"	
Short Sleeve Uniform Shirts (5)	5	"	
Long Sleeve Uniform Shirts (5)	5	"	
Uniform Pants (5)	5	"	
Mock Turtleneck (5)	0	"	
Vest with carrier	0	"	
Duty Heavy duty Jacket (last name only on name strip)	1	"	
Dress Hat	1	"	
Knit winter Hat w/Police	1	"	
Tie (2)	0	"	
Rain Gear / Jacket and hat cover	0	"	
Oxford Shoes or boots (1)	1	"	
Boots Waterproof (1)	1	"	
Metal clip board	1	"	
Metal citation clip board	1	"	
Leather Duty Belt	1	"	
Belt keepers	1	"	
ASP Baton	1	"	
ASP Baton Holder	1	"	
Weapon w/three magazines and Ammunition	1	"	
Holster	1	"	
Weapon flashlight / optional	1	"	
Flashlight and holder	1	"	
Taser and holster	1	"	
Magazine Pouch	1	"	
Chemical Agent and holder	1	"	
2 sets of Handcuffs and Handcuff case	1	"	
Biohazard glove case	1	"	
Key to Station	1	"	
Portable Radio w/shoulder mic (1) battery/charger/radio hold	1	"	
Duty Bag	1	"	

PERSONNEL EVALUATIONS

EMPLOYEE: Caleb Payne

SCORE: 45

DATE: 01/10/2018

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Payne continues to be a good employee. He arrives to work and is prepared. He has a good a good attitude and good working relationship with is co workers and supervisor. He is very knowledgeable in police work. He keeps up to date with current case law, policy and procedures. His reports are very well written with very little or no correction. His expertise is in OVI laws and enforcement. He strives to be the best officer he can be and takes pride in the work he performs. There is no discipline issues and only 6 days used for sick time in 2017.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Payne will sometimes second guess himself after handling a situation. This will continue to improve with more time and experience.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

YES  NO

COMMENTS:

Officer Payne has expressed interest in front line supervision. I believe Officer Payne has what it takes to advance. If he continues to work hard and is given the opportunity for supervision classes he will be a good future leader for this department.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Recommendation for Advancement Sgt. E. Walton #809

Approved By 1-12-18

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 01/10/18 Employee Signature

PTL Paul R. #855

2018

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

<p>Punctuality and Attendance: Score: <u>4</u></p>	<p>Does not meet Minimum standards 1</p> <p>Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned</p>	<p>Meets minimum standards: But Must show improvement 2</p> <p>Officer is late frequently. And calls in sick regularly. His/her attendance could be More regular.</p>	<p>Meets Standards of Performance 3</p> <p>Officer is only occasionally Late and seldom calls in sick.</p>	<p>Exceeds Standards of Performance 4</p> <p>Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.</p>
<p>Job Knowledge Score: <u>4</u></p>	<p>Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.</p>	<p>Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.</p>	<p>Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.</p>	<p>Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making an effort to improve on this knowledge</p>
<p>Work Accuracy: Score: <u>4</u></p>	<p>Officer's work is frequently inaccurate and serious mistakes have been made.</p>	<p>Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.</p>	<p>Officer's work is generally correct and supervisory correction is only needed occasionally.</p>	<p>Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.</p>
<p>Consistency of Work: Score: <u>4</u></p>	<p>Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically</p>	<p>Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.</p>	<p>Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.</p>	<p>Officer's performance is consistently outstanding. He/she is diligent and dependable.</p>
<p>Judgment: Score: <u>3</u></p>	<p>Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.</p>	<p>Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.</p>	<p>Officer attempts to handle difficult situations on his/her own initiative and is generally successful.</p>	<p>Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.</p>
<p>Work Effort and Initiative: Score: <u>3</u></p>	<p>Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.</p>	<p>Officer can follow a designated job to completion with frequent supervisory assistance.</p>	<p>Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.</p>	<p>Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.</p>

## MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Attitude toward the public: Score: <u>4</u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in an acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>3</u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>4</u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>4</u>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>4</u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>4</u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: Caleb Payne

SCORE: 45

DATE: 12/16/2016

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Payne reports for duty every shift early and has all equipment needed and is ready to work after briefing. His uniform is always neat and clean. His duty gear is always polished and has a professional image. He is very proactive on his shifts and is always willing to be a team player and help others. He is very knowledgeable in police work, policy and especially in OVI laws and enforcement. He is very thorough and excellent in articulation and documentation in his reports. Very rarely do I ever have to send a report back for correction. He never takes short cuts in his work. He is always keeping up with current case laws. For the most part he does use good officer safety and tactics in the field. He does a great job in asking questions to his sergeant when needed. He has a great working relationship with his sergeant. He listens to what advice or instruction his sergeant gives him with no complaint. In my opinion he is a great asset to Monroe Police Department. He is always striving to be the best police officer he can be. He cares about his work and takes great pride in what he does. He has a great attitude, very ethical and cares about his coworkers and the people that he serves in this community.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Payne will at times second guess himself and worry if he handled something right or wrong when he was right and handled the situation the right way. We have talked about this and I believe this is just part being a young and inexperienced police officer and he will improve more and more as time goes on. Officer tactics in the field would be when arriving on alarms on midnight shift he needs to work on approaching backed out and using dark to his advantage when possible. We have talked and discussed the pros and cons on approaches. He has improved. I believe it is just again inexperience of not working night shift at his former police department.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE  
EMPLOYEE?

YES  NO

COMMENTS: Great job and keep up the great work you do.

RECOMMENDATIONS FOR PRESENT AND  
FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Field Training Officer

Sgt. E. Walton #809

*Recommend Release from Probation*  
*A. Danna Clark*

*[Handwritten Signature]*  
Approved By

12-21-16

Completion of this section by employee is optional and subject to the police of your organization	I have reviewed this evaluation and I completely understand its contents.
---	---

Date: 12/16/16 Employee Signature PTL *[Handwritten Signature]* # 855

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

<p>Punctuality and Attendance: Score: <u>4</u></p>	<p>Does not meet Minimum standards 1</p> <p>Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned</p>	<p>Meets minimum standards: But Must show improvement 2</p> <p>Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.</p>	<p>Meets Standards of Performance 3</p> <p>Officer is only occasionally Late and seldom calls in sick.</p>	<p>Exceeds Standards of Performance 4</p> <p>Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.</p>
<p>Job Knowledge Score: <u>4</u></p>	<p>Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.</p>	<p>Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.</p>	<p>Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.</p>	<p>Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge</p>
<p>Work Accuracy: Score: <u>4</u></p>	<p>Officer's work is frequently inaccurate and serious mistakes have been made.</p>	<p>Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.</p>	<p>Officer's work is generally correct and supervisory correction is only needed occasionally.</p>	<p>Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.</p>
<p>Consistency of Work: Score: <u>4</u></p>	<p>Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically</p>	<p>Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.</p>	<p>Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.</p>	<p>Officer's performance is consistently outstanding. He/she is diligent and dependable.</p>
<p>Judgment: Score: <u>3</u></p>	<p>Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.</p>	<p>Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.</p>	<p>Officer attempts to handle difficult situations on his/her own initiative and is generally successful.</p>	<p>Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.</p>
<p>Work Effort and Initiative: Score: <u>3</u></p>	<p>Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.</p>	<p>Officer can follow a designated job to completion with frequent supervisory assistance.</p>	<p>Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.</p>	<p>Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.</p>

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards 1	Meets minimum standards: But Must show improvement 2	Meets Standards of Performance 3	Exceeds Standards of Performance 4
Attitude toward the public: Score: <u>4</u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in an acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>3</u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>4</u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>4</u>	Officer consistently submits reports which a vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>4</u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>4</u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.



# Instructions for Employment Eligibility Verification

USCIS  
Form I-9

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

OMB No. 1615-0047  
Expires 03/31/2016

Read all instructions carefully before completing this form.

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

## What Is the Purpose of This Form?

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

## General Instructions

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

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

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment.**

Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

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

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

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

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

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

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

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

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.  
If you check this box:
  - a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
  - b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
    - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
    - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

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

#### **Preparer and/or Translator Certification**

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

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

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov](http://www.uscis.gov)

**I-9 Central** before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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

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

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

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

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

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

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

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

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

## Unexpired Documents

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

## Receipts

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

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

There are three types of acceptable receipts:

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

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

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.  
By the end of the receipt validity period, the employer should:
  1. Cross out the word "receipt" and any accompanying document number and expiration date.
  2. Record the number and other required document information from the actual document presented.
  3. Initial and date the change.

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

## Section 3. Reverification and Rehires

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

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

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

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

1. U.S. citizens and noncitizen nationals; or
  2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.
- Reverification does not apply to List B documents.

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

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

To complete Section 3, employers should follow these instructions:

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

4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

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

#### **What Is the Filing Fee?**

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

#### **USCIS Forms and Information**

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

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

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

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

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

### **Photocopying and Retaining Form I-9**

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

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

### **USCIS Privacy Act Statement**

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

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

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

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

### **Paperwork Reduction Act**

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



**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

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

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) <b>PAYNE</b>		First Name (Given Name) <b>CAVER</b>		Middle Initial <b>E.</b>		Other Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town <b>HAMILTON</b>		State <b>OH</b>	Zip Code <b>45011</b>
Date of Birth (mm/dd/yyyy) [REDACTED]		U.S. Social Security Number [REDACTED]		E-mail Address [REDACTED]		Telephone Number [REDACTED]	

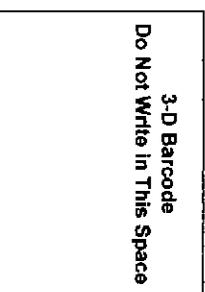
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

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

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

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
- 2. Form I-94 Admission Number: \_\_\_\_\_



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

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

Signature of Employee: 	Date (mm/dd/yyyy): <b>12/11/2015</b>
----------------------------	--------------------------------------

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

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

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

**STOP** Employer Completes Next Page **STOP**



**LISTS OF ACCEPTABLE DOCUMENTS  
All documents must be UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	3. Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	6. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	4. U.S. Military card or draft record
	4. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		5. U.S. Coast Guard Merchant Mariner Card
	5. Driver's license issued by a Canadian government authority	5. Native American tribal document		6. Native American tribal document
	6. For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)		8. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	11. Clinic, doctor, or hospital record			12. Day-care or nursery school record

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

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

11/8/2018

# Incident Report

Monroe Police Department

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## Counseling

**For:** Payne, Caleb (855)

**Occurred:** 1/18/2018

**By:** Pelfrey, Brad (815)

**Entered:** 1/24/2018

### Synopsis:

Reference CFS 18-000819, Officer Leist and Officer Payne, while in route to court in Hamilton observed a vehicle that had recently been reported stolen from the city of Middletown. Officers confirmed the vehicle as stolen while observing it parked in the parking lot of Walgreens. After requesting additional units, Officers then decided to make an approach on the occupied vehicle with guns displayed. The suspects then fled in the vehicle and Officers engaged in a pursuit. The suspect vehicle then became stuck and Officers made a second approach, this time Officer Payne decided to make an attempt to use his asp baton on the passenger window, however the suspects again fled. A short vehicle pursuit occurred and was terminated. Officers trailed the vehicle, observing it to park, and the suspects flee on foot. Officers were able to apprehend the suspects at gunpoint.

### Counseling:

Both Officers Leist and Payne have been counseled on a number of tactical errors as reported by them. First Officers were counseled on their reasoning for approaching the parked vehicle after requesting additional units to assist. Officers could not articulate any extenuating circumstances that required an immediate action by them to cause them to approach the vehicle without waiting for additional units. Further, Officers were advised that under these circumstances that they should have conducted a felony stop procedure while waiting for back up or just observed the vehicle until other units arrived to perform a felony stop on the vehicle. There was no good reason for the approach on the vehicle and such a decision put Officers in unnecessary risk of harm.

Second Officers were counseled on the de escalation of their use of force options as Officer Payne approached the vehicle a second time using an ASP baton. With the same unknown dangers presented on the second stop of the vehicle as there were on the initial stop there were no known reasons for the de escalation from firearm to baton and again there should not have been an approach on the vehicle.

Third, both Officers were counseled on the proper technique to be used for "trailing" the suspects. Once the pursuit was terminated and the Officers were granted permission to "trail" the stolen vehicle, Officers continued to use lights and sirens. Officer Leist stated that while they had reduced their speeds that he continued to use his lights and sirens so as to continue warning the public of the fleeing vehicle. Both Officer Leist and Payne were instructed that "trailing" a suspect vehicle does not require the use of lights and sirens. Officers were advised that at that point all emergency response equipment is to be deactivated and they are to resume normal operations of the patrol vehicle as observers only.

Both Officers Leist and Payne stated that they understood and that in hindsight had already

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here

Ohio Department of Taxation Employee's Withholding Exemption Certificate

Print full name CALEB E. PAYNE

Social Security number [REDACTED]

Home address and ZIP code [REDACTED]

Public school district of residence HAMILTON CITY SCHOOLS

School district no. 0903

(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed ..... 1
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... 1
- 3. Exemptions for dependents ..... 1
- 4. Add the exemptions that you have claimed above and enter total ..... 3
- 5. Additional withholding per pay period under agreement with employer ..... \$ 0

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature [Signature] Date 12/16/15



Handwritten notes: '12/11/15', 'Bus', '12/11/15', '11/4/16', '11/4/15', '11/4/16'.

**CONFIRMATION OF SUBMISSION OF NEW HIRE REPORTS**



**Ohio New Hire Reporting Center**  
**P.O. Box 15309**  
**Columbus, OH 43215-0309**  
**(614) 221-5330**  
**(888) 872-1490 (toll-free)**

**New Hire Entries for: City of Monroe**  
**Date: 12/29/2015**

SSN	Name	Hire Date	Birth Date	IC	Work State	Address	City	State	Zip	Country
XXX-XX-6115	Ryan Stewart	12282015		N	OH		Middletown	OH	45042	UNITED STATES
XXX-XX-9812	Caleb Payne	12212015		N	OH		Hamilton	OH	45011	UNITED STATES

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**Shift Trade**  
Monroe Police Department

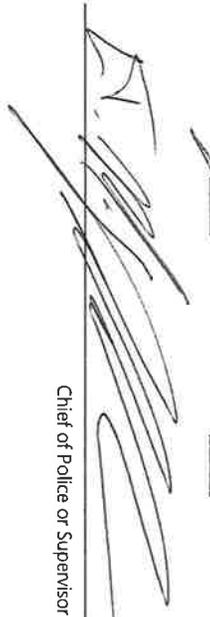
I / We, Officers SGT C. PAYNE #855 and PTL G. MYERS #811

Wish to make the following trade of shifts in accordance with and pursuant to Article 16, Sec. 16.6 of the labor agreement between the City of Monroe and the Ohio Patrolmen's Benevolent Association. We understand that by making this trade that we will be responsible for working the shift for which we have traded.

Officer	<u>PTL G. MYERS #811</u>	will work	<u>3<sup>RD</sup></u>	<u>MONDAY</u>	<u>12/16/19</u>
			Shift	Day	Date
Officer	<u>SGT C. PAYNE #855</u>	will work	<u>3<sup>RD</sup></u>	<u>SATURDAY</u>	<u>12/21/19</u>
			Shift	Day	Date

Signed	<u>SGT</u>  <u>#855</u>	Signed	
Date	<u>12/08/19</u>	Date	<u>12-8-19</u>

Approved  Disapproved

  
\_\_\_\_\_  
Chief of Police or Supervisor

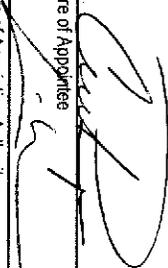
12-8-19  
Date



Officer Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Payne \_\_\_\_\_ Caleb \_\_\_\_\_ Edwin \_\_\_\_\_ 293-92-9812

**23. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

  
 Signature of Appointee \_\_\_\_\_  
 Signature of Appointing Authority \_\_\_\_\_

William Brock  
 Name of Appointing Authority (Typed or Printed Legibly) \_\_\_\_\_  
 City Manager  
 Title of Appointing Authority (Typed or Printed Legibly) \_\_\_\_\_

**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): Fairfield Twp Police Department, Butler County	25. From(mn/dd/yyyy): 05/28/2014	To(mn/dd/yyyy): 12/18/2015
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County): City of Hamilton Police Department, Butler County	28. From(mn/dd/yyyy): 06/26/2012	To(mn/dd/yyyy): 05/27/2014
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County): Fairfield Twp Police Department, Butler County	31. From(mn/dd/yyyy): 03/20/2012	To(mn/dd/yyyy): 05/28/2014
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County): <i>N/A</i>	34. From(mn/dd/yyyy): / /	To(mn/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County): <i>N/A</i>	37. From(mn/dd/yyyy): / /	To(mn/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County): <i>N/A</i>	40. From(mn/dd/yyyy): / /	To(mn/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

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**Date: 12/29/2015**

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XXX-XX-9812	Caleb Payne	12212015	[REDACTED]	N	OH	[REDACTED]	Hamilton	OH	45011	UNITED STATES

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

Employee Name CALEB E. PAYNE

Employee ID# \_\_\_\_\_

Employer Name CITY OF MONROE

Employer ID# EO 712FB1

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

### Windfall Elimination Provision

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

### Government Pension Offset Provision

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

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

### For More Information

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

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

Signature of Employee



Date 12/11/15

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## **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, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto: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.



# Instructions for Employment Eligibility Verification

USCIS  
Form I-9

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

OMB No. 1615-0047  
Expires 03/31/2016

Read all instructions carefully before completing this form.

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

## What Is the Purpose of This Form?

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

## General Instructions

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

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

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment.**

Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

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

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

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

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

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

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

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

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.  
If you check this box:
  - a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
  - b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
    - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
    - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

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

#### **Preparer and/or Translator Certification**

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

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

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov](http://www.uscis.gov)

**1-9Central** before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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

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

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

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

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

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

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

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

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

## Unexpired Documents

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

## Receipts

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

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

There are three types of acceptable receipts:

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

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

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.  
By the end of the receipt validity period, the employer should:
  1. Cross out the word "receipt" and any accompanying document number and expiration date.
  2. Record the number and other required document information from the actual document presented.
  3. Initial and date the change.

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

## Section 3. Reverification and Rehires

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

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

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

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

1. U.S. citizens and noncitizen nationals; or
  2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.
- Reverification does not apply to List B documents.

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

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

To complete Section 3, employers should follow these instructions:

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

4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

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

#### **What Is the Filing Fee?**

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

#### **USCIS Forms and Information**

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

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

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

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

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

### **Photocopying and Retaining Form I-9**

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

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

### **USCIS Privacy Act Statement**

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

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

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

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

### **Paperwork Reduction Act**

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



**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

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

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) <b>PAYNE</b>		First Name (Given Name) <b>CAVER</b>		Middle Initial <b>E.</b>	Other Names Used (if any)	
Address (Street Number and Name) [REDACTED]		Apt. Number	City or Town <b>HAMILTON</b>	State <b>OH</b>	Zip Code <b>45011</b>	
Date of Birth (mm/dd/yyyy) [REDACTED]		Social Security Number [REDACTED]		E-mail Address [REDACTED]		Telephone Number [REDACTED]

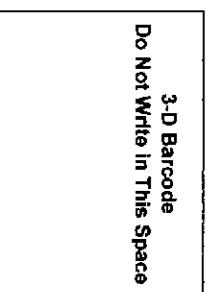
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

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

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

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
- 2. Form I-94 Admission Number: \_\_\_\_\_



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

Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

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

Signature of Employee: 	Date (mm/dd/yyyy): <b>12/11/2015</b>
----------------------------	--------------------------------------

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

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

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

**STOP** Employer Completes Next Page **STOP**

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

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

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

List A Identity and Employment Authorization	OR Identity	List B Identity	AND Employment Authorization	List C Employment Authorization
Document Title:	Document Title: Ohio Driver License		Document Title: Social Security Card	
Issuing Authority:	Issuing Authority: State of Ohio		Issuing Authority: Social Security Admin.	
Document Number:	Document Number: [REDACTED]		Document Number: [REDACTED]	
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy): 03/29/2019		Expiration Date (if any)(mm/dd/yyyy):	
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

### Certification

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

The employee's first day of employment (mm/dd/yyyy): 12/21/15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Date (mm/dd/yyyy) 12/21/15	Title of Employer or Authorized Representative Assistant to the City Manager
Last Name (Family Name) Wasson	First Name (Given Name) Angela	Employer's Business or Organization Name City of Monroe
Employer's Business or Organization Address (Street Number and Name) 233 South Main Street		City or Town Monroe
	State LA	Zip Code 70502

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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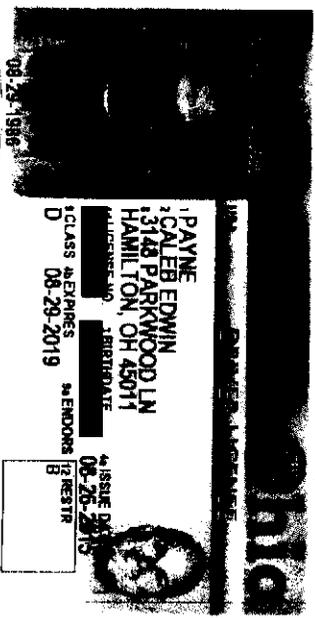
**LISTS OF ACCEPTABLE DOCUMENTS  
All documents must be UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	3. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		4. U.S. Military card or draft record
	5. U.S. Military card or draft record	5. Native American tribal document		6. Military dependent's ID card
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	6. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)	7. For persons under age 18 who are unable to present a document listed above:	7. U.S. Coast Guard Merchant Mariner Card
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	8. Employment authorization document issued by the Department of Homeland Security	
	9. Driver's license issued by a Canadian government authority			
	10. School record or report card			
	11. Clinic, doctor, or hospital record			
	12. Day-care or nursery school record			

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

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



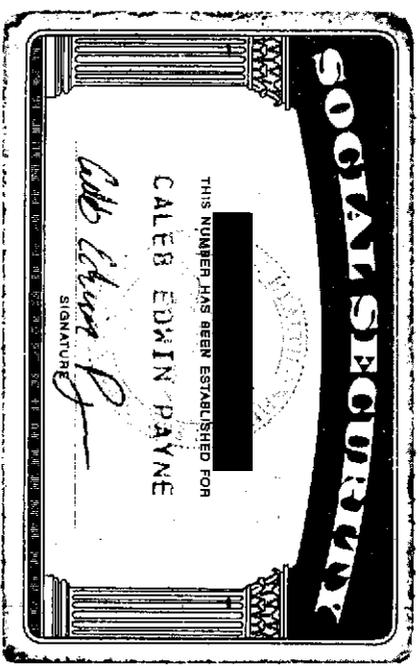
08-29-1986

PAYNE  
CALEB EDWIN  
3148 PARKWOOD LN  
HAMILTON, OH 45011

CLASS # EXPIRES 06-29-2019  
ENDORSE # ENDORS B

ISSUE DATE 06-29-2019  
RESTRICTION # RESTRI B

ISSUE M 15th 6-05 17th 230  
EYES BLU HAIR BRN



SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR  
CALEB EDWIN PAYNE

*Caleb Edwin Payne*  
SIGNATURE



## MONROE POLICE DEPARTMENT

233 South Main Street • P. O. Box 330 • Monroe, Ohio 45050-0330

To: City Manager Bill Brock

From: Chief Buchanan

Date: 11-23-15

**Subject: Conditional Offer of Employment**

I have had the opportunity to interview the number two candidate in our current later-entry hiring process. Caleb Payne is currently a full-time officer with the Fairfield Twp. Police department with over three years of experience. He has been at the top of the list since the start of our process and I believe that he is an excellent choice for our department. I would like to request that we extend a conditional offer of employment to Mr. Payne that includes:

- Starting Pay at step 3 of the current OPBA contract for the duration of his FTO period.
- Pay rate of step 4 of the OPBA contract, at the completion of his FTO period.
- Pay rate of step 5 of the OPBA contract at the completion of one year of service.
- 85 hours of vacation time available to use at the completion of his FTO period in accordance with the current OPBA contract.
- The satisfactory completion of any required medical examinations.
- The satisfactory completion of a psychological evaluation

He requested the opportunity to provide his current employer with two-weeks' notice. To accommodate that request, I anticipate a start date of December 21st.

Thank you for your consideration in this matter.



Monroe (513) 539-7374  
Fax (513) 539-6460

# CITY OF MONROE

P.O. BOX 330

Robert E. Rounson  
Mayor

Monroe, OH 45050  
[www.monroecohio.org](http://www.monroecohio.org)

William J. Brock  
City Manager

November 24, 2015

Caleb E. Payne  
[REDACTED]

Dear Mr. Payne:

This will serve as a conditional offer of employment with the City of Monroe for the full-time position of Patrol Officer.

Your starting wage will be \$50,151.00 per year and, upon completion of your FTO, will increase to \$55,021.00 per year. After completion of one year of service and a satisfactory evaluation your rate of pay shall be \$62,189.00. You will receive two personal days per year and, on January 1, 2016, you will receive 127.5 hours of vacation that can be used following completion of your FTO period.

You have the option of receiving health, dental, and vision insurance. Your cost for health insurance per pay for 2016 is \$34.54 for single, \$86.60 for employee plus spouse, \$62.30 for employee plus children, or \$106.49 for family. Your dental insurance for 2016 is \$2.59 per pay or \$7.72 for family. There is no cost for vision insurance. Health and dental insurance is effective on the first date of employment and vision is effective on the 1st of the month following your hire date. Your spouse is ineligible for the City's health insurance plan if your spouse works 30 or more hours per week, the employer pays 50% or more of the premium and the plan must meet the Affordable Care Act standards. The City of Monroe provides a \$25,000 life insurance policy at no cost to the employee. Additional benefits provided by the City, such as short term disability and additional optional life insurance will be explained at the time of your orientation.

It is my understanding that you have agreed to begin employment on December 21, 2015. This start date is contingent on a negative drug screen, passing of a psychological examination and physical, and completion of the required documentation. Please contact Dr. James Daun at 513-961-7066 to schedule an appointment for the psychological examination. For the drug test and physical you can visit Excel Corporate Care located at 4220 Grand Avenue in Middletown. Please call them at 513-420-4700 to schedule the physical. Please contact Argela S. Wasson at 513-539-7374 extension 1012 to schedule a time to complete the required documentation or if you have any questions.

We look forward to working with you and being part of our team at the City of Monroe.

Sincerely,

  
William J. Brock, P.E.  
City Manager

**FILE**

Equipment Issued	# Of Items	Date Issued	Date Returned
Badge – small (0)	0	01/21/16	
Badge – large (3)	3	"	
Badge – hat	1	"	
Collar brass Insignia (3) pair 2 small, one large for jacket	0	"	
Name Plate and yr serving (2)	2	"	
I.D. Card	1	"	
Short Sleeve Uniform Shirts (5)	5	"	
Long Sleeve Uniform Shirts (5)	5	"	
Uniform Pants (5)	5	"	
Mock Turtleneck (5)	0	"	
Vest with carrier	0	"	
Duty Heavy duty Jacket (last name only on name strip)	1	"	
Dress Hat	1	"	
Knit winter Hat w/Police	1	"	
Tie (2)	0	"	
Rain Gear / Jacket and hat cover	0	"	
Oxford Shoes or boots (1)	1	"	
Boots Waterproof (1)	1	"	
Metal clip board	1	"	
Metal citation clip board	1	"	
Leather Duty Belt	1	"	
Belt keepers	1	"	
ASP Baton	1	"	
ASP Baton Holder	1	"	
Weapon w/three magazines and Ammunition	1	"	
Holster	1	"	
Weapon flashlight / optional	1	"	
Flashlight and holder	1	"	
Taser and holster	1	"	
Magazine Pouch	1	"	
Chemical Agent and holder	1	"	
2 sets of Handcuffs and Handcuff case	1	"	
Biohazard glove case	1	"	
Key to Station	1	"	
Portable Radio w/shoulder mic (1) battery/charger/radio hold	1	"	
Duty Bag	1	"	



## MONROE POLICE DEPARTMENT

233 South Main Street • P. O. Box 330 • Monroe, Ohio 45050-0330

**DATE:** December 21st, 2016

**TO:** Patrol Officer Caleb Payne

**FROM:** Chief Robert Buchanan

**RE:** Release from Probationary Status.

Officer Payne,

Today marks the one-year anniversary of your assignment as a full-time officer with the Monroe Police Department. I have had the opportunity to review your work throughout this year, as well as the recommendations of your shift sergeant and the operations lieutenant. Each had nothing but positive remarks about your performance.

I would like to take this opportunity to congratulate you on a job well done. You are hereby released from a probationary status with the department. Your commitment to excellence and your dedication to duty reflect great credit upon yourself, the city of Monroe and the law enforcement profession. Thank you for your hard work.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Buchanan', written over a blue horizontal line.

Chief R. Buchanan



## MONROE POLICE DEPARTMENT

233 South Main Street • P. O. Box 330 • Monroe, Ohio 45050-0330

**DATE:** February 22nd, 2016

**TO:** Patrol Officer Caleb Payne

**FROM:** Chief Buchanan

**RE:** Completion of Field Training and Assignment to the Patrol Division.

Officer Payne,

Upon review of your training files and upon recommendation of the field training supervisor you are hereby released from the field training program and are being assigned to the Monroe Police Patrol Division effective immediately.

I would like to take this opportunity to congratulate you on a job well done. This day marks the final step in your journey to join the ranks of the Monroe Police Department. As you remove the 'Officer In Training' tabs from your uniform collar and replace them with the 'MPD' tabs, please take a moment to reflect on history of our department, the proud ranks that you join, and the excellent job that you have done to get to this point. Your commitment to excellence and your dedication to duty reflect great credit upon yourself, the city of Monroe and the law enforcement profession. Welcome and good luck in your new assignment.

Sincerely,

Chief R. Buchanan

**FILE**



# MONROE POLICE DEPARTMENT

233 South Main Street  
P.O. Box 330

Monroe, Ohio 45050-0330

[www.monroeoehio.org](http://www.monroeoehio.org)



Robert Buchanan

Chief Of Police

(513) 539-9234

May 15, 2019

Department Of Public Safety  
ATTN: Traffic Crash Records Unit  
1970 West Broad Street  
Columbus, Ohio 43223

RE: TRAFFIC CRASH CERTIFICATION LETTER (ORC SECTION 3937.41D)

In compliance with Section 3937.41(D) of the Ohio Revised Code, we are submitting the following information for your approval.

DRIVER'S NAME	Caleb Payne
DRIVER'S LICENSE #	██████████
SOCIAL SECURITY #	██████████
DATE OF BIRTH	██████████
DATE OF CRASH	05/11/2019
LOCAL REPORT #	19-088309
INVESTIGATING AGENCY	Hamilton Police Dept.
VEHICLE LICENSE #	1804

The Monroe patrol officer involved in the traffic crash was not assigned to official municipal business.

A copy of the traffic crash report is attached for your review.

A handwritten signature in black ink, appearing to read "R. Buchanan".

Robert Buchanan  
Chief Of Police





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

UNIT # 0 1  
NAME: LAST, FIRST, MIDDLE  
PAYNE, CALEB E

DATE OF BIRTH [REDACTED]  
AGE 3 2  
GENDER M

ADDRESS: STREET, CITY, STATE, ZIP  
233 S. MAIN STREET MONROE, OH 45060

CONTACT PHONE - INCLUDE AREA CODE  
[REDACTED]

INJURIES TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STAT: O H	NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	ALCOHOL TEST STATUS TYPE VALUE	STATUS TYPE	DRUG TEST(S) STATUS TYPE RESULT	SELECT UP TO 3
RESTRICTION select up to 3	DRIVER BY	ALCOHOL / DRUG SUSPECTED	ALCOHOL / DRUG SUSPECTED	CONDITION	DATE OF BIRTH	AGE	GENDER	

UNIT # 0 2  
NAME: LAST, FIRST, MIDDLE  
MARCUM, DERRICK E

DATE OF BIRTH [REDACTED]  
AGE 5 2  
GENDER M

ADDRESS: STREET, CITY, STATE, ZIP  
423 BINGHAM ST HAMILTON, OH 45011

CONTACT PHONE - INCLUDE AREA CODE  
[REDACTED]

INJURIES TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE O H	NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	ALCOHOL TEST STATUS TYPE VALUE	STATUS TYPE	DRUG TEST(S) STATUS TYPE RESULT	SELECT UP TO 3
RESTRICTION select up to 3	DRIVER BY	ALCOHOL / DRUG SUSPECTED	ALCOHOL / DRUG SUSPECTED	CONDITION	DATE OF BIRTH	AGE	GENDER	

UNIT # [REDACTED]  
NAME: LAST, FIRST, MIDDLE

DATE OF BIRTH [REDACTED]  
AGE [REDACTED]  
GENDER [REDACTED]

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES TAKEN BY [REDACTED]	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED [REDACTED]	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION [REDACTED]	AIR BAG USAGE [REDACTED]	EJECTION [REDACTED]	TRAPPED [REDACTED]
OL CLASS [REDACTED]	ENDORSEMENT select up to 2	RESTRICTION select up to 3	DRIVER OBTAINED BY	ALCOHOL / DRUG SUSPECTED	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST STATUS TYPE VALUE	STATUS TYPE
INJURIES	INJURED TAKEN BY	EMSAgency (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-Compliant MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

1. FATAL	1. FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1. NOT DEPLOYED	1. NOT TOPOPE	1. ALCOHOL INTERLOCK DEVICE	1. MAKE GIVEN
2. SUSPECTED SERIOUS INJURY	2. FRONT - MIDDLE	2. DEPLOYED FRONT	2. EXTORTIONED BY MECHANICAL WEANS	2. COL INTRUSIVE ONLY	2. TEST REFUSED
3. SUSPECTED MINOR INJURY	3. FRONT - RIGHT SIDE	3. DEPLOYED SIDE	3. REEDED BY NON-MECHANICAL WEANS	3. CORRECTIVE LENSES	3. TEST GIVEN, CONTAMINATED SAMPLE (UNUSABLE DRIVING)
4. POSSIBLE INJURY	4. SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4. DEPLOYED BOTH FRONT / SIDE (RHD M/D)	4. NOT APPLICABLE	4. FAR WALKER	4. TEST GIVEN, RESULTS UNKNOWN
5. NO APPARENT INJURY	5. SECOND - MIDDLE	5. NOT APPLICABLE	5. MOTOR SCOOTER	5. EXCEPT CLASS A BUS & CLASS B BUS	5. TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b>	6. SECOND - RIGHT SIDE	6. INVALID/OL	6. MOTOR SCOOTER	6. EXCEPT CLASS A BUS & CLASS B BUS	6. TEST GIVEN, RESULTS UNKNOWN
1. NOT TOPOPE/REPTED / TREATED AT SCENE	7. THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	<b>OL ENDORSEMENT</b>	7. INTERMEDIATE LICENSE RESTRICTIONS	7. EXCEPT TRACTOR/DALE	<b>TRAP TEST TYPE</b>
2. CAS	8. THIRD - MIDDLE	1. NOT TOPOPE	8. LIMITED TO DAYLIGHT ONLY RESTRICTIONS	8. INTERMEDIATE LICENSE RESTRICTIONS	1. NONE
3. POLICE	9. THIRD - RIGHT SIDE	2. PARTIALLY ELECTED	9. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	9. EXCEPT TRACTOR/DALE	2. BLOOD
9. OTHER UNKNOWN	10. SLEEPER SECTION OF TRUCK CAB	3. TOTALLY ELECTED	10. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	10. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	3. URINE
<b>SAFETY EQUIPMENT</b>	11. PASSENGER IN OTHER ENCLOSED CAB/AREA FROM TRAILING UNIT, BUS PICKUP WITH CAB	4. NOT APPLICABLE	11. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	11. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	4. OTHER
1. FRONT USED	12. PASSENGER IN CHECKED USE CAB/AREA	5. REEDED BY MECHANICAL WEANS	12. LIMITED - OTHER	12. LIMITED - OTHER	<b>DRUG TEST (RESULTS)</b>
2. SIDE/DECK GATE ONLY USED	13. TRAILING UNIT FROM TRAILING UNIT	6. MOTOR SCOOTER	13. MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13. MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1. AMPHETAMINES
3. LAP BELT ONLY USED	14. BOUND AT VEHICLE EXTERIOR FROM TRAILING UNIT	7. MOTOR SCOOTER	14. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	14. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	2. BARBITURATES
4. SIDE/DECK & LAP BELT USED	15. HOIS/AUTORIS	8. MOTOR SCOOTER	15. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	15. LIMITED TO EQUIPMENT ONLY RESTRICTIONS	3. BENZODIAZEPINES
5. CHILD RESTRAINT SYSTEM - FORWARD FACING	99. OTHER UNKNOWN	9. MOTOR SCOOTER	16. OUTSIDE CURB	16. OUTSIDE CURB	4. CANNABINIDS
6. CHILD RESTRAINT SYSTEM - REAR FACING		10. MOTOR SCOOTER	17. PREHISTERIC/ID	17. PREHISTERIC/ID	5. UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
7. BOOSTER SEAT		11. MOTOR SCOOTER	18. OTHER	18. OTHER	6. OTHER / UNKNOWN
8. HELMET USED		12. MOTOR SCOOTER			7. OTHER
9. PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)		13. MOTOR SCOOTER			8. NEGATIVE RESULTS
10. REFLECTIVE CLIPPING / BICYCLE ONLY		14. MOTOR SCOOTER			
11. LIGHTING - PEG STRIP ONLY		15. MOTOR SCOOTER			
99. OTHER UNKNOWN		16. MOTOR SCOOTER			

OWNER NAME (LAST, FIRST, MIDDLE)  STATE AS DRIVER  
 UNIT # 011 CITY OF MONROE  
 OWNER ADDRESS STREET CITY STATE ZIP  STATE AS DRIVER  
 233 S. MAIN ST MONROE, OH 45050  
 COMMERCIAL DRIVER NAME ADDRESS CITY STATE ZIP  
 COMMERCIAL DRIVER PHONE NUMBER (INCLUDE AREA CODE)

LOCAL REPORT NUMBER  
 1 9 - 0 8 8 3 0 9  
 DAMAGE SCALE  
 1 - NONE  
 2 - MINOR DAMAGE  
 3 - FUNCTIONAL DAMAGE  
 4 - DISABLING DAMAGE  
 9 - UNKNOWN

LP STATE OH LICENSE PLATE # 1F M 5 K 8 A T 5 H G E 1 3 0 7 0  
 VEHICLE IDENTIFICATION # 2 0 1 1 7  
 VEHICLE YEAR FORD  
 VEHICLE MAKE EXPLORER  
 INSURANCE COMPANY BERRY INSURANCE  
 INSURANCE POLICY # 5009  
 US DOT #  
 VEHICLE WEIGHT OVRBROGWR  
 1 - GROSS LBS.  
 2 - 10,001 - 26K LBS.  
 3 - 26K LBS.  
 HAZARDOUS MATERIAL  
 MATERIAL CLASS #  
 PLACARD ID #  
 PLACARD

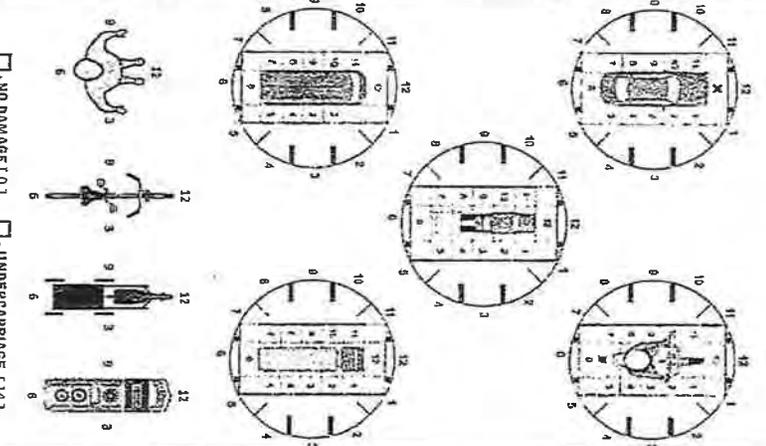
DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

TYPE OF USE  
 COMMERCIAL  GOVERNMENT  EMERGENCY RESPONSE  
 INTERLOCK DEVICES  HITS/KIP UNIT  
 # OCCUPANTS  
 0 1  
 TOWED BY COMPANY NAME  
 PLACARD

1 - PASSENGER CAR  
 2 - PASSENGER VAN (MINIVAN)  
 3 - SPORT UTILITY VEHICLE  
 4 - PICK UP  
 5 - CARGO VAN (VAN W/ 15 SEATS)  
 6 - VAN W/ 15 SEATS  
 7 - MOTORCYCLE 2 WHEELED  
 8 - MOTORCYCLE 3 WHEELED  
 9 - AUTOCYCLE  
 10 - MOPED OR MOPORIZED BICYCLE  
 11 - ALL TERRAIN VEHICLE (ANY/DTV)  
 12 - GOAT CART  
 13 - SNOWMOBILE  
 14 - SINGLE UNIT TRUCK  
 15 - SEMI-TRACTOR  
 16 - RAIL EQUIPMENT  
 17 - MOTORHOME  
 18 - LIMO LIVERY VEHICLE  
 19 - BUS (EX. PASSENGER)  
 20 - OTHER VEHICLE  
 21 - HEAVY EQUIPMENT  
 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE  
 23 - PEDESTRIAN/ SKATER  
 24 - WHEELCHAIR (ANY TYPE)  
 25 - OTHER NON-MOTORIST BICYCLE  
 26 - BICYCLE  
 27 - TRAIN  
 99 - UNKNOWN OR HITS/KIP

VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED  
 1 - YES 2 - NO 9 - OTHER UNKNOWN  
 AUTONOMOUS MODE LEVEL  
 0 - NO AUTOMATION  
 1 - DRIVER ASSISTANCE  
 2 - PARTIAL AUTOMATION  
 3 - CONDITIONAL AUTOMATION  
 4 - HIGH AUTOMATION  
 5 - FULL AUTOMATION  
 6 - BUS - CHARTER/TOUR  
 7 - BUS - INTERCITY  
 8 - BUS - SHUTTLE  
 9 - BUS - OTHER  
 10 - AMBULANCE  
 11 - FIRE  
 12 - MILITARY  
 13 - POLICE  
 14 - PUBLIC UTILITY  
 15 - CONSTRUCTION EQUIPMENT  
 20 - SAFETY SERVICE PATROL  
 16 - RAIL  
 17 - MOWING  
 18 - SNOW REMOVAL  
 19 - TOWING  
 21 - MAIL CARRIER  
 99 - OTHER UNKNOWN

1 - NONE  
 2 - TAXI  
 3 - ELECTRONIC RIDE SHARING  
 4 - SPECIAL FUNCTION  
 5 - BUS - TRANSPORTATION  
 6 - BUS - TRANSCOMMUTER  
 7 - VEHICLE TOWING ANOTHER NON-VEHICLE  
 8 - LOGGING  
 9 - VEHICLE TOWING ANOTHER CLASS  
 10 - CONVOY/ENCLOSURE BOX  
 11 - RAMP  
 12 - CONCRETE ARMER  
 13 - AUTO TRANSPORTER  
 14 - GARAGE/DETACH USE  
 99 - OTHER UNKNOWN



1 - TORN SIGNALS  
 2 - HEAD LAMPS  
 3 - TAIL LAMPS  
 4 - BRAKES  
 5 - STEERING  
 6 - TIRE BLOWOUT  
 7 - WORN OR SLICK TIRES  
 8 - TRAILER EQUIPMENT  
 9 - MOTOR TROUBLE  
 10 - DISABLED FROM PRIOR ACCIDENT  
 11 - INTERLOCK - MARKED CROSSWALK  
 12 - INTERSECTION - OTHER CROSSWALK  
 13 - INTERSECTION - MARKED CROSSWALK  
 14 - INTERSECTION - UNMARKED CROSSWALK  
 15 - TRAVEL LANE - OTHER LANE

INITIAL PRINT OF CONTACT  
 0 - NO DAMAGE  
 1-12 - REFER TO UNIT DIAGRAM  
 13 - TOP  
 14 - UNDERCARRIAGE (1, 2, 3)  
 15 - ALL AREAS (1, 5)  
 NO DAMAGE (0)  UNDERCARRIAGE (1, 2, 3)  
 TOP (13)  ALL AREAS (15)  
 UNIT NOT AT SCENE (16)

1 - NON-CONTACT  
 2 - NON-COLLISION  
 3 - STRUCK  
 4 - STRUCK  
 5 - OTHER STRIKING  
 6 - STRUCK  
 9 - OTHER UNKNOWN  
 1 - STRAIGHT AHEAD  
 2 - BACKING  
 3 - CHANGING LANES  
 4 - OVERLAPPING/PASSING  
 5 - MAKING RIGHT TURN  
 6 - MAKING LEFT TURN  
 7 - MAKING U-TURN  
 8 - ENTERING TRAFFIC LANE  
 9 - LEAVING TRAFFIC LANE  
 10 - PARKED  
 11 - STOPPING OR STOPPED  
 12 - OVERTAKING  
 13 - HEAD ON/AT A CURVE  
 14 - ENTERING OR PROGRESSING  
 15 - WALKING, RUNNING, JOGGING, PLAYING  
 16 - WORKING  
 17 - PUSHING VEHICLE  
 18 - APPROACHING OR LEAVING VEHICLE  
 19 - STANDING  
 20 - OTHER NON-MOTORIST  
 21 - STANDING OUTSIDE DISABLED VEHICLE  
 99 - OTHER UNKNOWN

TRAFFIC CONTROL  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 6 - NO CONTROL  
 7 - LEFT OF CENTER  
 8 - FOLLOWING TOO CLOSE/ AHEAD  
 9 - IMPROPER LANE CHANGE  
 10 - IMPROPER PASSING  
 11 - DRIVE OFF ROAD  
 12 - IMPROPER BACKUP  
 13 - PARKED POSITION  
 14 - STOPPED OR PARKED ILLICITLY  
 15 - SWERVING TO ROAD  
 16 - WIDING WAY  
 17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT  
 19 - LOAD SHIFTING/FALLING  
 99 - OTHER IMPROPER ACTION

1 - NONE  
 2 - FAILURE TO YIELD  
 3 - RAN RED LIGHT  
 4 - RAN STOP SIGN  
 5 - UNSAFE SPEED  
 6 - IMPROPER TURN  
 7 - LEFT OF CENTER  
 8 - FOLLOWING TOO CLOSE/ AHEAD  
 9 - IMPROPER LANE CHANGE  
 10 - IMPROPER PASSING  
 11 - DRIVE OFF ROAD  
 12 - IMPROPER BACKUP  
 13 - PARKED POSITION  
 14 - STOPPED OR PARKED ILLICITLY  
 15 - SWERVING TO ROAD  
 16 - WIDING WAY  
 17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT  
 19 - LOAD SHIFTING/FALLING  
 99 - OTHER IMPROPER ACTION

TRAFFIC CONTROL  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 6 - NO CONTROL  
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 8 - FOLLOWING TOO CLOSE/ AHEAD  
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 11 - DRIVE OFF ROAD  
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 13 - PARKED POSITION  
 14 - STOPPED OR PARKED ILLICITLY  
 15 - SWERVING TO ROAD  
 16 - WIDING WAY  
 17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT  
 19 - LOAD SHIFTING/FALLING  
 99 - OTHER IMPROPER ACTION

1 - OVERTRUCK/UNDERLOAD  
 2 - PASSENGER ODOM  
 3 - IMBALANCE  
 4 - JACKKNIFE  
 5 - CARGO EQUIPMENT  
 6 - LOSS OR SHIFT  
 7 - SEPARATION OF UNITS  
 8 - RAN OFF ROAD RIGHT  
 9 - RAN OFF ROAD LEFT  
 10 - CROSS-MEDIAN  
 11 - CROSS CENTERLINE  
 12 - DOWNHILL BRAKING  
 13 - OTHER HOOT-COLLISION  
 14 - PEDESTRIAN  
 15 - PEDAL CYCLE  
 16 - RAILWAY VEHICLE  
 17 - ANIMAL - FERAL  
 18 - ANIMAL - OTHER  
 19 - ANIMAL - OTHER  
 20 - MOTORCYCLE IN TRAFFIC  
 21 - MARKED MOTOR VEHICLE  
 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 23 - STRUCK BY FALLING, SHIFTING CARGON, ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 24 - OTHER MOVABLE OBJECT  
 25 - HUNGRY ANTIENNAHORN (CRASH OBSTACLE)  
 26 - BRIDGE OVERHEAD  
 27 - STUCK IN TRUCK  
 28 - BRIDGE OVERHEAD  
 29 - BRIDGE OVERHEAD  
 30 - OVERHUNG RAIL  
 31 - OVERHUNG RAIL  
 32 - RAILROAD BARRIER  
 33 - MEDIAN CABLE BARRIER  
 34 - MEDIAN CABLE BARRIER  
 35 - MEDIAN CONCRETE BARRIER  
 36 - MEDIAN OTHER BARRIER  
 37 - TRAFFIC SIGN POST  
 38 - OVERHUNG SIGN POST  
 39 - LIGHT/LUMINAIRIES  
 40 - UTILITY POLE  
 41 - OTHER POST/ PILE OR SUPPORT  
 42 - OBJECT  
 43 - CURB  
 44 - DITCH  
 45 - EMBANKMENT  
 46 - FENCE  
 47 - MAIL BOX  
 48 - TREE  
 49 - FREE HYDRA MAT  
 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 51 - WALL  
 52 - BUILDING  
 53 - TUNNEL  
 54 - OTHER FIXED OBJECT  
 99 - OTHER UNKNOWN

TRAFFIC CONTROL  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 6 - NO CONTROL  
 7 - LEFT OF CENTER  
 8 - FOLLOWING TOO CLOSE/ AHEAD  
 9 - IMPROPER LANE CHANGE  
 10 - IMPROPER PASSING  
 11 - DRIVE OFF ROAD  
 12 - IMPROPER BACKUP  
 13 - PARKED POSITION  
 14 - STOPPED OR PARKED ILLICITLY  
 15 - SWERVING TO ROAD  
 16 - WIDING WAY  
 17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT  
 19 - LOAD SHIFTING/FALLING  
 99 - OTHER IMPROPER ACTION

1 - FIRST HARMFUL EVENT  
 2 - MOST HARMFUL EVENT  
 3 - SEQUENCE OF EVENTS  
 4 - EQUIPMENT FAILURE  
 5 - SEPARATION OF UNITS  
 6 - RAN OFF ROAD RIGHT  
 7 - RAN OFF ROAD LEFT  
 8 - CROSS-MEDIAN  
 9 - CROSS CENTERLINE  
 10 - DOWNHILL BRAKING  
 11 - OTHER HOOT-COLLISION  
 12 - PEDESTRIAN  
 13 - PEDAL CYCLE  
 14 - RAILWAY VEHICLE  
 15 - ANIMAL - FERAL  
 16 - ANIMAL - OTHER  
 17 - ANIMAL - OTHER  
 18 - MOTORCYCLE IN TRAFFIC  
 19 - MARKED MOTOR VEHICLE  
 20 - WORK ZONE MAINTENANCE EQUIPMENT  
 21 - STRUCK BY FALLING, SHIFTING CARGON, ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 22 - OTHER MOVABLE OBJECT  
 23 - HUNGRY ANTIENNAHORN (CRASH OBSTACLE)  
 24 - BRIDGE OVERHEAD  
 25 - STUCK IN TRUCK  
 26 - BRIDGE OVERHEAD  
 27 - BRIDGE OVERHEAD  
 28 - BRIDGE OVERHEAD  
 29 - BRIDGE OVERHEAD  
 30 - OVERHUNG RAIL  
 31 - OVERHUNG RAIL  
 32 - RAILROAD BARRIER  
 33 - MEDIAN CABLE BARRIER  
 34 - MEDIAN CABLE BARRIER  
 35 - MEDIAN CONCRETE BARRIER  
 36 - MEDIAN OTHER BARRIER  
 37 - TRAFFIC SIGN POST  
 38 - OVERHUNG SIGN POST  
 39 - LIGHT/LUMINAIRIES  
 40 - UTILITY POLE  
 41 - OTHER POST/ PILE OR SUPPORT  
 42 - OBJECT  
 43 - CURB  
 44 - DITCH  
 45 - EMBANKMENT  
 46 - FENCE  
 47 - MAIL BOX  
 48 - TREE  
 49 - FREE HYDRA MAT  
 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 51 - WALL  
 52 - BUILDING  
 53 - TUNNEL  
 54 - OTHER FIXED OBJECT  
 99 - OTHER UNKNOWN

TRAFFIC CONTROL  
 1 - ROUNDABOUT  
 2 - SIGNAL  
 3 - FLASHER  
 4 - STOP SIGN  
 5 - YIELD SIGN  
 6 - NO CONTROL  
 7 - LEFT OF CENTER  
 8 - FOLLOWING TOO CLOSE/ AHEAD  
 9 - IMPROPER LANE CHANGE  
 10 - IMPROPER PASSING  
 11 - DRIVE OFF ROAD  
 12 - IMPROPER BACKUP  
 13 - PARKED POSITION  
 14 - STOPPED OR PARKED ILLICITLY  
 15 - SWERVING TO ROAD  
 16 - WIDING WAY  
 17 - VISION OBSTRUCTION  
 18 - OPERATING DEFECTIVE EQUIPMENT  
 19 - LOAD SHIFTING/FALLING  
 99 - OTHER IMPROPER ACTION

UNIT # 012 OWNER NAME: LAST FIRST, MIDDLE  SAME AS DRIVER

OWNER PHONE: INCLUDE AREA CODE  SAME AS DRIVER

COMMERCIAL CARRIER: MAKE, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE LICENSE PLATE # 2 G C E C 1 9 R 7 W 1 1 9 1 6 1 5 VEHICLE IDENTIFICATION # 1 9 9 8 VEHICLE YEAR 1 9 9 8 CHEVY VEHICLE MAKE

INSURANCE INSURANCE COMPANY ITFR123916 INSURANCE POLICY # RED COLOR SILVERADO VEHICLE MODEL

TYPE OF USE  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  INTERLOCK DEVICE  HIT/SKIP UNIT  EQUIPPED  OCCUPANTS 0 2 VEHICLE WEIGHT (GVWR/GCR) 1 - 3000 LBS. 2 - 3000 LBS. 3 - >3600 LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED  PLACARD  PLACARD ID #

1 - PASSENGER CAR 7 - MOTORCYCLE 8 - MOTORCYCLE 5 - MOPED 9 - MOTORCYCLE 10 - MOPED OR MOPORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - SOUP CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - HAND LIVER VEHICLE 19 - BUS (15+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - RECREATION/ SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAILER 28 - TRAILER OR HIT/SKIP

VEHICLE # OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED  YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0

1 - NONE 2 - NONE 3 - ELECTRONIC BRAKE SHAKING 9 - BUS - OTHER 5 - BUS - TRANSIT/COMMUTER 10 - AMBUANCE 6 - BUS - COMMUTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 14 - POLICE UTILITY 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 11 - TRUCK 12 - MILITARY 13 - ROLL OVER 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

1 - IN GOOD BODY TYPE / NOT APPLICABLE 2 - BUS 3 - SCHOOL TRANSPORT 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 10 - AMBUANCE 1 - IN GOOD BODY TYPE / NOT APPLICABLE 2 - BUS 3 - SCHOOL TRANSPORT 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 10 - AMBUANCE

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - SIDEWALK 5 - SIDEWALK 6 - SIDEWALK 7 - SIDEWALK 8 - SIDEWALK 9 - MEDIAN CROSSING ISLAND AT INCIDENT SCENE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATH OR TRAILS 12 - APPROACHING OR LEAVING VEHICLE 13 - STANDING 20 - OTHER NON-AUTONOMIST 21 - STANDING OUTSIDE DISABLING VEHICLE 99 - OTHER / UNKNOWN

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING PRE-CRASH ACTIONS 4 - STRIKING ACTIONS 5 - BOTTLE STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - STRIKING ACTIONS 5 - MAKING RIGHT TURN & STRUCK 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - STOPPING OR STOPPED IN TRAFFIC 12 - ONE-WAY 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-AUTONOMIST 21 - STANDING OUTSIDE DISABLING VEHICLE 99 - OTHER / UNKNOWN

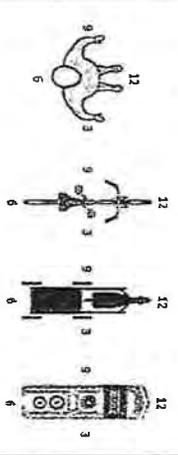
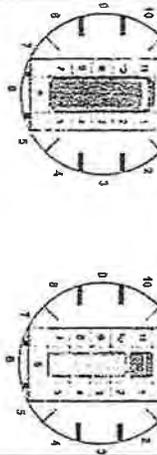
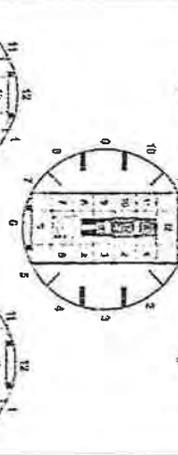
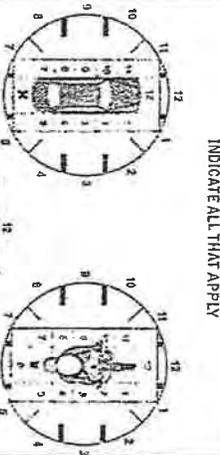
1 - NONE 2 - FAILURE TO YIELD 3 - RAIN HEAD LIGHT 4 - BRAKES STOP SIGN 5 - UNUSUAL SITUATION 6 - UNUSUAL SITUATION 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / TAILGATE 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - WRONG OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SPECIFIC/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LIVING IN ROADWAY 22 - NOT DISSEMINATE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

1 - OVER-TURNAL LOWER 2 - FIRE EXTINGUISHER 3 - IMPACTION 4 - JACKKNIFE 5 - CORRO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF WHEELS 8 - RAIL OF ROAD RIGHT 9 - RAIL OF ROAD LEFT 10 - CROSS MEDIAN 15 - PENALTY 21 - PARKED MOTORVEHICLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - IMPROPER VEHICLE THROUGH 24 - OTHER MOVABLE OBJECT 37 - TRAFFIC SIGN POST 38 - OVERLOADED SIGN POST 39 - LIGHT / LUMINAIRES 40 - UTILITY POLE 41 - OTHER POLE 42 - COVER 43 - SIGN 44 - OTHER 45 - ENHANCEMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 59 - OTHER / UNKNOWN

1 - OVER-TURNAL LOWER 2 - FIRE EXTINGUISHER 3 - IMPACTION 4 - JACKKNIFE 5 - CORRO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF WHEELS 8 - RAIL OF ROAD RIGHT 9 - RAIL OF ROAD LEFT 10 - CROSS MEDIAN 15 - PENALTY 21 - PARKED MOTORVEHICLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - IMPROPER VEHICLE THROUGH 24 - OTHER MOVABLE OBJECT 37 - TRAFFIC SIGN POST 38 - OVERLOADED SIGN POST 39 - LIGHT / LUMINAIRES 40 - UTILITY POLE 41 - OTHER POLE 42 - COVER 43 - SIGN 44 - OTHER 45 - ENHANCEMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 59 - OTHER / UNKNOWN

LOCAL REPORT NUMBER 1 9 0 8 8 3 0 9

DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 5 - DISABLING DAMAGE 9 - UNKNOWN



NO DAMAGE ( 0 )  UNDERCARRIAGE ( 14 )  TOP ( 13 )  ALL AREAS ( 15 )  UNIT NOT AT SCENE ( 16 )

INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE DIAGRAM 19 - UNKNOWN

TRAFFIC # OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-PASSIVE CROSSING 3 - INVOLVED-ACTIVE CROSSING

UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0 DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / DER POSTED SPEED 3 5



OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 19-088309

REPORTING AGENCY

CITY OF HAMILTON PD

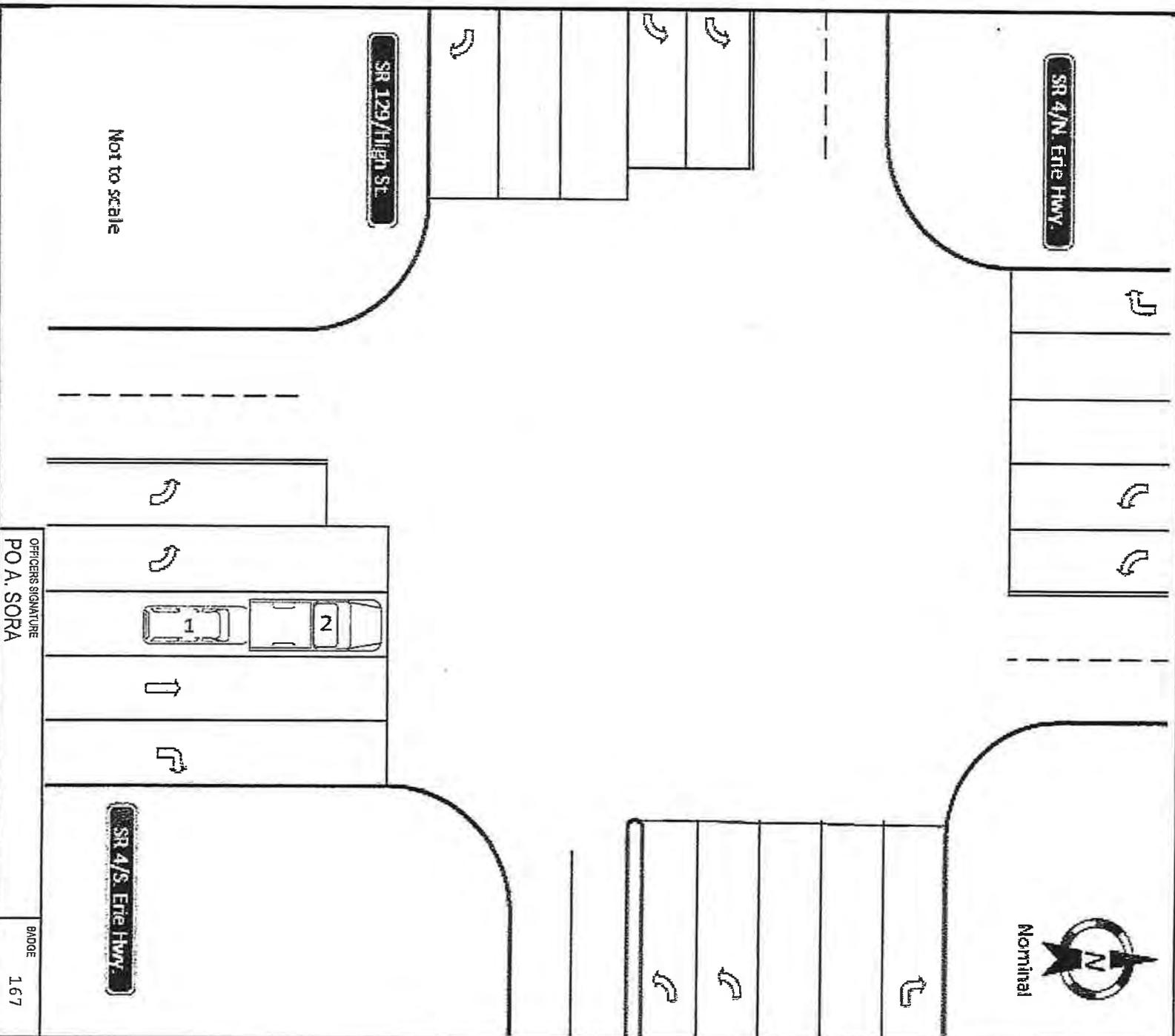
DATE OF CRASH 5/11/19

IN COUNTY OF

BUTLER

ACCIDENT LOCATION

S. ERIE BV//HIGH ST HAMILTON, OH 45011



Not to scale

OFFICER'S SIGNATURE  
P.O.A. SORA

BIJOG  
167

# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A**

**B** Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B**

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C**

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D**

**E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) . . . . . **E**

**F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . **F**

**(Note:** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. . . . . **G**

**H** Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ **H**

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

## Employee's Withholding Allowance Certificate

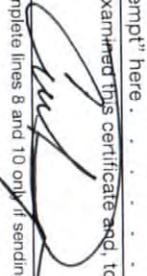
Form **W-4** OMB No. 1545-0074  
 Department of the Treasury **2016**  
 Internal Revenue Service

**1** Your first name and middle initial **PAYNE** **2** Your social security number old - #1175

Home address (number and street or rural route) **CALEB** **3**  Single  Married  Married, but withhold at higher Single rate.   
 City or town, state, and ZIP code **HAMILTON, OH 45011** **4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

**5** Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5** **2**  
**6** Additional amount, if any, you want withheld from each paycheck **6 \$**  
**7** I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.   
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and   
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.   
 If you meet both conditions, write "Exempt" here. **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature** **Date ▶ 03/03/16**  
 (This form is not valid unless you sign it.) ▶ 

**8** Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) **9** Office code (optional) **10** Employer identification number (EIN)

# Form W-4 (2015)

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, "Tax Withholding and Estimated Tax."

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<b>1</b>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<b>0</b>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<b>1</b>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<b>1</b>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<b>1</b>
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	<b>0</b>
<b>G</b>	<b>Child Tax Credit</b> (including additional child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b>	<b>2</b>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<b>6</b>

For accuracy, complete all worksheets that apply.

• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.

• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

## Employee's Withholding Allowance Certificate

<p>Form <b>W-4</b></p> <p>Department of the Treasury Internal Revenue Service</p>	<p>OMB No. 1545-0074</p> <p style="font-size: 2em; font-weight: bold;">2015</p>	<p>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>
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<p>1 Your first name and middle initial <b>CALEB E.</b></p>	<p>2 Your social security number [REDACTED]</p>
<p>Home address (number and street or rural route) [REDACTED]</p>	<p>3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withold at higher Single rate.  <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small></p>

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>	<b>5</b>	<b>6</b>	<b>\$ 25</b>
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6 Additional amount, if any, you want withheld from each paycheck . . . . .

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. ▶ **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**  
(This form is not valid unless you sign it.) ▶ *[Signature]*

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)

10 Employer identification number (EIN)

Date ▶ 12/16/15

12/16/15  
2015  
11/14/15

## **Exhibit 4**

PERSONNEL EVALUATIONS

EMPLOYEE: Officer Micah Day

SCORE: 39

DATE: 01/21/2021

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Day is a hard worker and stays busy by self-initiating activity between calls for service. Officer Day gets along well with other officers and supervisors. He is willing to help others.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Day needs to work on his personal communication skills and utilize de-escalation tools to calm people down when they are irrational during conflicts.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

YES  NO

COMMENTS:

10/27 Peer Recognition by Officer King  
12/05 Letter of Appreciation Lt Pelfrey  
11/15 Supervisor Recognition Lt Pelfrey  
11/10 Supervisor Recognition Sgt Payne

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

Lt Pelfrey #815

[Signature]  
Approved By

1-29-21

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 1-25-2021

Employee Signature

[Signature]

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 2

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
<p>Attitude toward the public:</p> <p>Score: <u>    3    </u></p>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
<p>Attitude toward supervisors:</p> <p>Score: <u>    3.5    </u></p>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
<p>Cooperativeness:</p> <p>Score: <u>    3.5    </u></p>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
<p>Report writing:</p> <p>Score: <u>    3    </u></p>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
<p>Work load/Productivity:</p> <p>Score: <u>    3    </u></p>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
<p>Appearance:</p> <p>Score: <u>    4    </u></p>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

# PAYROLL CHANGE NOTICE

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

*Micah Day*

*Police*

DEPARTMENT

EFFECTIVE DATE

*3-9-2020*

**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input checked="" type="checkbox"/> JOB	<i>Patrol officer</i>	
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE		<i>\$156,446.00</i>
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

**THE REASON FOR THE CHANGE(S):**

<input checked="" type="checkbox"/> HIRED <input type="checkbox"/> RE-HIRED <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> UNION SCALE <input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE) <input type="checkbox"/> OTHER (Explain) _____ _____ _____	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED <input type="checkbox"/> LENGTH OF SERVICE INCREASE <input type="checkbox"/> RE-EVALUATION OF EXISTING JOB <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE
---	---

**AUTHORIZATION:**

RECOMMENDED BY	DATE
AUTHORIZED BY	DATE

PERSONNEL EVALUATIONS

EMPLOYEE: Micah Day

SCORE: n/a

DATE: 6/8/20

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Day is eager to learn and is willing to help out other officers

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Day is new to the department and is learning the Monroe paperwork

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES            NO

COMMENTS: Officer Day is in the shadow phase of his field training. He has been in field training for the last 3 months. Officer Day was involved in a critical incident at Traders World and handled himself in a calm and professional manner assisting his FTO with the scene. Keep of the good work!

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

A. A. Beacock

Lieutenant Alicia Beacock

Approved By

Completion of this section by employee is optional and subject to the police of your organization

**I have reviewed this evaluation and I completely understand it contents.**

Date: 06-8-20 Employee Signature

[Handwritten Signature]

AMB

First Quarter Evaluation

**FILE**



**Tab 1**

**Photo of Applicant**

**Application**

**Driver License**

**Criminal History**

**Credit History**

**Hiring Standards-Sign off**



Received Time: 13:46:32 01-09-20

Source ORI:

OHBMV0001

View Message Details

ORI/OH0090500  
REA/EMPLOYMENT  
SSN/[REDACTED]  
REQ/LEDFORDA

OLN/[REDACTED]  
SSN/[REDACTED]  
HGT/5-08  
WGT/130  
SEX/M  
HAI/BLN  
EYE/GRN  
ISS/4-24-2017

Begin Image



859

End Image

UNLESS OTHERWISE NOTED, THIS LEADS THROUGHPUT IS EXEMPT FROM PUBLIC RECORDS REQUESTS PER ORC:149.43 AND OAC:4501:2-10-06.

MRI: 8422012 SENT TO:OH0090500  
IN: OHBMV0001 #39628 AT 09JAN2020 13:46:32  
OUT: OH0090500 #33 AT 09JAN2020 13:46:33

Received Time: 13:45:11 01-09-20 Source ORI: OHBMV0000  
Summary: DS: SSN=[REDACTED]  
View Message Details

DS.OH0090500.297989858

MICAH SCOTT DAY

[REDACTED]

DOB: [REDACTED] AGE: 23  
SSN: [REDACTED]  
KEY: 021969206

COUNTY: 83-WARREN

\*\* PHYSICAL DESCRIPTION \*\* \*\* ANATOMICAL DONOR: NOT LISTED \*\*  
SEX: M HGT: 5' 08" WGT: 130 HAIR: BLOND EYES: GREEN

\*\* DRIVER LICENSE INFORMATION \*\*  
DLN: [REDACTED] CLASS: A ISS: 04/24/2017 EXP: 04/24/2021  
STATUS: VALID  
CDL STATUS: VALID  
RESTRICTIONS: AUTO TRANSMISSION CMV  
CERTIFIED EXCEPTED INTERSTATE

----- ACCIDENTS: 1 -----  
01 ACCIDENT DATE: 03/16/2013 COUNTY: WARREN CASE: 34016659  
RECORD ADDED ON: 09/25/2013  
HAZARDOUS MATERIAL: UNKNOWN COMMERCIAL VEHICLE: UNKNOWN  
SEVERITY: PROP DAMG STATE: OHIO  
REPORTING AGENCY: 08300-WARREN COUNTY SHERIFFS OFFICE

855

----- INFORMATION: 2 -----  
01 CS COSIGNER  
RECORD ADDED ON: 11/29/2012  
DATE: 11/29/2012 NAME: RHONDA J DAY  
DLN: [REDACTED] RELATIONSHIP: MOTHER  
02 CS COSIGNER  
RECORD ADDED ON: 12/08/2011  
DATE: 12/08/2011 NAME: RHONDA J DAY  
DLN: [REDACTED] RELATIONSHIP: MOTHER

END

UNLESS OTHERWISE NOTED, THIS LEADS THROUGHPUT IS EXEMPT FROM PUBLIC RECORDS  
REQUESTS PER ORC:149.43 AND OAC:4501:2-10-06.

MRI: 8420141  
IN: OHBMV0000 #74729 AT 09JAN2020 13:45:11  
OUT: OH0090500 #30 AT 09JAN2020 13:45:11

Jan 9, 2020 1:49:16 PM

Printed By: TZ631718 from: MNRPDD001

**Received Time:** 13:46:14 01-09-20 **Source ORI:** OHNCIC000  
**Summary:** ZSO: NAM=DAY, MICAH S PUR=C REQ=LEDFORDA RSN=EMPOYMENT  
**View Message Details**

NL0100CE,MRI8421573

OH0090500

NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III)

FOR NAM/DAY,MICAH S.SOC/[REDACTED].PUR/C.ATN/LEDFORDA.

END

UNLESS OTHERWISE NOTED, THIS LEADS THROUGHPUT IS EXEMPT FROM PUBLIC RECORDS  
REQUESTS PER ORC:149.43 AND OAC:4501:2-10-06.

MRI: 8421580

IN: #11511 AT 09JAN2020 13:46:14

OUT: OH0090500 #32 AT 09JAN2020 13:46:14

859

# Innovative Credit Solutions, Inc.

## Employment Credit Report

Innovative Credit Solutions

P O Box 1440

Lexington, SC 29071

Phone: 800-345-2746

Fax: 888-571-7222

FILE NUMBER 416910  
 REPORT TO City of Monroe (2314)  
 233 South Main Street  
 Monroe, OH 45050  
 Phone: (513) 539-9234  
 Fax: -

REPORT DATE 01-22-2020  
 ORDER DATE 01-22-2020 City of Monroe  
 TYPE /Employment Credit Report Opt 1A

### Application Information

APPLICANT DAY, MICAH SSN [REDACTED] DOB [REDACTED]  
 ADDRESS(ES) [REDACTED] CITY / STATE / ZIP BLANCHESTER, OH 45107

### Credit

#### Credit Summary

TOTAL TRADELINES	13	30 DAYS LATE	5
CURRENTLY SATISFACTORY	5	60 DAYS LATE	1
CURRENTLY DELINQUENT	4	90 DAYS LATE	3
PREVIOUSLY DELINQUENT	4	NEWEST TRADE	01/28/2019
COLLECTION/CHR OFFS	0 / 0	OLDEST TRADE	06/01/2013
PUBLIC RECORDS	0	INQUIRIES	2

#### Financial Summary

	#	PAYMENT	TTL BALANCE	PAST DUE	UTILIZATION
MORTGAGE	1	\$1243	\$153058	\$0	69%
INSTALLMENT	5	\$532	\$16570	\$0	7%
OPEN	0	\$0	\$0	\$0	0%
REVOLVING	7	\$294	\$14537	\$210	6%
OTHER	0	\$0	\$0	\$0	0%
	13	\$2069	\$184165	\$210	83%

Warning: Use careful judgment the past due column of this financial summary may possibly combine amounts of an original creditor with amounts from a collection agency collecting for the original creditor. A single debt could be included as a trade amount and with the collection agency. In a few cases, this single debt can appear as a judgment in the public records section, as well.

### Variations

#### Personal Information Comparison

	NAME	SOC SEC	DOB	AKA
APPLICANT	DAY, MICAH	[REDACTED]	[REDACTED]	
TU	DAY, MICAH	MATCH	[REDACTED]	MICAH S DAY MICAH S DAY DOB:

#### Address Comparison

	ADDRESS	REPORTED
APPLICANT	TU 7664 STARKEY CLEVINGER RD, BLANCHESTER, OH 45107	01/22/2020
APPLICANT	TU 1596 SHATTUCK ST, LEBANON, OH 45036	06/28/2013
APPLICANT	TU 7664 STARKEY CLEVINGER RD, BLANCHESTER, OH 45107	05/05/2016

#### Employment Comparison

COMPANY	POSITION	REPORTED
---------	----------	----------

**Credit Bureau Report**

**Credit History**

CREDITOR	OPENING DATE MONTHS REVIEWED	REPORTED DATE DLA	HIGH CREDIT	BALANCE	PAST DUE AMOUNT	HISTORICAL TIMES PAST DUE			TYPE TERMS	PRESENT STATUS	E C O A
						30	60	90+			
HUNTINGT MTG	04/2016 44	01/2020 01/2020	\$164524	\$153058	\$0	5	0	0	MTG 360 \$1243	CUR WAS 30	J
<b>Late Dates:</b> 09-2019 (30), 08-2019 (30), 07-2019 (30), 06-2019 (30), 04-2019 (30)											
GECU MC	07/2016 41	12/2019 12/2019	\$23928	\$11637	\$0	0	0	0	AUTO 75 \$359	AS AGREED	J
HUNTINGTON	08/2015 48	12/2019 11/2019	\$5200	\$5304	\$210	2	0	0	REV \$211	DELINQ 60	B
<b>Late Dates:</b> 11-2019 (30), 04-2019 (30)											
<b>Remarks:</b> ACCOUNT CLOSED BY CREDIT GRANTOR											
GECU MC	06/2017 30	12/2019 12/2019	\$9110	\$4933	\$0	2	0	0	AUTO 60 \$173	CUR WAS 30	J
<b>Late Dates:</b> 10-2019 (30), 09-2019 (30)											
CITI	07/2017 29	01/2020 12/2019	\$3800	\$3715	\$0	1	1	0	REV \$101	CUR WAS 60	B
<b>Late Dates:</b> 02-2018 (60), 01-2018 (30)											
SYNCB/PPC	11/2016 08	12/2019 12/2019	\$3000	\$2907	\$0	0	0	0	REV \$80	AS AGREED	B
US BANK	06/2013 48	12/2019 12/2019	\$1500	\$1482	\$0	0	0	0	REV \$63	AS AGREED	A
CITI	04/2017 32	12/2019 12/2019	\$1000	\$910	\$0	0	0	0	REV \$25	AS AGREED	B
CAPITAL ONE	01/2019 10	12/2019 12/2019	\$300	\$219	\$0	3	0	0	REV \$25	CUR WAS 30	B
<b>Late Dates:</b> 11-2019 (30), 09-2019 (30), 04-2019 (30)											
MOHELA/DOFED	09/2017 24	10/2019 08/2019	\$1750	\$0	\$0	0	0	10	EDU 120 \$0	DELINQ 120+	B
<b>Late Dates:</b> 09-2019 (120), 08-2019 (120), 07-2019 (120), 06-2019 (120), 05-2019 (120), 04-2019 (120), 03-2019 (120), 02-2019 (120), 01-2019 (120), 12-2018 (90)											
<b>Remarks:</b> ACCOUNT CLOSED DUE TO TRANSFER											
MOHELA/DOFED	09/2017 24	10/2019 08/2019	\$2000	\$0	\$0	0	0	10	EDU 120 \$0	DELINQ 120+	B
<b>Late Dates:</b> 09-2019 (120), 08-2019 (120), 07-2019 (120), 06-2019 (120), 05-2019 (120), 04-2019 (120), 03-2019 (120), 02-2019 (120), 01-2019 (120), 12-2018 (90)											
<b>Remarks:</b> ACCOUNT CLOSED DUE TO TRANSFER											
MOHELA/DOFED	11/2017 22	10/2019 08/2019	\$500	\$0	\$0	0	0	10	EDU 120 \$0	DELINQ 120+	B
<b>Late Dates:</b> 09-2019 (120), 08-2019 (120), 07-2019 (120), 06-2019 (120), 05-2019 (120), 04-2019 (120), 03-2019 (120), 02-2019 (120), 01-2019 (120), 12-2018 (90)											
<b>Remarks:</b> ACCOUNT CLOSED DUE TO TRANSFER											
STERLINGFAM	12/2018 12	01/2020	\$4000	\$0	\$0	0	0	0	REV \$0	AS AGREED	B
<b>Remarks:</b> ACCOUNT CLOSED BY CREDIT GRANTOR											

ECOA KEY: B = BORROWER; C = CO-BORROWER; S = SHARED; J = JOINT; U = UNDESIGNATED; A = AUTHORIZED USER

**Public Records**

NO PUBLIC RECORDS DEVELOPED

**Repository Remarks**

TU A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

## Monroe Police Department Recruitment Disqualification

The Monroe Police Department expects and requires the highest level of character, ethics, and professionalism of our employees. The citizens of our community deserve nothing but the best. In order to select and hire only those individuals that possess these levels, the Monroe Police Department will only hire and retain those individuals that meet these requirements.

Recruits will be disqualified for the following reasons:

**FELONY:** Applicants will not have committed, admitted to, or been convicted of any felony offense as an adult. A felony includes, but is not limited to attempted, conspiracy, or solicitation of any felony relating to job performance, treason, murder, rape, robbery, arson, burglary, drugs, kidnapping, forgery, felonious assault, dishonest, using force or the threat of force while committing a crime.

**MISDEMEANOR:** Applicant may not have any conviction of a M-1 or M-2 misdemeanor as defined by the federal, state, or local law of the jurisdiction where the offense occurred, as an adult in the past five (5) years, or more than one M-1 or M-2 conviction as an adult. Any conviction of more than one M-1 or M-2 misdemeanor as defined by the federal, state, or local law of the jurisdiction where the offense occurred, as a juvenile.

**DRUGS:** Applicant may not have used, illegally sold, or have been convicted of illegal sales of any controlled substance or contraband. Applicant may not have history of any use of cocaine, heroin, LSD, crack, methamphetamine, or PCP.

**MARIJUANA:** Applicant may not have used marijuana or other hallucinogens, narcotics, prescription drugs (without prescription), steroids, or any other illegal drugs and narcotics within the preceding twenty-four (24) months prior to application.

**ALCOHOL:** Applicant may not have a current use of alcohol to a level that would indicate abuse, dependency, or level of inability to function without the use of alcohol for any period of time. Applicant must show a recovering history of non-use of at least two (2) consecutive years prior to application.

**AUTOMOBILE:** Applicant may not have any conviction for OVI within the past six (6) year period, two (2) or more moving violations within the preceding twelve (12) months, six (6) or more points on driving record within the past twenty (24) months, been placed under a 12-point suspension within the past six (6) years prior to application.

**DEBTS:** Applicant may not have a continuing history of financial or credit problems to include; garnishments, or bankruptcy.

**WORK HISTORY:** Applicant may not have an employment history which includes any of the following: termination, resignation in lieu of discharge, excessive absence/tardiness, inability to get along with others, or any adverse disciplinary actions. Applicant may not have any pattern of theft offenses from an employer or during the course of employment as an adult.

**MILITARY:** Applicant may not have received a dishonorable discharge from military service or have a general court martial.

**DOMESTIC:** Applicant may not have any violation of a protection order, or admitted to physical/sexual or emotional abuse of one's spouse, ex-spouse, child, stepchild, parent, or any other relative with whom one had lived or has had a relationship.

**COURT:** Applicant may not have any findings of contempt by a court for failure to provide for family/dependents as ordered by the courts or for which a legal obligation of care exists. Applicant may not have any non-compliance with a court order or legal contract to provide child support, alimony, or other financial responsibility determined by finding of any court of law.

**ORGANIZATIONS:** Applicant may not have a past history of association or involvement with any illegal gambling activities or any other organized crime. Applicant may not have any document or admitted history of racial, ethnic, or social intolerance (i.e. hating or shunning another person or group due to differences they possess).

**FALSE STATEMENTS:** Applicant may not falsify any material facts during the application process. Applicant may not have filed a fraudulent claim for insurance, welfare, unemployment compensation, or other public assistance programs.

**APPLICATION PROCESS:** Applicant may not be considered if they fail to pass a required examination or test including any physical fitness test administered by the Police Department or any basic police academy. Applicant may not fail to appear for any required step in the selection process, or any acts of non-compliance.

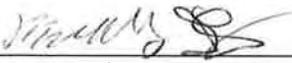
**TATTOOS:** Applicant may not have any tattoos that are visible while working in any authorized uniform or attire, obscene, commonly associated with gangs extremist, and/or supremacist organizations, or that advocate sexual, racial, ethnic, or religious discrimination. Tattoos that would be visible while working in any authorized uniform or attire must be covered.

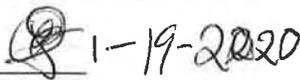
**BODY PIERCING/ALTERATIONS:** Applicant may not have any body piercing or alteration that is visible in any authorized uniform or attire and is a deviation from normal anatomical features, or that is not medically required. (Earring piercings are excluded from this policy; however are limited.) Such body alterations include, but are not limited to the following; Tongue, nose, eye or brow splitting or piercing, complete or transversal implantation of any material other than hair replacement or breast augmentation, abnormal shaping of the ears, eyes, nose, or teeth, and branding or scarification. Visible body piercings or alterations must also be surgically repaired, returning the body alteration to a normal/acceptable condition as a condition of employment.

**DENTAL:** Applicant may not have any dental alteration or ornamentation-Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initial, etc. The use of yellow gold, white gold, or platinum caps (permanent or temporary) merely to add ornamentation to the teeth and not required by dental/medical necessity is prohibited.

In order for a recruit to be disqualified for any of the above listed categories, it must be supported by an admission of the applicant or through documentation. Unsupported accusations or truth verification results are not enough to disqualify an applicant on its own.

I have read the above Recruitment Disqualifications and I do not meet or fall into any of these categories.

  
Signature of Applicant

  
Date



**Tab 3**

**Education Verifications**

**Residential Verifications**

**Law Enforcement Verifications**

JAN/14/2020/TUE 10:24 AM

FAX No.

P. 002

### Landlord Verification Inquiry Questionnaire Content

Last Name	First Name	Middle Name	Gender	Race	Date of Birth
Day	Micah		M	W	

- Name of Apartment Complex (if applicable) Orchard of Landen
- Name of Tenant Micah Day
- Are you related to the applicant? No Relationship? \_\_\_\_\_
- Did the applicant make payment of rent regularly? Yes
- Exact dates the applicant lived at your property according to your records:  
From 5/20/2015 To 04/3/16
- Reason for termination or separation from your property?  
moved to new place
- To your knowledge, were the police ever called to the property due to actions of the applicant? no
- Would you recommend the applicant for the position of police officer? \_\_\_\_\_
- Are you aware of any circumstances which might disqualify the applicant for public service?  
I was not present when tenant was here.  
No violations of lease were documented in file
- To your knowledge did the applicant use drugs, including marijuana or intoxicants?  
No incidents documented in file
- Please give any additional information you may think helpful for our consideration of the applicant. \_\_\_\_\_

Jamie Young Assis. Property Manager 01/16/2020  
 Signature Title Date

**MONROE POLICE DEPARTMENT** **BACKGROUND INVESTIGATION RELEASE**

I, Michah Dany, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

This waiver is valid upon my signature during any period of time associated with the selection process of the Monroe Police Department. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. A photocopy of this authorization is to be accepted as an original.

Name: Michah Dany

Date: 12-13-19

Social Security Number: [REDACTED]

Address: [REDACTED]

Michelle Payne  
Printed Name Notary

Michelle Payne  
Notary Signature



MICHELLE J. PAYNE  
Notary Public, State of Ohio  
My Comm. Expires 07-2020

My commission expires 10-7-20

## TRANSACTION REPORT

JAN/14/2020/TUE 10:25 AM

## FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	JAN/14	10:23AM	915136779990	0:01:10	3	MEMORY OK	ECM 8595

## Monroe Police Department

233 S. Main Street

PO Box 330

Monroe, Ohio 45050

[www.monroehio.org](http://www.monroehio.org)

Main PX (513) 539-9234

FAX (513) 539-6205

Detectives (513) 360-2208

Records (513) 360-2208

## FAX

ORGANIZATION: Orchards of Lander

ATTN: \_\_\_\_\_

FAX #: 513 677 9990

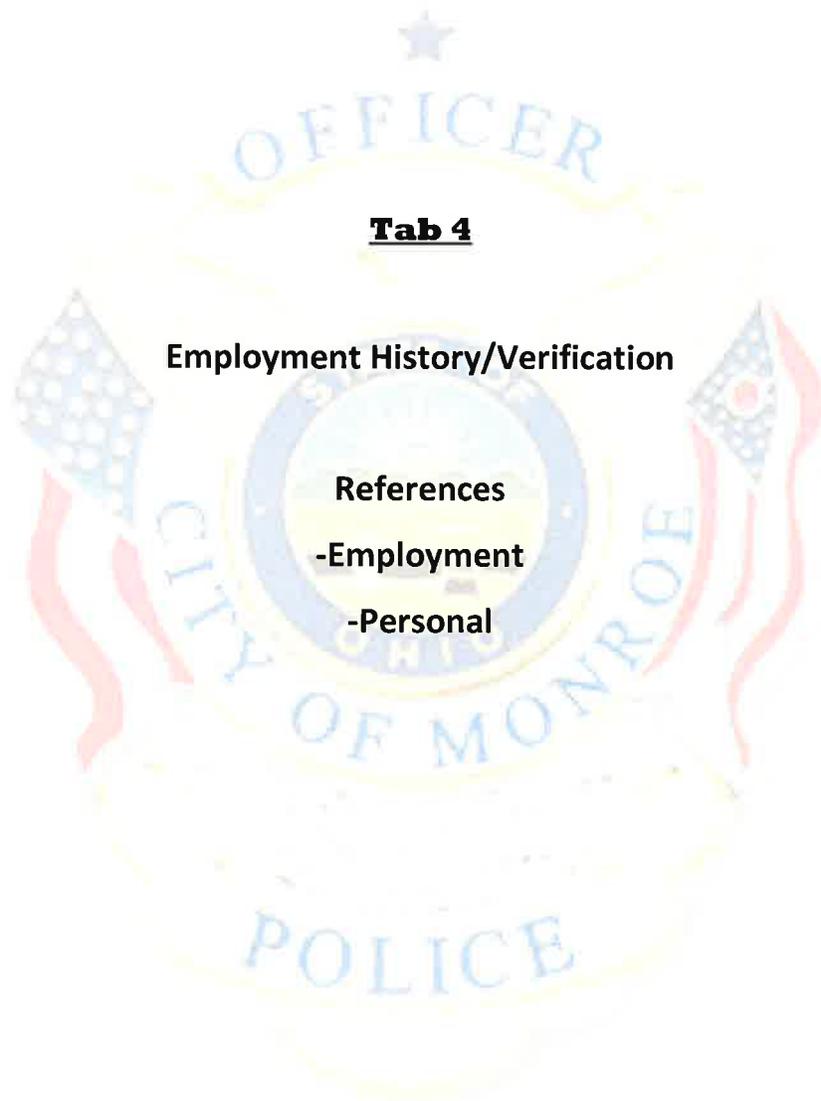
PHONE #: \_\_\_\_\_

PAGES: 2

DATE: 1/14/20

## Comments:

This information is confidential and intended for the person(s) named. If you receive this in error or do not receive all pages of the fax, please contact this department at the phone number listed above.



**Tab 4**

**Employment History/Verification**

**References**

**-Employment**

**-Personal**

# MONROE POLICE DEPARTMENT

233 South Main Street • P.O. Box 330 • Monroe, Ohio 45050

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Day	Micah				

1. Are you related to the applicant? No If so, what is the relationship Son's Brother In Law
2. How long have you known the applicant? 10 years How? \_\_\_\_\_
3. How did you become acquainted with the applicant? School Micah went to
4. Are you aware of any circumstances which might disqualify the applicant for public service? No, he is like a saint. Hard working guy. He has been cleaning the streets at Blanchester.
5. To your knowledge, have the police ever called to the property due to actions of the applicant? No
6. Would you recommend the applicant for the position of police officer? Yes
7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? No, no alcohol nothing
8. Do you consider the applicant to be a reliable individual? Yes
9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number/Email \_\_\_\_\_
12. Please give any additional information you may think helpful to our consideration of this applicant. Tough kid and comes from a great family  
Great work Ethic. Works any shift never heard him  
Complain. Love his daughter. Good Christian.  
Donald Johnson By Phone 1/14/20  
Signature Printed Name Date



# MONROE POLICE DEPARTMENT

233 South Main Street • P.O. Box 330 • Monroe, Ohio 45050

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Day	Micah				

- Are you related to the applicant? NO If so, what is the relationship Friends
- How long have you known the applicant? 14+ years How? \_\_\_\_\_
- How did you become acquainted with the applicant? Church and worked for his father
- Are you aware of any circumstances which might disqualify the applicant for public service? NO
- To your knowledge, have the police ever called to the property due to actions of the applicant? No
- Would you recommend the applicant for the position of police officer? Yes
- To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? No
- Do you consider the applicant to be a reliable individual? Yes
- If possible, please list a person who may be able to assist us further in our consideration of this applicant.  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Telephone Number/Email \_\_\_\_\_
- Please give any additional information you may think helpful to our consideration of this applicant. He was an honest person. Worked for his father and was a good worker

John Esbemel By Phone 1/14/20  
 Signature Printed Name Date



# MONROE POLICE DEPARTMENT

233 South Main Street • P.O. Box 330 • Monroe, Ohio 45050

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Day	Micah				

1. Are you related to the applicant? No If so, what is the relationship \_\_\_\_\_
2. How long have you known the applicant? 20 How? Friends of family
3. How did you become acquainted with the applicant? \_\_\_\_\_
4. Are you aware of any circumstances which might disqualify the applicant for public service? No
5. To your knowledge, have the police ever called to the property due to actions of the applicant? No
6. Would you recommend the applicant for the position of police officer? Yes
7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? No
8. Do you consider the applicant to be a reliable individual? Yes
9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.  
Name Seth Pitman  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number/Email 513 502 9121

12. Please give any additional information you may think helpful to our consideration of this applicant. No. Micah is a wonderful young man, lives and works at Blanchester and hears nothing but good things.

Daniel Ivey By Phone 1/13/2020  
Signature Printed Name Date

# EMPLOYEE PERFORMANCE EVALUATION

DATE: 2/12/19  
NAME: MICAH DAY JOB LOCATION: POLICE DEPT.  
JOB TITLE: PATROLMAN DATE OF LAST EVALUATION: \_\_\_\_\_

Please complete this form carefully and thoroughly. Remember its purpose is to:

- Provide objective criteria for personnel performance evaluations on a standard basis within your organization.
- Compel you to examine *all* of the individual traits affecting employee performance.
- Help you to support your conclusion and recommendation for job classification and compensation improvements.
- Produce fairer evaluations of employees.

### PROCEDURE:

Pages 2 and 3 describe Fifteen personal traits identified with job success or failure. Decide for each, the level at which the employee performed for this rating period. Write the corresponding value number in the rating column. Add the numbers to obtain a total score.

Transfer this total to the rating scale on page 4. This will indicate, and support, your overall opinion of the employee's performance.

Refer back to pages 2 and 3 to comment on the employee's principal strengths and weaknesses. Your comments should be consistent with your rating of individual traits.

Finally, you should describe the employee's reaction to this evaluation, if you discuss it, and make your recommendation for any changes in the employee's job classification or rate of pay.

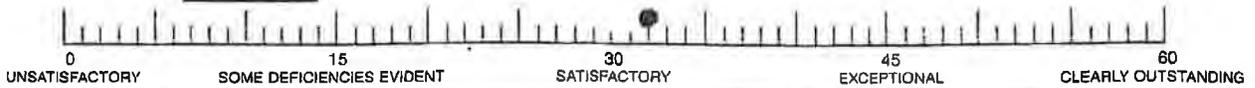
PERSONAL TRAITS	UNSATISFACTORY	SOME DEFICIENCIES EVIDENT
	0	1
<b>KNOWLEDGE</b> The blending of job-related education, skills and experience	Severely lacking in knowledge.	Noticeable deficiencies in job knowledge.
<b>QUANTITY</b> Level of satisfactory output generated per unit of time.	Usually below acceptable standard.	Barely acceptable level of output. A slow worker.
<b>ACCURACY</b> Absence of errors	Constantly commits errors	Error level too high. Needs improvement
<b>JUDGMENT</b> Capacity to make reasonable decisions	Frequently makes irrational decisions. Poor judgment	Too often selects wrong alternative.
<b>INNOVATION</b> Imagination and creativity used to lower costs and improve profits.	Never offers a new procedure or new idea.	Rarely suggests new ideas
<b>APPEARANCE &amp; HABITS</b> Personal habits, clothing and grooming (evaluation should consider the nature of the job).	Frequently offensive.	Occasionally sloppy appearance or display of offensive habits.
<b>ORDERLINESS</b> Organization of the individual's work and work area.	Usually disorderly and chaotic.	Frequently unorganized or work area in disarray.
<b>COURTESY</b> Respect for feelings of others. Politeness on the job.	Frequently rude. Causes noticeable discomfort to others.	Occasionally impolite to coworkers or others.
<b>COOPERATION</b> Willingness to help others accomplish their objectives.	Usually uncooperative. A "roadblock" to coworkers, customers or suppliers.	Too often uncooperative when faced with reasonable requests for assistance.
<b>INITIATIVE</b> Voluntarily starting projects. Attempting non-routine jobs and tasks.	Shows little initiative. Never volunteers. Sticks closely to job routine.	Shows some initiative. Should do more without having to be told.
<b>RELIABILITY</b> Dependability and trustworthiness.	Not reliable. Often fails to deliver a complete job.	Occasionally leaves routine tasks incomplete.
<b>PERSEVERANCE</b> Steadfast pursuit of job objectives when faced with unexpected obstacles.	Frequently quits when faced with unexpected obstacles.	Is sometimes deterred by obstacles which should be overcome.
<b>STABILITY</b> Even temperament. Acceptance of unavoidable tension and pressure	Volatile, inconsistent personality. Disrupts work environment	Occasional display of temper or emotion sufficient to disrupt other and hinder own performance.
<b>ATTENDANCE</b>	Frequent unexcused lateness or absence from work. Very poor attendance record.	Absences or lateness below standards.
<b>ALERTNESS</b> Ability to quickly understand new information and situations.	Very slow to grasp ideas and events.	Usually needs extra instruction.

SATISFACTORY	EXCEPTIONAL	CLEARLY OUTSTANDING	INSERT NUMERICAL RATING (0 THROUGH 4)
2	3	4	
Understands job routine. Some knowledge still to be acquired.	Completely understands all aspects of the job.	Understands why all job functions are performed and inter-relationship with other jobs. An expert.	1
Satisfactory. Meets expectations of average output.	Usually exceeds the norm. A fast worker.	Exceptional producer. Generates maximal output	2
Makes average number of mistakes.	Very accurate. Commits few errors	Extremely accurate. Rarely commits an error.	2
Usually exercises sound judgment.	Above average reasoning ability. Seldom errs in judgment.	Sustains high level of sound judgment. Decisions usually best under circumstances.	1
Average number of suggestions for improving methods and procedures.	Often suggests beneficial changes and profit/cost improvements.	Very innovative. Constantly offers imaginative suggestions for improving operations	2
Usually properly dressed and groomed. Few poor personal habits.	Rarely exhibits poor appearance or offensive habit.	Always properly dressed for the job. Personal habits are never offensive or in poor taste.	4
Work sufficiently organized to efficiently perform the job	Highly organized and efficient worker. Few instances of poor performance from lack of order.	Exceptionally precise in organizing work. Has immediate access to anything needed. Extremely efficient.	2
Observes common courtesies, does not offend.	Very conscientious of other's feelings and rights. Always polite.	Extremely courteous, well-mannered and polite. Always considers the comfort and ease of others.	3
Generally a cooperative person on the job.	Very cooperative. Often offers assistance. Can usually be counted on to help.	Extremely cooperative. Constantly offers aid and always available to help others.	3
Does not shrink. Voluntarily attempts to solve non-routine job problems as they occur.	Above average. A self starter. Will generally volunteer.	Places highest priority on getting things done. Constantly accepts difficult or unpleasant jobs to achieve goals.	3
Can be relied on to complete all aspects of job.	Completes work with little supervision. Will complete occasional special projects.	Extremely dependable and trustworthy. Accepts all assignments. Always performs as expected.	1
Is not stopped by most obstacles, works through them.	Displays sufficient drive to overcome unusually difficult obstacles.	Always displays extreme determination. Will rarely quit until objective is reached.	1
Even tempered. Absorbs routine pressures of job.	Can tolerate unusual pressure and tension without hindering performance.	Performs consistently and effectively under extreme pressure. Never visibly falters.	2
Satisfactory attendance record	Rarely late or absent.	Almost never late or absent. Always accepts overtime work, if offered.	4
Understands most new ideas and developments without excessive explanation.	Fast learner. Grasps new information quickly.	Extremely bright. Analyzes and understands with minimum of instruction	1
<b>TOTAL</b> TO TOP OF PAGE 4			32

Summary Score

32  
TOTAL

PERCENT TOTAL NUMERICAL RATING ON SCALE BELOW



Comment on principal strengths: IS ALWAYS ARRIVING TO WORK ON TIME AND READY TO WORK AND REMAINS A PROFESSIONAL APPEARANCE. ALWAYS WILLING TO STEP UP AND HELP OTHER OFFICERS WITH TASKS AND IS ALWAYS ACCEPTIVE OF COVERING SHIFTS/HOURS WITHOUT QUESTION. SHOWS A PROFESSIONAL ATTITUDE WHILE DEALING WITH THE PUBLIC. ALWAYS A PLEASURE TO WORK WITH. VERY PROACTIVE DURING HIS SHIFT.

Comment on principal weaknesses and suggestions for improvement: WILL SOMETIMES BECOME OVERWHELMED ON CALLS WHICH IN TURN WILL CAUSE AN UNSOUND JUDGEMENT CALL BEING MADE DURING THOSE STRESSFUL SITUATIONS WHICH WILL ALSO CAUSE A LACK OF OFFICER SAFETY DURING THESE SITUATIONS. NEEDS TO SLOW DOWN AND THINK OUTSIDE THE BOX. STILL LACKS SKILLS TO PERFORM THE JOB DUTIES, BUT THIS WILL IMPROVE OVER TIME WITH MORE EXPERIENCE AND SKILLS DEVELOPED.

Has this evaluation been discussed with the employee?  Yes  No  
 Comments: None

Your recommendation for present and future job classification: REMAIN AT CURRENT POSITION.

GREAT POTENTIAL!  
 [Signature]

RATED BY (Name and Title):

Sgt. Gary Mowen

Sgt.

APPROVED BY:

[Signature]

Completion of this section by employee, is optional, and subject to the policy of your organization.

I have reviewed this evaluation and I completely understand its contents.

Date 02-19-14 Employee's signature [Signature]

I, Michah Day, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

This waiver is valid upon my signature during any period of time associated with the selection process of the Monroe Police Department. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. A photocopy of this authorization is to be accepted as an original.

Name: Michah Day

Date: 12-13-19

Social Security Number: [REDACTED]

Address: [REDACTED]

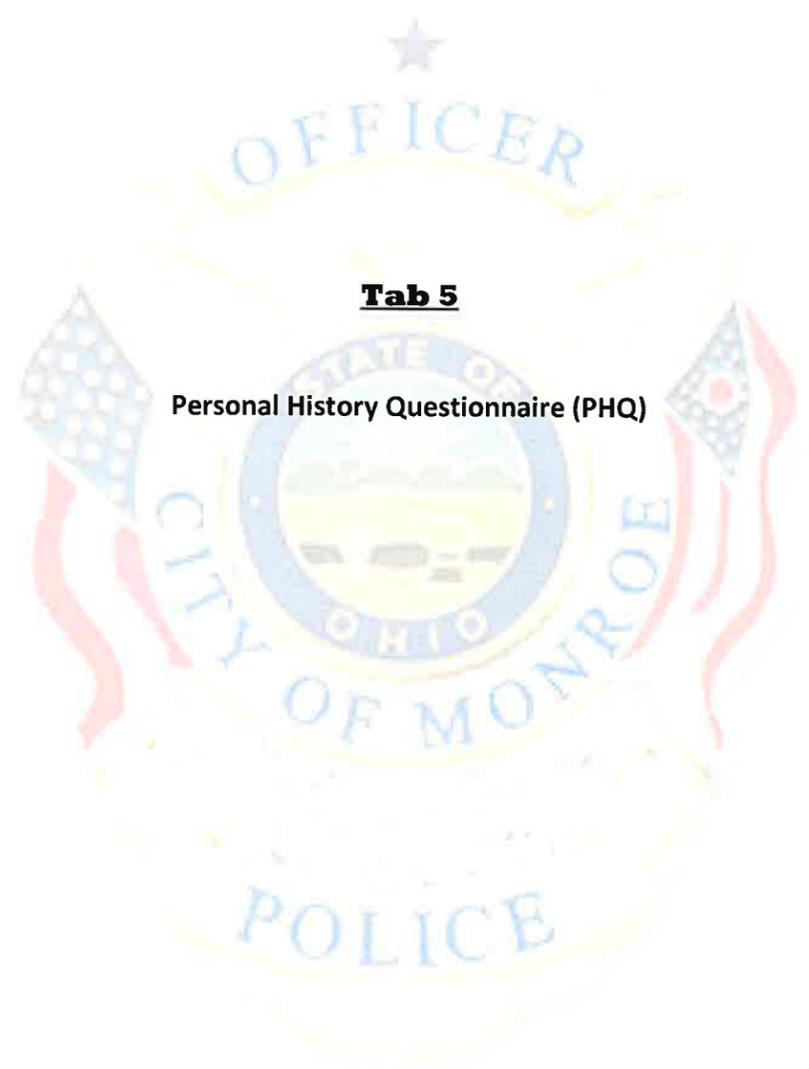
Michelle Payne  
Printed Name Notary

Michelle Payne  
Notary Signature



MICHELLE PAYNE  
Notary Public, State of Ohio  
My Comm. Expires 07-2020

My commission expires 10-7-20



**Tab 5**

Personal History Questionnaire (PHQ)

**MONROE POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT  
BACKGROUND PACKET**



**Bob Buchanan  
Chief of Police**

**MONROE POLICE DEPARTMENT  
233 SOUTH MAIN STREET  
MONROE, OHIO 45050  
(513) 539-9234**

## INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. This document is not an application for employment, but is used as the basis for a background investigation that will assist in determining your eligibility for employment with the Monroe Police Department.

- HONESTY IS VERY IMPORTANT! You must provide as much information as possible and should be as detailed as possible. Take your time and make sure your responses are accurate and complete. If you have doubt as to whether you should include certain information, then, most probably you should include it.
- The Personal History Statement MUST be completed by you, the applicant.
- YOUR PERSONAL HISTORY STATEMENT MUST BE PRINTED LEGIBLY IN INK OR TYPED.
- If a question is not applicable to you, enter N/A in the space provided. Do not leave any questions blank.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification. Your local library should provide free internet access or may have a directory service or the ability to obtain addresses for you. Be sure to provide the complete address including zip code.
- If there is insufficient space on the form for you to include all information required, use the remarks section (SECTION L) for the additional information. Be sure to reference the relevant section and question number with your answer (i.e. A5: ....).
- An accurate and complete form will help expedite your investigation. **Deliberate omissions or falsifications will result in disqualification from further consideration.**
- Your Personal History Statement must be signed by you and NOTARIZED on the appropriate page at the end of the packet. Your statement is not complete until you have it notarized. You may have your statement notarized at the police station for free or by another commissioned notary public.

**THE CITY OF MONROE IS AN EQUAL OPPORTUNITY EMPLOYER**

**MONROE POLICE DEPARTMENT**

There are moral and legal obligations to complete this Personal History Statement in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert NA (Not Applicable) in the proper blank.

Please be advised that all information is subject to verification via home visits and source documentation. Be fully truthful and do not evade questions. Both the Ohio Revised Code and rules and regulations of the City of Monroe, Ohio provide penalties for making a false statement of a material fact or for practicing fraud or deception. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

- I voluntarily withdraw from the selection process.
- I understand and will comply with the selection process.

Signature Michael Day

Date: 12-13-19

### REQUESTED DOCUMENTATION

In order to verify your Personal History Statement, you are **required** to include the following documentation with your packet upon return. All documentation should be CERTIFIABLE COPIES as there is no promise of return of the originals if submitted.

(Note: You are not required to submit any documents that you have already submitted with your initial application to the city.)

- Birth Certificate
- High School Diploma or GED Certificate
- College Diploma (if applicable) and any College Transcripts (if applicable)
- Naturalization Certificate (if applicable)
- DD-214(s) for any period of military service
- Peace Officer Training Records and Certifications (if you have prior police training)
- Law Enforcement specialized training certificates
- Federal Income Tax Return for the previous two years

**SECTION A  
APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY

<b>1. YOUR NAME</b>				
Last	First	Middle	Suffix	
Day	Micah	Scott		
<b>2. DO YOU HAVE ANY ALIASES? If YES, list all other names below:</b>				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>3. HAS YOUR NAME EVER BEEN LEGALLY CHANGED? If YES, list name, date of change, and location of change:</b>				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>4. CURRENT ADDRESS</b>				
Street	City	State	Zip	
7664 Starkey Cleverger	RS.	OH.	45107	
<b>5. LEGAL RESIDENCE</b>				
Street	City	State	Zip	
Same	Same	Same	Same	
<b>6. HOME PHONE (include area code and indicate hours during which you can be reached here)</b>				
(N/A) -	Hours N/A			
<b>7. WORK PHONE (include area code and indicate hours during which you can be reached here)</b>				
(N/A) -	Hours N/A			
<b>8. OTHER PHONE NUMBERS (specify type, pager or cell phone)</b>				
[REDACTED] (N/A) -				
<b>9. DATE OF BIRTH</b>			<b>10. SOCIAL SECURITY NUMBER</b>	
Month/Day/Year			[REDACTED]	
<b>1. PHYSICAL DESCRIPTORS</b>				
Height	Weight	Eye Color	Hair Color	Scars, Marks, Tattoos
5'-08"	150	Grn.	B	N/A
<b>2. CITIZENSHIP</b>				
Are you a United States Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION				
If NO, what country?				
<b>3. PLACE OF BIRTH</b>				
City	County	State	Country	
Hamilton	Butler	OH.	USA	
<b>4. RESIDENCY</b>				
Are you an Ohio Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
If NO, what state?				
<b>5. DRIVER'S LICENSE</b>				
Number	State	Expiration		
[REDACTED]	OH.	04-24-2021		

**SECTION B  
FAMILY/REFERENCE DATA**

<b>1. MARITAL STATUS</b>					
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
<b>2. SPOUSE</b>					
Name	Maiden Name	Social Security Number		Date of Birth	
Sumantha	Schwab	[REDACTED]		[REDACTED]	
<b>3. SPOUSE'S EMPLOYMENT</b>					
Company Name		Address		Phone	
Hobby Lobby		[REDACTED]		[REDACTED]	
<b>4. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE OR FORMER SPOUSES?</b>					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>5. MARRIAGE DATA – List all marriages, starting with most recent</b>					
Date of Marriage	Date of Divorce	Name of Spouse	Address		Phone
7-11-2015	N/A	Sumantha Day	[REDACTED]		
<b>6. DO YOU HAVE ANY CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list each child below:</b>					
Name of Child	Date of Birth	Place of Birth	Adopted?	Current Address	Phone
A. Madelyn Day	[REDACTED]	Cincinnati	<input type="checkbox"/>	[REDACTED]	N/A
B.			<input type="checkbox"/>		
C.			<input type="checkbox"/>		
D.			<input type="checkbox"/>		
E.			<input type="checkbox"/>		
F.			<input type="checkbox"/>		
G.			<input type="checkbox"/>		
H.			<input type="checkbox"/>		
<b>7. INDICATE BELOW THE REQUESTED INFORMATION ABOUT THE CHILDREN LISTED ABOVE:</b>					
Other Parent of Each Child (if different than current spouse)			Legal Guardian of Each Child (if different than yourself)		
A. N/A			A. N/A		
B.			B.		
I.			C.		
D.			D.		
E.			E.		
F.			F.		
G.			G.		
H.			H.		

**SECTION B  
FAMILY/REFERENCE DATA (CONTINUED)**

**8. DO YOU HAVE ANY DEPENDENTS OTHER THAN THOSE LISTED ABOVE?**  YES  NO **If YES, list below:**

Name	Address	Relationship

**9. FATHER**  DECEASED

Name	Address	City	State	Zip	Phone
Steve Day	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**6. MOTHER**  DECEASED

Name	Address	City	State	Zip	Phone
Rhonda Day	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**7. WERE YOU RAISED BY ANYONE OTHER THAN YOUR PARENTS?**  YES  NO **If YES, list below:**

Name	Address	City	State	Zip	Phone

PERSON'S RELATIONSHIP TO YOU:

**8. ARE YOU RECEIVING COURT ORDERED CHILD SUPPORT?**  YES  NO **If YES, list below:**

FROM WHOM:	FREQUENCY PAID:	AMOUNT RECEIVED:

**9. ARE YOU RESPONSIBLE FOR PAYING COURT ORDERED CHILD SUPPORT?**  YES  NO **If YES, list below:**

TO WHOM:	FREQUENCY PAID:	AMOUNT PAID:

**10. ADDITIONAL REFERENCE – List below the name of one additional personal reference other than those listed on your application. Do not list the name of a relative, a person for whom you have worked, or a person listed elsewhere in this packet. This person must have known you for at least five years.**

Name	Address	City	State	Zip	Home Phone
Daniel Ivey	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Years Known	Person's Occupation	Person's Place of Employment			
6	Minister	First Baptist Church of Goshen			

**11. FRIENDS/ACQUAINTANCES – List below the names of two persons with whom you have associated closely or seen frequently during the last three years. Do not list relatives, persons for whom you have worked, or persons listed elsewhere in this packet.**

A. Name

Name	Address	City	State	Zip	Home Phone
Davis Johnson	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Years Known	Person's Occupation	Person's Place of Employment			
8	Realtor	Keller Williams			

B. Name

Name	Address	City	State	Zip	Home Phone
John Elshero	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Years Known	Person's Occupation	Person's Place of Employment			
19	Store Owner	Self Employed			

**SECTION C  
RESIDENCE DATA**

**INSTRUCTIONS:** LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE LAST TEN YEARS. BEGIN WITH YOUR PRESENT ADDRESS. LIST THE MONTH AND YEAR FOR DATES AND INCLUDE APARTMENT NUMBERS IF YOU LIVED IN AN APARTMENT. INCLUDE YOUR MAILING AND/OR STREET ADDRESS DURING ANY PERIODS OF MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, USE THE REMARKS SECTION.

1. PRESENT ADDRESS					
From	To	Location of Residence			
		Address	City	State	Zip
05-2016	PRESENT	[REDACTED]			
DO YOU RESIDE WITH: <input type="checkbox"/> SELF <input checked="" type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below					
Name		Relationship			
DO YOU: <input checked="" type="checkbox"/> OWN <input type="checkbox"/> RENT If you rent this residence, list the landlord/owner information below:					
Name	Address	City	State	Zip	Phone

2. PREVIOUS ADDRESS					
From	To	Location of Residence			
		Address	City	State	Zip
07-2015	04-2016	[REDACTED]			
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input checked="" type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:					
Name		Relationship			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:					
Name	Address	City	State	Zip	Phone
Orchards of Lorain Apartments		Mansville	Oh		
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:					
Purchased a House					

3. PREVIOUS ADDRESS					
From	To	Location of Residence			
		Address	City	State	Zip
03-2004	07-2015	1594 Shattuck St.	Lebanon	Oh	45036
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:					
Name		Relationship			
Steve and Rhonda Day		Mother - Father			
Joey Day, Amanda Day, Isaiah Day,		Eric Day, Luke Day, Heather Day, Lilly Day / Brothers/Sisters			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:					
Name	Address	City	State	Zip	Phone
N/A					
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:					
Moved out of my parents Household					



**SECTION E  
EMPLOYMENT EXPERIENCE**

**1. ARE YOU CURRENTLY IN THE APPLICATION PROCESS WITH ANY OTHER LAW ENFORCEMENT AGENCY?**

YES  NO If YES, list the agency name and status of your application:  
*Lebanon PD / Loveland PD First Interview*

**2. HAVE YOU EVER APPLIED WITH ANOTHER LAW ENFORCEMENT AGENCY AND NOT BEEN HIRED?**

YES  NO If YES, list the agency name, date of application, and reason not hired (if known):  
*2018 Goshen Twp PD unknown / Lebanon PD 2018 unknown / Forest Park PD 2018 / Didn't pass written*

**3. HAVE YOU EVER HAD AN EXTENDED WORK ABSENCE FOR REASONS OTHER THAN EARNED VACATION, MEDICAL CONDITION, OR FMLA-QUALIFYING EVENT?**

YES  NO If YES, explain:

**4. EMPLOYMENT HISTORY – Beginning with your present or most recent job, list all employment that you have held for the last TEN years, including part-time, temporary, or seasonal employment. Be sure to list all periods of active military duty (for more than fifteen days) and all periods of unemployment.**

**A. PRESENT OR MOST RECENT EMPLOYER**

Name of Employer		Employment Status			
<i>Village of Blanchester</i>		<input checked="" type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY		
Your Job Title/Position		<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK		
<i>Patrol Officer</i>		<input type="checkbox"/> FULLTIME STUDENT	<input type="checkbox"/> UNEMPLOYED		
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip Phone
<i>09-2018</i>	<i>Present</i>	<i>318 E. Main St</i>	<i>Blanchester OH</i>	<i>45107</i>	<i>937-783-4222</i>
Name of Supervisor		Name of Co-Worker			
<i>Sgt. Mowen</i>		<i>P.H. Jeffers</i>			
Briefly Describe Your Duties Below:			Reason for Leaving		
<i>Enforce laws and preserve the peace within the village.</i>			<i>N/A</i>		

WILL CONTACT WITH THIS EMPLOYER BE HARMFUL TO YOU?  YES  NO If YES, explain:

**B. PREVIOUS EMPLOYER**

Name of Employer		Employment Status			
<i>City of Lebanon</i>		<input checked="" type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY		
Your Job Title/Position		<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK		
<i>Street Maintenance worker</i>		<input type="checkbox"/> FULL TIME STUDENT	<input type="checkbox"/> UNEMPLOYED		
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip Phone
<i>12-2016</i>	<i>09-2018</i>	<i>50 S. Broadway</i>	<i>Lebanon</i>	<i>OH</i>	<i>45036 513-933-7200</i>
Name of Supervisor		Name of Co-Worker			
<i>Sony Redman</i>		<i>Tray Loston</i>			
Briefly Describe Your Duties Below:			Reason for Leaving		
<i>Maintence roads and parks within the city.</i>			<i>career change</i>		

**SECTION E  
EMPLOYMENT EXPERIENCE (CONTINUED)**

C. PREVIOUS EMPLOYER					
Name of Employer			Employment Status		
Hudson Facility Solutions			<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
Mechanic					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
02-2013	12-2016	1770 Mason Messow Millgrove Lebanon OH		45036	513-237-7989
Name of Supervisor			Name of Co-Worker		
Todd Nahrup			Drew Ashino		
Briefly Describe Your Duties Below:				Reason for Leaving	
Maintenance a fleet of vehicles and equipment.				Better opportunity at city	

D. PREVIOUS EMPLOYER					
Name of Employer			Employment Status		
N/A			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
N/A					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
N/A	N/A	N/A			
Name of Supervisor			Name of Co-Worker		
N/A			N/A		
Briefly Describe Your Duties Below:				Reason for Leaving	
N/A				N/A	

E. PREVIOUS EMPLOYER					
Name of Employer			Employment Status		
N/A			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED		
Your Job Title/Position					
N/A					
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip      Phone
N/A	N/A	N/A			
Name of Supervisor			Name of Co-Worker		
N/A			N/A		
Briefly Describe Your Duties Below:				Reason for Leaving	
N/A				N/A	

**INSTRUCTIONS:** ANSWER THE FOLLOWING QUESTIONS BY INDICATING YOUR RESPONSE IN THE APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE E, 1). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1.	1. Have you ever been terminated by an employer? a. If so, please list all employers that you were terminated from and the exact reason for your termination.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Have you ever been suspended or faced a disciplinary hearing or action from a. If so, please list all incidents below with the exact nature of the suspension or disciplinary action.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Have you ever filed a false workers compensation claim? a. If so, please list the exact nature of the false claim and all details regarding such.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Have you ever been asked to resign by an employer? a. If so, please list all employers that you have been asked to resign from and the exact reason for your forced resignation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Have you ever presented a falsified or altered Doctor's Work Excuse to an a. If so, please list the exact circumstances and the reason you did so.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Have you ever stolen anything over \$25.00 in value from an employer? a. If so, list the employer, date of the incident, and item(s) involved.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever used an illegal narcotic or a prescription drug you were not prescribed while at an employer? a. If so, please list the employer, type of drug(s), dates of use.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Have you ever stolen any cash from an employer or while working for an a. If so, please list the employer, dates of incidents, and exact amount of money taken.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Have you ever taken a Polygraph or CVSA as part of a job hiring process or in reference to an internal or cri investigation? a. If so, please list everywhere you have taken one of the examinations, when it was given, results if known, and the exact nature of the examination.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Have you ever falsified a time sheet or other means of calculating actual time a. If so, please list the employer, circumstances, and dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Have you ever reported off sick for work when you were actually not sick at a. If so, please list the employer, dates, and circumstances of the call off.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION F  
MILITARY EXPERIENCE**

<b>1. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?</b>			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, complete the following questions. Otherwise proceed to SECTION G.			
<b>2. INDICATE YOUR MILITARY SERVICE (list additional periods of military service in the remarks section)</b>			
Dates of Active Duty		Branch of Service	Unit Designation
From N/A	To N/A	N/A	N/A
What was your primary MOS (MILITARY OCCUPATIONAL SPECIALITY)?			
Highest Rank Held N/A		Rank at Discharge N/A	Type of Discharge N/A
<b>0. WHAT IS YOUR PRESENT MILITARY STATUS?</b>			
<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> INACTIVE N/A			
<b>1. WERE YOU EVER REDUCED IN RANK?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, why? N/A			
<b>2. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? N/A			
<b>3. WERE YOU EVER AWOL (ABSENT WITHOUT LEAVE)?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many times? N/A			
<b>4. HAVE YOU EVER RECEIVED A DISCHARGE FROM MILITARY SERVICE THAT WAS OTHER THAN HONORABLE?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: N/A			
<b>5. WERE YOU EVER SUBJECTED TO DISCIPLINARY ACTIONS WHILE SERVING IN THE MILITARY?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete question 10 N/A			
<b>6. WERE YOU EVER THE SUBJECT OF A CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ALLEGED MISCONDUCT ON YOUR PART?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete question 10 N/A			
<b>7. IF YOU ANSWERED YES TO QUESTIONS 8 OR 9, GIVE DETAILS BELOW REGARDING YOUR ACTIONS:</b>			
Date	Investigating Agency	Charge	Disposition
N/A			
<b>5. DO YOU STILL HAVE A MILITARY OBLIGATION (RESERVE OR NATIONAL GUARD)?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the type of service and when the obligation is scheduled to terminate: N/A			



**SECTION H  
MOTOR VEHICLE OPERATION**

**1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?**

YES  NO If YES, give the date, location, and reason:

**2. LIST BELOW ANY STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE AND INDICATE THE STATUS:**

Ohio, Status Valid

**3. HAS YOUR VEHICLE REGISTRATION EVER BEEN SUSPENDED, REFUSED, OR REVOKED?**

YES  NO If YES, give the date, location, and reason:

**4. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?**

YES  NO

**5. INDICATE YOUR AUTO INSURANCE CARRIER AND THE TYPE OF INSURANCE CARRIED:**

Name of Insurer	Type of Coverage
Progressive	<input type="checkbox"/> Liability <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Comprehensive
N/A	<input type="checkbox"/> Liability <input type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input type="checkbox"/> Comprehensive

**11. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED AS AN ADULT OR JUVENILE:**

Date	Violation/Charge	Location (City/State)	Police Agency	Final Disposition	Fine Amount
2013	Failure to Yield Right of Way	South Lebanon OH	Warren County S.O.	Convicted	700.00
2017	Ex. Tagg	Village of Batavia OH	Batavia PD	Convicted	120.00

**6. LIST BELOW ALL MOTOR VEHICLES OWNED/OPERATED BY YOU:**

Year	Make	Model	License Number	State of License	Insured?	
Vehicle #1	2012	Ford	F150	[REDACTED]	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #2	1999	Ford	F250	[REDACTED]	OH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #3						<input type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #4						<input type="checkbox"/> YES <input type="checkbox"/> NO

**12. AUTOMOBILE CRASHES**

A. Since you started driving, in how many automobile crashes have you been involved? 2

B. In how many were you found at fault? 1

C. List below all automobile crashes in which you have been involved. Include dates, locations, and who was at fault:  
 2013 South Lebanon I was at Fault  
 2015 Lebanon struck a Mail Box with Mirror not Reported

**SECTION I  
LEGAL**

**1. HAVE YOU EVER BEEN:**

- A. Arrested?             YES     NO
- B. Charged by a law enforcement authority?             YES     NO
- C. Convicted of any offense against the law?             YES     NO
- D. Detained by a law enforcement official?             YES     NO
- E. Placed on probation?             YES     NO
- F. Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?  YES     NO
- G. Summoned into court as the defendant in a case?     YES     NO

If you answered YES to any of the above questions, give complete details to include crime charged, investigating agency, date of offense, and disposition:

# F When I was 17 I was in a car accident and I was cited for failure to yield rightaway. I had to appear in court since I was a juvenile and I was convicted of the charge.

**2. DO YOU HAVE ANY CHARGES PENDING AGAINST YOU FROM A LAW ENFORCEMENT AGENCY?**

YES     NO    If YES, explain:

**3. HAVE YOU EVER BEEN A PARTY IN A CIVIL LITIGATION?**

YES     NO    If YES, give details:

**3. HAS YOUR SPOUSE EVER BEEN A PARTY IN A CIVIL LITIGATION?**

YES     NO    If YES, give details:

**SECTION J  
FINANCIAL DATA**

**Use Section N for any questions requiring written explanation. Be sure to reference the relevant section and question number with your answer (example, J 6).**

<b>1. DO YOU PRESENTLY HOLD ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
<b>2. DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY WAGE GARNISHMENTS OF YOUR SALARY?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
<b>3. HAVE YOU EVER BEEN FOUND DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
<b>4. HAVE YOU EVER HAD A COURT ORDERED FINANCIAL JUDGEMENT AGAINST YOU?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
<b>5. DO YOU PRESENTLY HAVE A FINANCIAL JUDGEMENT PENDING IN COURT?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
<b>6. ARE YOU CURRENTLY DELINQUENT ON ANY FINANCIAL OBLIGATIONS OR OWE ANY MONIES BECAUSE OF AN ILLEGAL TRANSACTION? (Example: Gambling, prostitution, drug deal)</b>		
<b>6.(Part B) DO YOU RECEIVE CALLS FROM COLLECTION AGENCY ON DEBT?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
<b>7. HAVE YOU EVER HAD ANY REAL OR PERSONAL PROPERTY REPOSSESSED?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain:		
<b>8. HAVE YOU EVER FILED BANKRUPTCY?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain and give dates:		
<b>9. CURRENT INCOME</b>		
<b>YOUR INCOME</b>	Source of Income	Amount of Monthly Income
	<i>Village of Blunchester</i>	<i>\$ 2000.00</i>
<b>YOUR SPOUSE'S INCOME</b>	Source of Income	Amount of Monthly Income
	<i>Hobby Lobby</i>	<i>\$ 2000.00</i>

**SECTION K  
CRIMINAL HISTORY**

**\*\*Please Note:** All crime related history questions, unless otherwise noted, are to be answered considering the following points:

- I. These questions are concerning your entire lifetime and not just when you were an adult!
- II. It is not relevant if you committed offences and were never caught, prosecuted, or charged. If you committed a criminal act, then it needs to be written down.
- III. If you are unsure about whether to write down an act or not, it probably needs to be written down.
- IV. The most important thing in this section is to be completely honest. All answers will be verified and weighed later. **Dishonesty disqualifies.**
- V. You are required to record “yes” or “no” and explain when necessary.

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE K, 4). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1. Have you ever committed a serious felony crime? Examples of a serious crime would be Aggravated Murder, Murder, Burglary, Breaking and Entering, Forgery, Felonious Assault, Arson, Kidnapping, Robbery, Theft over \$500, Vandalism, Rape, GSI, Unlawful Sexual Conduct with a Minor, Tampering with Records, Perjury, etc...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever committed a theft offense? a. List all theft offenses with as much detail as possible including dates, exact item(s) taken and all the details of the incident.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever driven under the influence of drugs or alcohol? a. List the amount of times and dates that you have driven under the influence.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been arrested or detained by the police, Loss Prevention Personnel, Security etc..?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever been questioned by police for any crime? a. List all times you were questioned by the police for any crime.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever used a gun, knife, or any other weapon against another person? a. List all times you have used a gun, knife, or any other weapon.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever committed any of the following Misdemeanor Crimes? a. Criminal Damaging or Mischief? b. Criminal Trespass? c. Receiving or Purchasing Stolen Property? d. Passing a Bad Check? e. Contributing to the Delinquency of a Minor? f. Prostitution-either buying or selling a sex act? g. Assault? h. Any other Misdemeanor crimes not listed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever committed an act of Domestic Violence, or have been accused of Domestic Violence? a. If so, explain in detail and the name of the police agency involved.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever filed a false police report? a. If so, explain in detail and the name of the police agency involved.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SECTION L  
Drug History**

- I. These questions are concerning your entire lifetime and not just when you were an adult.
- II. Have you ever used, sold, or assisted in the use or selling of any of the following narcotics? Please answer each and if to the positive, give a detailed account of when, how many times, and the last time you used with dates as close as possible in Section N.

1. Have you ever had contact with the police for a drug violation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever used, bought, or sold ( Illegal use only): (If YES, indicate which you have done)	
a) Marijuana?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b) Hashish/Hash?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) Uppers?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) Downers?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e) Cocaine?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f) Crack?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g) Heroin?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h) LSD?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i) Angel Dust?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j) Methamphetamine?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k) Ecstasy?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l) OxyContin or Oxycodone?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m) Hallucigenic Mushrooms?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
n) PCP?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
o) Prescription drugs not prescribed to you?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
p) Steroids?	<input type="checkbox"/> Used <input type="checkbox"/> E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
q) Any other illegal or abused drug not listed above?	<input type="checkbox"/> Used <input type="checkbox"/> ought E <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
r) Forged a doctor's prescription?	<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N

3. Do you regularly associate with known drug users or sellers? *No*

a. If so, what is your relationship to them?



**SECTION M  
MISCELLANEOUS  
(Part B)**

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N

1. Have you ever been addicted to any form of gambling? **No**
  - a. If so what type of gambling?
  
2. Do you have any of the following that would restrict you from conforming to departmental standards for grooming and/or appearance? **No**
  - a. Tongue, nose, eye or brow splitting or piercing.
  
  - b. The complete or transversal implantation of any material other than hair replacement or breast augmentation.
  
  - c. Abnormal shaping of the ears, eyes, nose or teeth.
  
  - d. Branding or scarification.
  
  - e. Dental Alteration or Ornamentation-Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initials, etc. The use of yellow gold, white gold, or platinum caps (permanent or temporary) merely to add ornamentation to the teeth and not required by dental/medical necessity is prohibited.
  
  - f. Tattoos/body markings that would be visible while working in any authorized uniform or attire.

(Note) Visible tattoos, body piercings or alterations must also be surgically repaired, returning the body alteration to a normal/acceptable condition as a condition of employment.

**3. PAST LAW ENFORCEMENT EXPERIENCE QUESTIONS**

Yes  N/A

This section is to only be completed if you have worked in a Law Enforcement Career in the past. If this section does not apply to you, indicate N/A and continue.

1) Have you ever kept or forgotten to turn in property or evidence that you have collected? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2) Have you ever taken illegal drugs off someone and kept it for your personal usage or gave it to someone else for their use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

a. If so, please give all details.	
3) Have you ever planted evidence onto a known criminal? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4) Have you ever been paid or given something of value to forget something happened, lie in court, or let someone know of a pending raid? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5) Have you ever covered up something for a friend or relative relating to a crime? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6) Have you ever covered up an incident of false arrest for a fellow officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7) Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason? a. If pleas give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8) Have you ever stopped an attractive person just to talk or learn their identity? a. If pleas give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9) Have you ever had sexual contact or conduct with yourself or another while working as a Law Enforcement Officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10) Have you ever knowingly lied in any court proceeding? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11) Have you ever used your position to intimidate someone outside of your official duties? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12) Have you ever falsified an official report? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13) Do you have an active or pending internal investigations or discipline? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14) Have you ever struck a handcuffed prisoner? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15) Have you ever been investigated for or been accused of using excessive force? a. If so, please give all details	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16) Have you ever asked for a phone number or other information from a person on a traffic stop or call for service in order to ask them out on a date? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

**INSTRUCTIONS:** USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

E #6 I took a gun of wood killer name when I worked at Hudson I can not remember the date.

E #11 I called off of work several times when I worked at the city of Lebanon I cannot remember the dates but I wasn't sick I just didn't want to go to work that day.

K #2 I took wood killer from Hudson and I stole a candy Bar when I was very young and my mother made me apologize.

K #5 Fall 2017 I was questioned by a wild life officer from Warren County because I was with one of my friends and we found deer in a field. My friend called his friend and he pulled up next to the deer and shot a deer from his car and we left. I told the truth to the wild life officer even when my friend was dishonest.

**SECTION O**  
**APPLICANT QUESTIONNAIRE**

**INSTRUCTIONS:** ANSWER THE FOLLOWING QUESTIONS BY INDICATING YOUR RESPONSE IN THE APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1. Have you ever used a date or place of birth different from either listed on your birth certificate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever intentionally altered your name, address, or date of birth on any official document?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever lied about your name, age, or address?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been asked to resign from any job or position?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever quit any job without giving notice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been disciplined, reprimanded, or counseled at any job for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Would any of your previous employers refuse to rehire you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do you have any racial, ethnic, religious, sexual or other prejudices that will affect your performance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever been warned, counseled, or spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preference?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever called in sick to work when you were not sick?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever called in sick because you were too hung over or too drunk to go to work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you ever intentionally violated any employer's rule(s) but not been caught?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Have you ever been accused of stealing money from an employer, whether you did it or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Have you ever used your position for personal gain in any way?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Have you ever been the subject of a disciplinary investigation at work, in the military, school, or as a volunteer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Have you ever been suspended from employment for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Have you ever received a "less than satisfactory" performance evaluation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Have you ever been involved in a traffic accident while in an employer's	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. Have you ever lied concerning your actions as an employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. Have you ever served in the armed forces of another nation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Have you ever been denied entrance into the armed forces for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. Have you ever intentionally written a bad check?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Do you have any creditors that are demanding payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Have you ever been delinquent on Federal or State income taxes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. Have you ever been evicted from a residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. Have you ever broken a lease agreement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever been suspended, expelled, or placed on academic probation at any school?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. Have you ever misrepresented your educational level?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Has your spouse or domestic partner ever called the police on you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

31. Has your spouse or domestic partner ever accused you of abuse in a report or discussion with anyone else?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
32. Has anyone ever claimed that you have beaten, abused, mistreated, or sexually assaulted a child?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. Have the police ever been called to your home by you or anyone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have any members of your immediate family (spouse, parents, children, siblings) ever been arrested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you ever been the victim of a crime?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36. Has any member of your immediate family been the victim of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. Have you ever allowed someone else to use your driver's license for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Have you ever lied to any insurance company about a traffic ticket that you have received or any accident in which you have been involved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. Have you ever been involved in an automobile accident and left the scene without giving your information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you ever driven a motor vehicle when you thought that you had drank too much of an alcoholic beverage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41. Have you ever been stopped, questioned, or tested for driving while under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42. Has there ever been a period in your life when you thought you abused alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43. Have you done anything while under the influence of alcohol that you would not have done if you were sober?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44. Have you ever provided alcohol to a minor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
45. Have you ever used a false ID to purchase alcohol?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46. Have you ever injected any drug, whether prescribed or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47. Have you ever kept a cash overage at the end of a shift you worked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION O  
APPLICANT QUESTIONNAIRE

REMARKS/EXPLANATION SECTION

**INSTRUCTIONS:** IF YOU ANSWERED YES TO ANY OF THE PRECEDING QUESTIONS IN THE APPLICANT QUESTIONNAIRE, EXPLAIN YOUR RESPONSE BELOW. INDICATE THE QUESTION NUMBER PRIOR TO YOUR RESPONSE. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

Q # 11 When I worked at Lebanon you could call off sick and didn't have to provide a doctor's note. I abused my sick time with the rest of the apartment.

Q # 27 When I lived at the Orchards of London I bought a house and I had to terminate my lease a few months early but I paid all of the proper fees.

Q # 34 My father was arrested numerous times for misdemeanors thefts and drugs when he was in his 20's

Q # 35 My father in Law has busted my window out in a argument with me. I have also had items stolen out of my vehicle before.

Q # 39 When I was 17 years old I hit a mail box in Lebanon with my mirror and didn't stop and report the accident.

**CERTIFICATION**

I, the undersigned, do hereby attest that the information I have provided in the preceding pages is truthful and complete to the best of my ability and does not knowingly contain any material misrepresentation of fact. I understand that the information collected is for the purposes of conducting a background investigation to determine my eligibility for employment with the Monroe Police Department and that if I refuse to provide the requested information I may be disqualified from further consideration.

I affirm that I have read and understand the job requirements and job descriptions of the position for which I have applied.

I also understand that I will be disqualified from further consideration at any point in the application process or will be dismissed from the department after appointment for providing false information or for deliberately omitting or concealing information from my background.

*Mark JC*

APPLICANT SIGNATURE

12-13-19

DATE

**NOTARY**

Subscribed and duly sworn before me according to law by the above named individual on

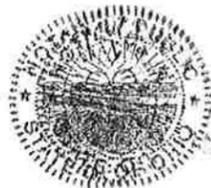
the 13<sup>th</sup> day of December, 2019 at 1:14pm

in the County of Butler, State of Ohio

Signature of Notary Michelle L Payne (affix seal below)

Official Title Admin. Assist.

Commission Expiration Date



MICHELLE L. PAYNE  
Notary Public, State of Ohio  
My Comm. Expires 12-01-2020

I, Michah Dawy, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

This waiver is valid upon my signature during any period of time associated with the selection process of the Monroe Police Department. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. A photocopy of this authorization is to be accepted as an original.

Name: Michah Dawy

Date: 12-13-19

Social Security Number: [REDACTED]

Address: [REDACTED]

Michelle Payne  
Printed Name Notary

Michelle Payne  
Notary Signature



MICHELLE PAYNE  
Notary Public, State of Ohio  
My Comm. Expires 07-2020

My commission expires 10-7-20

PLEASE READ THIS STATEMENT CAREFULLY

As an applicant with the City of Monroe, my signature below authorizes the Monroe Police Department, or its agent, to obtain a consumer credit report or other information regarding my credit status for the purposes of determining my suitability for employment with the City. I understand that this information will be used only for employment purposes.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

This waiver is valid upon my signature during any period of time associated with the selection process of the Monroe Police Department. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. A photocopy of this authorization is to be accepted as an original.

I understand that the information obtained from a credit verification check will be used in accordance with the Federal Fair Credit Reporting Act.

Name: Michaiah Darr

Date: 12-13-19

Social Security Number: [REDACTED]

Address: [REDACTED]

Michelle Payne  
Printed Name Notary

Michelle L Payne  
Notary Signature



MICHELLE L. PAYNE  
Notary Public, State of Ohio  
My Comm. Expires 10-07-2020

My commission expires 10-7-20

CITY OF MONROE, OHIO

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

DISCLOSURE

The City of Monroe, Ohio ("MONROE") may wish to obtain and use a "consumer report" and/or an "investigative consumer report" from a "consumer reporting agency" when: considering your application for employment; making a decision whether to offer you employment; deciding whether to continue your employment (if you are hired); and making other employment-related decisions directly affecting you. These terms are defined in the Fair Credit Reporting Act ("FCRA"), a law which applies to you. As an applicant for employment or employee of MONROE, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as MONROE. A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, motor vehicle record, or mode of living that is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. Additionally, MONROE may seek information about your employment history, educational background, and/or criminal record.

If MONROE obtains a "consumer report" about you, and if it considers any information in the "consumer report" when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Consumer Response Center about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

AUTHORIZATION

By signing below, I knowingly and voluntarily authorize the City of Monroe, Ohio ("MONROE") to obtain a "consumer report" about me from a "consumer reporting agency" and to consider the "consumer report" when making decisions regarding my employment at MONROE at any time before or during that employment. I understand I have rights under the FCRA, including the rights discussed in the FCRA Summary of Rights which has been provided to me along with this Disclosure/Authorization form. This authorization shall remain on file and shall serve as ongoing authorization for MONROE to obtain "consumer reports". I acknowledge receiving a written Summary of Rights under the FCRA along with this Disclosure and Authorization form.

Michah Dawl \_\_\_\_\_  
Name

12-13-19 \_\_\_\_\_  
Date

Michelle L Payne \_\_\_\_\_  
Witness

12-13-19 \_\_\_\_\_  
Date



Tax, credits, and payments 22 Enter the amount from line 21 (adjusted gross income) 22 59,581.
23a Check if: You were born before January 2, 1953, Blind Total boxes checked 23a
b If you are married filing separately and your spouse itemizes deductions, check here 23b

Standard Deduction for -
People who check any box on line 23a or 23b or who can be claimed as a dependent, see instr.
All others: Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

24 Enter your standard deduction. 24 12,700.
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter - 0-. 25 46,881.
26 Exemptions. Multiply \$4,050 by the number on line 6d. 26 8,100.
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter - 0-. This is your taxable income. 27 38,781.
28 Tax, including any alternative minimum tax (see instructions). 28 4,884.
29 Excess advance premium tax credit repayment. Attach Form 8962. 29 0.
30 Add lines 28 and 29. 30 4,884.
31 Credit for child and dependent care expenses. Attach Form 2441. 31
32 Credit for the elderly or the disabled. Attach Schedule R. 32
33 Education credits from Form 8863, line 19. 33 1,500.
34 Retirement savings contributions credit. Attach Form 8880. 34
35 Child tax credit. Attach Sch 8812, if required. 35
36 Add lines 31 through 35. These are your total credits. 36 1,500.
37 Subtract line 36 from line 30. If line 36 is more than line 30, enter - 0-. 37 3,384.
38 Health care: individual responsibility (see instructions). Full-year coverage X 38
39 Add line 37 and line 38. This is your total tax. 39 3,384.
40 Federal income tax withheld from Forms W-2 and 1099. 40 3,956.
41 2017 estimated tax payments and amount applied from 2016 return. 41
42a Earned income credit (EIC). 42a
b Nontaxable combat pay election. 42b
43 Additional child tax credit. Attach Schedule 8812. 43
44 American opportunity credit from Form 8863, line 8. 44 1,000.
45 Net premium tax credit. Attach Form 8962. 45
46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. 46 4,956.

Refund 47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid. 47 1,572.
48a Amount of line 47 you want refunded to you. If Form 8888 is attached, check here 48a 1,572.
b Routing number
c Type: X Checking Savings
d Account number
49 Amount of line 47 you want applied to your 2018 estimated tax. 49

Amount you owe 50 Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions. 50
51 Estimated tax penalty (see instructions). 51

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. X No
Designee's name Phone no. Personal identification number (PIN)

Sign here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.
Joint return? See instructions. Keep a copy for your records.
Your signature Date Your occupation Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Daytime phone number
STUDENT
RETAIL SALES
If the IRS sent you an ID Protection PIN, enter it here (see inst.)

Paid preparer use only Print/type preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040 or Form 1040A. Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return MICAH S DAY & SAMANTHA L SCHWAB

Your social security number [REDACTED]



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

Table with 8 rows for Refundable American Opportunity Credit. Line 1: 2,500. Line 2: 180,000. Line 3: 59,581. Line 4: 120,419. Line 5: 20,000. Line 6: 1,000. Line 7: 2,500. Line 8: 1,000.

Part II Nonrefundable Education Credits

Table with 19 rows for Nonrefundable Education Credits. Line 9: 1,500. Line 10: blank. Line 11: blank. Line 12: blank. Line 13: blank. Line 14: blank. Line 15: blank. Line 16: blank. Line 17: blank. Line 18: 0. Line 19: 1,500.

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8863 (2017)

Name(s) shown on return

MICAH S DAY & SAMANTHA L SCHWAB

Your social security number



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) MICAH DAY
21 Student social security number (as shown on page 1 of your tax return)

22 Educational institution information (see instructions)
a. Name of first educational institution UNIVERSITY OF CINCINNATI
b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.
PO BOX 210641 CINCINNATI OH 45221

(2) Did the student receive Form 1098-T from this institution for 2017? [X] Yes [ ] No
(3) Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? [ ] Yes [X] No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
31-6000989

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2017? [ ] Yes - Stop! Go to line 31 for this student. [X] No - Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2017 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. [X] Yes - Go to line 25. [ ] No - Stop! Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2017? See instructions. [ ] Yes - Stop! Go to line 31 for this student. [X] No - Go to line 26.

26 Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance? [ ] Yes - Stop! Go to line 31 for this student. [X] No - Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

Table with 2 columns: Line number and Amount. American Opportunity Credit section.
27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000 4,000
28 Subtract \$2,000 from line 27. If zero or less, enter -0- 2,000
29 Multiply line 28 by 25% (0.25) 500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 2,500

Lifetime Learning Credit section.
31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 31



**2017 STATE TAX RETURN FILING INSTRUCTIONS**

OHIO  
FOR THE YEAR ENDING  
December 31, 2017

<b>Prepared for</b>	MICAH S DAY and SAMANTHA L SCHWAB																								
<b>Tax Summary</b>	<table> <tr> <td>Gross Income .....</td> <td>\$</td> <td>59,581</td> </tr> <tr> <td>Adjusted Gross Income.....</td> <td>\$</td> <td>59,581</td> </tr> <tr> <td>Total Deductions.....</td> <td>\$</td> <td>4,100</td> </tr> <tr> <td>Total Taxable Income.....</td> <td>\$</td> <td>55,481</td> </tr> <tr> <td>Total Tax .....</td> <td>\$</td> <td>1,255</td> </tr> <tr> <td>Total Payments .....</td> <td>\$</td> <td>1,310</td> </tr> <tr> <td>Refund Amount .....</td> <td>\$</td> <td>55</td> </tr> <tr> <td>Amount You Owe .....</td> <td>\$</td> <td>0</td> </tr> </table>	Gross Income .....	\$	59,581	Adjusted Gross Income.....	\$	59,581	Total Deductions.....	\$	4,100	Total Taxable Income.....	\$	55,481	Total Tax .....	\$	1,255	Total Payments .....	\$	1,310	Refund Amount .....	\$	55	Amount You Owe .....	\$	0
Gross Income .....	\$	59,581																							
Adjusted Gross Income.....	\$	59,581																							
Total Deductions.....	\$	4,100																							
Total Taxable Income.....	\$	55,481																							
Total Tax .....	\$	1,255																							
Total Payments .....	\$	1,310																							
Refund Amount .....	\$	55																							
Amount You Owe .....	\$	0																							
<b>Make check payable to</b>	Not Applicable																								
<b>Mailing Address</b>	Not Applicable																								
<b>Special Instructions</b>	<p>You have one or more forms in your Ohio return that are not ready for printing. Your state has approved the forms for e-filing, but hasn't approved the final layout for filing on paper and printing for your records. You will have to wait before you can print a final copy for your records. We expect final forms to be available by mid-January at the latest. You can check back then to review and print your state tax return.</p>																								

Do not staple or paper clip.



2017 Ohio IT 1040 Individual Income Tax Return



17000113

02 11 18

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 297 98 9858

If deceased check box Spouse's SSN (if filing jointly) 302 98 4363

If deceased check box Enter school district # for this return (see instructions).

SD# 8306

First name MICAH M.I. Last name S DAY

Spouse's first name (only if married filing jointly) SAMANTHA M.I. Last name L SCHWAB

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City BLANCHESTER State OH ZIP code 45107 Ohio county (first four letters) WARR

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

X Full-year resident Part-year resident Nonresident indicate state

X Full-year resident Part-year resident Nonresident indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Married filing jointly

Married filing separately

Ohio Political Party Fund

Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

DO NOT STAPLE OR PAPER CLIP

Table with 7 rows: 1. Federal adjusted gross income 59581 00; 2a. Additions - Ohio Schedule A, line 10 0 00; 2b. Deductions - Ohio Schedule A, line 35 0 00; 3. Ohio adjusted gross income 59581 00; 4. Exemption amount 4100 00; 5. Ohio income tax base 55481 00; 6. Taxable business income 0 00; 7. Line 5 minus line 6 55481 00



Postmark date Code



17000213

SSN [REDACTED]

7a. Amount from line 7 on page 1	7a	55481 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1394 00
8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (include schedule)	8b.	0 00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1394 00
9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 33 (include schedule)	9.	139 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10.	1255 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	0 00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due	X 12.	0 00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	1255 00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return	14.	1310 00
15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return	15.	0 00
16. Refundable credits - Ohio Schedule of Credits, line 40 (include schedule)	16.	0 00
17. Amended return only - amount previously paid with original and/or amended return	17.	0 00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	1310 00
19. Amended return only - overpayment previously requested on original and/or amended return	19.	0 00
20. Line 18 minus line 19	20.	1310 00
<b>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b>		
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	0 00
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22.	0 00
23. Total amount due (line 21 plus line 22) include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶	23.	0 00
24. Overpayment (line 20 minus line 13)	24.	55 00
25. Original return only - amount of line 24 to be credited toward 2018 income tax liability	25.	0 00
26. Original return only - amount of line 24 to be donated:		
a. Wishes for Sick Children	00	
b. Wildlife species	00	
c. Military injury relief	00	
d. Ohio History Fund	00	
e. State nature preserves	00	
f. Breast/cervical cancer	00	
Total . . . 26g.		0 00
27. REFUND (line 24 minus lines 25 and 26g)	27.	55 00

<p><b>Sign Here (required):</b> I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number _____</p> <p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name _____</p> <p>Phone number _____ Preparer's TIN (PTIN) P _____</p>	<p>If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p> <p><b>NO Payment Included - Mail to:</b> Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p><b>Payment Included - Mail to:</b> Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p>
--	---

Name: MICAH S DAY & SAMANTHA L SCHWAB

SSN: [REDACTED]

**Ohio Direct Deposit Information**

Routing Transit Number (RTN) . . . . .

Depositor Account Number (DAN) . . . . .

Type of Account . . . . .

Amount of Deposit . . . . .

[REDACTED]

[REDACTED]

Checking

55

**DO NOT**

**FILE**

Do not staple or paper clip.



Department of Taxation  
Rev. 08/17

2017 Ohio Schedule of Credits



17280113

Nonrefundable and Refundable

SSN of primary filer  
[REDACTED]

02 11 18

7

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1. 1394 00
2. Retirement income credit (limit \$200 per return) (see instructions for table)	2. 0 00
3. Lump sum retirement credit - Ohio LSWKS, Section III, line 6 (include worksheet)	3. 0 00
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return)	4. 0 00
5. Lump sum distribution credit - Ohio LSWKS, Section IV, line 3 (include worksheet)	5. 0 00
6. Child care and dependent care credit (see instructions for worksheet)	6. 0 00
7. Displaced worker training credit (see instructions for worksheet) (limit \$500 per taxpayer)	7. 0 00
8. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer)	8. 0 00
9. Income-based exemption credit (\$20 times the number of exemptions)	9. 0 00
10. Total (add lines 2 through 9)	10. 0 00
11. Tax less credits (line 1 minus line 10; if less than -0-, enter -0-)	11. 1394 00
12. Joint filing credit (see instructions) 10 % times the amount on line 11 (limit \$650)	12. 139 00
13. Earned income credit	13. 0 00
14. Ohio adoption credit (limit \$10,000 per adopted child)	14. 0 00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	15. 0 00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	16. 0 00
17. Credit for purchases of grape production property	17. 0 00
18. Invest Ohio credit (include a copy of the credit certificate)	18. 0 00
19. Technology investment credit carryforward (include a copy of the credit certificate)	19. 0 00
20. Enterprise zone day care and training credits (include a copy of the credit certificate)	20. 0 00
21. Research and development credit (include a copy of the credit certificate)	21. 0 00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate)	22. 0 00
23. Total (add lines 12 through 22)	23. 139 00
24. Tax less additional credits (line 11 minus line 23; if less than -0-, enter -0-)	24. 1255 00

DO NOT STAPLE OR PAPER CLIP



FILE



17280213

Nonrefundable and Refundable

SSN of primary filer:  
[REDACTED]

8

**Nonresident Credit**

Date of nonresidency	to	State of residency	
25. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required.	25.		0 00
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	26.		0 00
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit.	27.		0 00

**Resident Credit**

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply)	28.		00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	29.		00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here	30.		00
31. Enter the 2017 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply)	31.		00
32. Enter the smaller of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	32.		0 00
<b>33. Total nonrefundable credits</b> (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9)	33.		139 00

**Refundable Credits**

34. Historic preservation credit (include a copy of the credit certificate)	34.		0 00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate)	35.		0 00
36. Pass-through entity credit (include a copy of the Ohio K-1s)	36.		0 00
37. Motion picture production credit (include a copy of the credit certificate)	37.		0 00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio K-1s)	38.		0 00
39. Venture capital credit (include a copy of the credit certificate)	39.		0 00
<b>40. Total refundable credits</b> (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)	40.		0 00

**Credit Limit Worksheet - Keep For Your Records**

Name **MICAH S DAY & SAMANTHA L SCHWAB**

SSN [REDACTED]

**Credit Limit Worksheet - Form 8863 - Line 19**

**Nonrefundable Credit Worksheet**

1. Enter the amount from Form 8863, line 18 . . . . .	1.	<u>0.</u>
2. Enter the amount from Form 8863, line 9 . . . . .	2.	<u>1,500.</u>
3. Add lines 1 and 2 . . . . .	3.	<u>1,500.</u>
4. Enter the amount from: Form 1040, line 47; or Form 1040A, line 30 . . . . .	4.	<u>4,884.</u>
5. Enter the total of your credits from either: Form 1040, lines 48 and 49, and Schedule R, line 22; or Form 1040A, lines 31 and 32 . . . . .	5.	<u>0.</u>
6. Subtract line 5 from line 4 . . . . .	6.	<u>4,884.</u>
7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 . . . . .	7.	<u>1,500.</u>

**DO NOT**

**Credit Limit Worksheet - Form 8880, line 11**

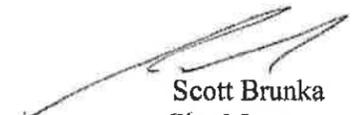
1. Enter the amount from Form 1040, line 47; Form 1040A, line 30; Form 1040NR, line 45 . . . . .	1.	_____
2. <b>Form 1040 filers:</b> Enter the total of your credits from lines 48 through 50 and Schedule R, line 22. <b>Form 1040A filers:</b> Enter the total of your credits from lines 31 through 33 <b>Form 1040NR filers:</b> Enter the total of your credits from lines 46 through 47 . . . . .	2.	_____
3. Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, <b>stop</b> ; you cannot take this credit - do not file this form . . . . .	3.	_____

**FILE**

#20  
Oct. 5, 2018

Administrative Order No. 5200  
September 28, 2018

Micah Day, Municipal Service Worker II in the Public Works department resigned from his position on September 18, 2018. He leaves a sick balance of 3 hours.



Scott Brunka  
City Manager

To Whom it may concern:

I Micah Day with the public works department as of 9/4/2018 have officially given my two weeks noticed to Darren Owens director of public works. My last official day will be 9/18/2018.

Sincerely,

Micah Day

A handwritten signature in black ink, appearing to read 'Micah Day', with a long horizontal flourish extending to the right.



"Dedicated to  
Excellence in  
Public Service"

**CITY OF LEBANON  
PERFORMANCE EVALUATION REPORT**

Name: Micah Day

Date: 11-06-2017

Department/Division: Public Works

Position: MSW2

Type of Report:  Probationary  Mid Year  End of Year

**PURPOSE:** To provide a means of consistent and objective discussion between the employee and supervisor regarding organizational expectations and employee performance.

**INSTRUCTIONS:** Listed below are a number of traits, abilities and characteristics that are generally indicative of overall employee performance. Circle the appropriate number that most closely describes the person being rated. Use the following scale for rating purposes:

1 = unacceptable; 2 = needs improvement; 3 = satisfactory, average; 4 = exceeds standards; 5 = outstanding.

**COMPREHENSION** - the ability to grasp instructions. 1 2 3 4 5

Comments:

**DEPENDABILITY** - the ability to follow directions and/or perform required jobs well with a minimum of supervision. 1 2 3 4 5

Comments:

**JOB KNOWLEDGE** - the information concerning work duties which an individual should know for satisfactory job performance. 1 2 3 4 5

Comments:

**QUANTITY OF WORK** - the amount of work an individual performs in a work day or other specified period of time. 1 2 3 4 5

Comments:

**STABILITY** - the ability to withstand pressure and to remain calm in stressful situations. 1 2 3 4 5

Comments:

**COURTESY** - the polite attention and helpfulness an individual gives the public and co-workers. 1 2 3 4 5

Comments:

**SAFETY** - the ability to comply with safety policies and procedures. 1 2 3 4 5

Comments:

**ATTENDANCE** - observance of designated work hours, faithfulness in coming to work daily, minimal use of sick leave. 1 2 3 4 5

Comments:

**PERSONAL APPEARANCE** - the personal impression an individual makes on others. (Consider cleanliness, grooming, neatness and appropriateness of dress on the job.) 1 2 3 4 5

Comments:

Employee: Micah Day

**PHYSICAL FITNESS** - the ability to perform the physical requirements of the job. 1 2 3 4 5

Comments:

**TIME MANAGEMENT** - the ability to utilize time well for work projects and limiting non-work related items and conversations. 1 2 3 4 5

Comments: very good on use of time

**ADAPTABILITY** - the ability to adapt to new situations and work related items, willingness to change and meet new challenges. 1 2 3 4 5

Comments:

**ATTITUDE** - the positive approach one takes toward the City of Lebanon co-workers, or the type of work the individual performs. 1 2 3 4 5

Comments:

**HOUSEKEEPING** - the orderliness and cleanliness in which an individual keeps work area or vehicle. 1 2 3 4 5

Comments:

<b>CITY OF LEBANON - ORGANIZATIONAL VALUES</b>					
Customer/Citizen Service	1	2	<u>3</u>	4	5
Teamwork	1	2	3	<u>4</u>	5
Integrity	1	2	3	<u>4</u>	5
Quality	1	2	<u>3</u>	4	5
Stewardship	1	2	<u>3</u>	4	5
Innovation	1	2	3	4	5

**ACCOMPLISHMENTS AND STRENGTHS:**

Has obtained his CDL'S, Has learned all aspects of his job.  
Is a morale booster ( everyone likes to work with him  
Is good about coming up with ideas to make jobs more efficient

**AREAS TO CONCENTRATE ON IMPROVING:**

Always strive to keep improving the quality of work we do  
On a daily basis  
Strive to keep improving the cleanliness of facility and equipment

**EMPLOYEE COMMENTS:**

**REVIEWER COMMENTS:** I believe young men like Mica are the future of our city.  
I would like to recommend that Micah be moved to a  
Municipal Worker III.

MY RECOMMENDATION IS FOR MICAH TO REMAIN IN THE MAX II CLASS.  
*[Signature]*  
DIRECTOR PUBLIC WORKS

Employee: Mica Day

**SUPERVISOR/MANAGEMENT ONLY**

This section pertains to employees who have supervisory and management responsibilities.

**SUPERVISORY SKILLS** - Ability to ensure employees perform their respective job duties. 1 2 3 4 5

Comments:

**ORGANIZATIONAL LEADERSHIP SKILLS** - the ability to lead, promote common departmental and organizational goals. 1 2 3 4 5

Comments:

**PLANNING SKILLS** - the ability to foresee and implement a plan of achievement. 1 2 3 4 5

Comments:

A copy of the Report has been given to me and discussed with me. By signing this performance appraisal, I am not indicating my agreement or disagreement with its contents

Employee's Signature: Mica Day Date 11-6-17

Reviewing Supervisor: [Signature] Date 11-6-17

Department/Division Head: [Signature] Date 11-9-17

Please check the appropriate recommendation and fill in the information:

- This employee is recommended for appointment from probationary to regular status. *REMAIN IN THE MOBILE POSITION PDD*
- This employee will receive a wage increase per AFSCME Collective Bargaining Agreement
- This employee is not recommended for a performance increase.

Recommendation approved: [Signature]

City Manager: \_\_\_\_\_ Date: 11/10/17

Performance Increase Approved: \_\_\_\_\_



"Dedicated to Excellence in Public Service"

CITY OF LEBANON PERFORMANCE EVALUATION REPORT

Name: Micah Day

Date: 12/14/2017

Department/Division: Public Works

Position: MSW2

Type of Report: \_\_\_ Probationary \_\_\_ Mid Year x End of Year

PURPOSE: To provide a means of consistent and objective discussion between the employee and supervisor regarding organizational expectations and employee performance.

INSTRUCTIONS: Listed below are a number of traits, abilities and characteristics that are generally indicative of overall employee performance. Circle the appropriate number that most closely describes the person being rated. Use the following scale for rating purposes:

1 = unacceptable; 2 = needs improvement; 3 = satisfactory, average; 4 = exceeds standards; 5 = outstanding.

COMPREHENSION - the ability to grasp instructions. 1 2 3 4 5

Comments:

DEPENDABILITY - the ability to follow directions and/or perform required jobs well with a minimum of supervision. 1 ~~2~~ 3 4 5

Comments: ~~Part of the responsibility of our division is maintaining city owned trees located in our parks, cemeteries and streets. Micah chose and signed up for the Tree Commission Academy Freshman Class. He attended the first class but chose not to attend the second class which will prohibit him from continuing through the academy. (DPW)~~

JOB KNOWLEDGE - the information concerning work duties which an individual should know for satisfactory job performance. 1 2 3 4 5

Comments:

QUANTITY OF WORK - the amount of work an individual performs in a work day or other specified period of time. 1 2 3 4 5

Comments:

STABILITY - the ability to withstand pressure and to remain calm in stressful situations. 1 2 3 4 5

Comments:

COURTESY - the polite attention and helpfulness an individual gives the public and co-workers. 1 2 3 4 5

Comments:

SAFETY - the ability to comply with safety policies and procedures. 1 2 3 4 5

Comments:

ATTENDANCE - observance of designated work hours, faithfulness in coming to work daily, minimal use of sick leave. 1 2 3 4 5

Comments: Sick - 54 Hrs Div Avg-63.06 PW Dept Avg-71.33 (DPW)

PERSONAL APPEARANCE - the personal impression an individual makes on others. (Consider cleanliness, grooming, neatness and appropriateness of dress on the job.) 1 2 3 4 5

Comments:

\*AFTER DISCUSSING THIS ISSUE WITH MICAH DURING HIS REVIEW, HE BROUGHT TO MY ATTENTION THAT HE ASSIGNED UP FOR THE CLASS BY ME, HE REALLY DID NOT WANT TO TAKE THE CLASS BUT WAS TOLD HE WAS SIGNED UP FOR IT. THIS IS A CORRECT STATEMENT SO HIS SCORE WAS ADJUSTED TO THE ORIGINAL SCORE FROM THE SUPERVISOR. JDO 12/15/17

<b>PHYSICAL FITNESS</b> - the ability to perform the physical requirements of the job.	1	2	<u>3</u>	4	5
--	---	---	----------	---	---

Comments:

<b>TIME MANAGEMENT</b> - the ability to utilize time well for work projects and limiting non-work related items and conversations.	1	2	3	<u>4</u>	5
--	---	---	---	----------	---

Comments:

<b>ADAPTABILITY</b> - the ability to adapt to new situations and work related items, willingness to change and meet new challenges.	1	2	<u>3</u>	4	5
---	---	---	----------	---	---

Comments:

<b>ATTITUDE</b> - the positive approach one takes toward the City of Lebanon co-workers, or the type of work the individual performs.	1	2	3	<u>4</u>	5
---	---	---	---	----------	---

Comments:

<b>HOUSEKEEPING</b> - the orderliness and cleanliness in which an individual keeps work area or vehicle.	1	2	<u>3</u>	4	5
--	---	---	----------	---	---

Comments:

**CITY OF LEBANON - ORGANIZATIONAL VALUES**

Customer/Citizen Service	1	2	3	<u>4</u>	5
Teamwork	1	2	3	<u>4</u>	5
Integrity	1	2	3	<u>4</u>	5
Quality	1	2	<u>3</u>	4	5
Stewardship	1	2	<u>3</u>	4	5
Innovation	1	2	3	<u>4</u>	5

**ACCOMPLISHMENTS AND STRENGTHS:**

Has excellent attitude toward his co-workers  
 Has obtained his CDL License  
 Has learned all aspects of his job

**AREAS TO CONCENTRATE ON IMPROVING:**

Change of culture within the division is a top priority. Eliminate the drama. No name calling, no talking bad about co-workers, no talking about co-workers behind their backs, etc. A change of culture takes a team effort, do your part. (DPW)  
 Needs to obtain his Pesticide License  
 Needs to attend more classes on road maintenance

**EMPLOYEE COMMENTS:****REVIEWER COMMENTS:** Would still like to recommend Micah be moved up to a Municipal Worker 3

Employee: \_\_\_\_\_

**SUPERVISOR/MANAGEMENT ONLY**

This section pertains to employees who have supervisory and management responsibilities.

**SUPERVISORY SKILLS** - Ability to ensure employees perform their respective job duties. 1 2 3 4 5

Comments: \_\_\_\_\_

**ORGANIZATIONAL LEADERSHIP SKILLS** - the ability to lead, promote common departmental and organizational goals. 1 2 3 4 5

Comments: \_\_\_\_\_

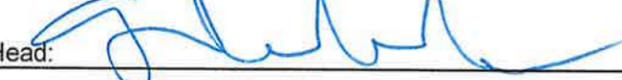
**PLANNING SKILLS** - the ability to foresee and implement a plan of achievement. 1 2 3 4 5

Comments: \_\_\_\_\_

A copy of the Report has been given to me and discussed with me. By signing this performance appraisal, I am not indicating my agreement or disagreement with its contents

Employee's Signature:  Date 12/15/17

Reviewing Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Department/Division Head:  Date 12/15/17

**Please check the appropriate recommendation and fill in the information:**

This employee is recommended for appointment from probationary to regular status.

This employee will receive a wage increase per AFSCME Collective Bargaining Agreement

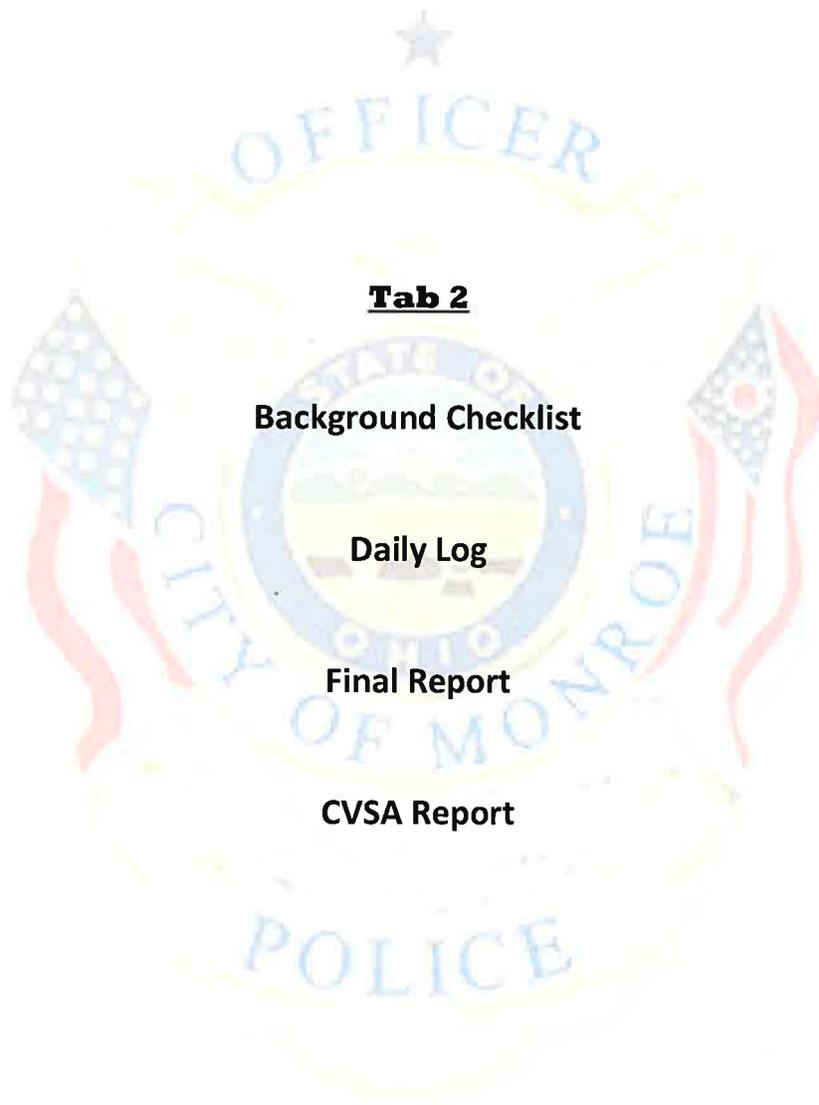
This employee is not recommended for a performance increase.

Recommendation approved:

City Manager: 

Date: 12/19/17

Performance Increase Approved: \_\_\_\_\_



**Tab 2**

**Background Checklist**

**Daily Log**

**Final Report**

**CVSA Report**



## MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

To: Capt. Chasteen  
From: Det. Aaron Ledford 859  
Re: Background – Micah Day  
Date: January 16, 2020

Micah Day is an applicant for the position of Police Officer with the Monroe Police Department. I have completed an initial background investigation into Mr. Day. The background investigation includes searching available databases, social media, and prior employers.

Mr. Day graduated from Emmanuel Baptist School in Lebanon, Ohio in 2015. After high school, Mr. Day attended UC Clermont College and went through their police academy and graduated with an OPOTA Certificate.

Mr. Day has been employed by the Village of Blanchester Police Department, in Blanchester, Ohio from 09/2018 to present as a full-time police officer. Chief Scott Reinbolt stated that Mr. Day's personnel files had no commendations or disciplinary actions. Chief Scott Reinbolt sent me one evaluation where Mr. Day scored a 32. Majority of his score was satisfactory or above, but there were five areas that had some deficiencies evident. The rater was Sgt. Gary Mowen and stated that those areas will improve over time with more experience. Prior to being a police officer, Mr. Day worked at the city of Lebanon as a street maintenance worker from 12/2016 to 09/2018. Also, from 02/2013 to 12/2016 he was a mechanic for Hudawn Facility Solutions.

I spoke with David Johnson, who Mr. Day had listed as a reference. He told me that has known Mr. Day for 10 plus years. He told me that he would absolutely recommend Mr. Day for the position and he would be an excellent choice for a police officer. He has great work ethics. He told me that Mr. Day doesn't drink alcohol and has never even smoked a cigarette.

I also spoke to Daniel Ivey, who Mr. Day listed as a reference. D Ivey told me that he is a friend of the family and has known Mr. Day for twenty years. He told me that Mr. Day is a wonderful young man. Has heard nothing but great things.

Mr. Day's social media was checked, and it is found that he has no social media accounts. A check through available databases shows nothing notable.

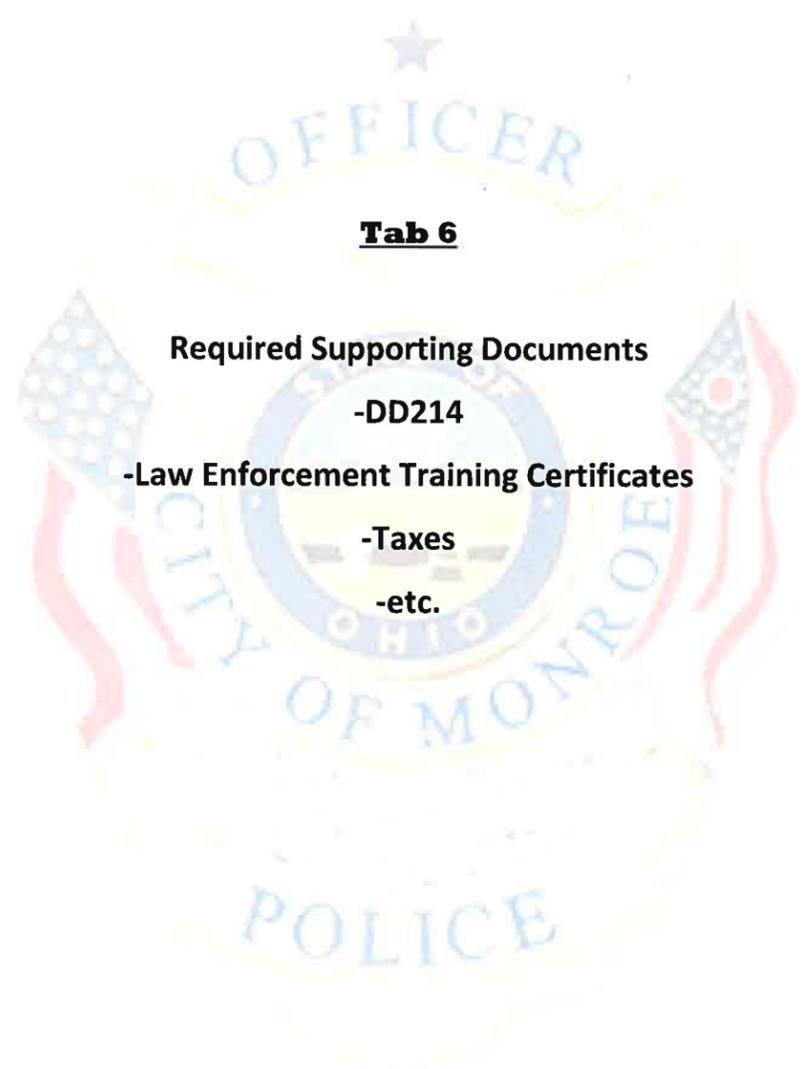
I performed a CVSA exam on Mr. Day. Mr. Day arrived 15 minutes before his scheduled exam. Mr. Day was dressed neatly in a suit and tie. Mr. Day's PHQ was reviewed and he wanted to add an accident that happened not so long ago, but since he pumped into his father's car his dad did not want to report it. During the CVSA exam, Mr. Day had shown deception in the question about Domestic Violence. I asked why that might be and he told me, "Well, when I was younger I'd fight with my brothers". He told me never to the point where police was called. I did a third chart and Mr. Day appeared to be truthful in his answers and no signs of deception was shown.

On 01/19/2020 at 1200 hours, I went to 7664 Starkey Clevenger Rd, Blanchester, Ohio 45107, to do a home interview with lateral candidate Micah Day. The home is a Bi-level house sitting a little over 7 acres. The yard was nicely kept and decorated. The inside of the house was well kept and nicely decorated. Mr. Day's wife Samantha Day and daughter Madelyn Day were present. I answered any questions that Mr. and Mrs. Day had. Mr. Day seemed excited for his possible employment with the City of Monroe.

After completing a background investigation of Mr. Day, I find nothing that would prohibit Mr. Day from moving forward in the hiring process.

Respectfully,

Detective Ledford



**Tab 6**

**Required Supporting Documents**

**-DD214**

**-Law Enforcement Training Certificates**

**-Taxes**

**-etc.**



VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

# STATE OF OHIO OFFICE OF VITAL STATISTICS

## CERTIFICATION OF BIRTH

LOCAL FILE NUMBER 431 DATE RECORD FILED MAY 03, 1996

NAME MICAH SCOTT DAY

DATE OF BIRTH [REDACTED] SEX MALE

PLACE OF BIRTH HAMILTON

MOTHER'S NAME RHONDA JO DAY

MAIDEN BERRY

MOTHER'S BIRTHPLACE OHIO

FATHER'S NAME STEVEN EARL DAY

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics. Witness my signature and seal of the Department of Health this 30 day of August, 2004

*Kim Murphy-Coniug*  
Local Registrar of Vital Statistics

HO337934

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

# Emmanuel Baptist High School

Lebanon, Ohio

This Certifies That

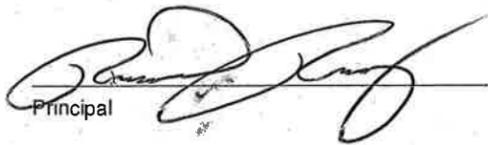
## Michah Scott Day

has completed the Course of Study prescribed for Graduation from this  
Institution and is therefore awarded this

### High School Diploma

and is entitled to all the Rights and Privileges appertaining thereunto.

Given, this twenty second day of May, 2015, by:



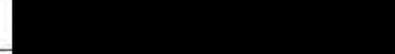
Principal

**Electronic Filing Instructions for your 2018 Federal Tax Return**

**Important: Your taxes are not finished until all required steps are completed.**



Micah S Day & Samantha L Schwab



<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,354.00. Applicable fees were deducted from your original refund amount of \$1,354.00. Your refund is now \$1,294.02. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from Civista Bank, which handles this transaction. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 02656573808 Routing Transit Number: 042015422.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2018 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	64,440.00
	Taxable Income	\$	40,440.00
	Total Tax	\$	2,470.00
	Total Payments/Credits	\$	3,824.00
	Amount to be Refunded	\$	1,354.00
	Effective Tax Rate		3.83%

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: Micah S Last name: Day Your social security number: [REDACTED]

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: Samantha L Last name: Schwab Spouse's social security number: [REDACTED]

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Blanchester OH 45107

If more than four dependents, see inst. and ✓ here ▶

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Madelyn R	Day	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: [Signature] Date: [REDACTED] Your occupation: Police Officer

Spouse's signature. If a joint return, both must sign. [Signature] Date: [REDACTED] Spouse's occupation: dep. Mngr

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

**Paid Preparer Use Only**

Preparer's name: [REDACTED] Preparer's signature: [Signature] PTIN: [REDACTED] Firm's EIN: [REDACTED] Check if:  3rd Party Designee  Self-employed

Firm's name ▶ Self-Prepared Phone no. [REDACTED]

Firm's address ▶ [REDACTED]

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	64,440.
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends	3b	
4a	IRAs, pensions, and annuities	4a	
4b	Taxable amount	4b	
5a	Social security benefits	5a	
5b	Taxable amount	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	64,440.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	64,440.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	40,440.
11	a Tax (see inst.) 4,470. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	4,470.
11	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	
12	a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	2,000.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	2,470.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	2,470.
16	Federal income tax withheld from Forms W-2 and 1099	16	3,824.
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	
17	Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	3,824.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,354.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	1,354.
20b	Routing number [REDACTED] Account type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
20d	Account number [REDACTED]		
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23	Estimated tax penalty (see instructions)	23	

Ohio Schedule J Dependents Claimed on the Ohio IT 1040 Return



18230133 Sequence No. 9

02 11 19

Tax Year 2018

SSN of primary filer (required)

Do not list the primary filer and/or spouse as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

- 1. Dependent's SSN (required) [redacted] Dependent's date of birth (MM DD YYYY - Required) [redacted] Dependent's relationship to you (required) DAUGHTER
Dependent's first name (required) MADELYN M.I. R Dependent's Last name (required) DAY
2. Dependent's SSN (required) [redacted] Dependent's date of birth (MM DD YYYY - Required) [redacted] Dependent's relationship to you (required)
Dependent's first name (required) M I Dependent's Last name (required)
3. Dependent's SSN (required) [redacted] Dependent's date of birth (MM DD YYYY - Required) [redacted] Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's Last name (required)
4. Dependent's SSN (required) [redacted] Dependent's date of birth (MM DD YYYY - Required) [redacted] Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's Last name (required)
5. Dependent's SSN (required) [redacted] Dependent's date of birth (MM DD YYYY - Required) [redacted] Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's Last name (required)
6. Dependent's SSN (required) [redacted] Dependent's date of birth (MM DD YYYY - Required) [redacted] Dependent's relationship to you (required)
Dependent's first name (required) M.I. Dependent's Last name (required)
7. Dependent's SSN (required) [redacted] Dependent's date of birth (MM DD YYYY - Required) [redacted] Dependent's relationship to you (required)
M.I. Dependent's Last name (required)

Do not staple or paper clip.





# 2018 Ohio Schedule of Credits

## Nonrefundable and Refundable



SSN of primary filer  
[REDACTED]

### Nonresident Credit

Date of nonresidency	to	State of residency	
25. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	25.		00
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....	26.		00
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit .....	27.		00

### Resident Credit

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident ....	28.		00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....	29.		00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here .....	30.		00
31. Enter the 2018 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia .....	31.		00
32. Enter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax .....	32.		00
33. <b>Total nonrefundable credits</b> (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) ..	33.		148 00

### Refundable Credits

34. Historic preservation credit (include a copy of the credit certificate) .....	34.		00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) ..	35.		00
36. Pass-through entity credit (include a copy of the Ohio IT K-1s) .....	36.		00
37. Motion picture production credit (include a copy of the credit certificate) .....	37.		00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s) .....	38.		00
39. Venture capital credit (include a copy of the credit certificate) .....	39.		00
40. <b>Total refundable credits</b> (add lines 34 through 39; enter here and on Ohio IT 1040, line 16) .....	40.		00

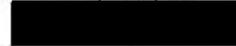
2018 Ohio Schedule of Credits Nonrefundable and Refundable



18280133 Sequence No. 7

02 11 19

SSN of primary filer



Nonrefundable Credits

Table with 4 columns: Line number, Description, and Amount. Rows include Tax liability before credits, Retirement income credit, Lump sum retirement credit, Senior citizen credit, Lump sum distribution credit, Child care and dependent care credit, Displaced worker training credit, Campaign contribution credit, Income-based exemption credit, Total (add lines 2 through 9), Tax less credits, Joint filing credit, Earned income credit, Ohio adoption credit, Job retention credit, Credit for eligible new employees, Credit for purchases of grape production property, InvestOhio credit, Technology investment credit carryforward, Enterprise zone day care and training credits, Research and development credit, Ohio historic preservation credit, Total (add lines 12 through 22), and Tax less additional credits.

Do not staple or paper clip.



**2018 Ohio IT 1040**  
**Individual Income Tax Return**



SSN [REDACTED] 18000233 Sequence No. 2

7a. Amount from line 7 on page 1.....	7a.	58140 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	1476 00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE).....	8b.	00
8c. Income tax liability before credits (line 8a plus line 8b).....	8c.	1476 00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE).....	9.	148 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	1328 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.	00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> 12.	00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	1328 00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	14.	1384 00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return.....	15.	00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE).....	16.	00
17. <b>Amended return only</b> – amount previously paid with original and/or amended return.....	17.	00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	1384 00
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.	00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	1384 00
<b>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</b>		
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.	00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.	00
23. Total amount due (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"</b> .....	AMOUNT DUE ▶ 23.	00
24. Overpayment (line 20 minus line 13).....	24.	56 00
25. <b>Original return only</b> – amount of line 24 to be credited toward 2019 income tax liability.....	25.	00
26. <b>Original return only</b> – amount of line 24 to be donated: a. Breast / cervical cancer    b. Wishes for Sick Children    c. Wildlife species 00                                    00                                    00 d. Military injury relief        e. Ohio History Fund        f. State nature preserves 00                                    00                                    00	Total...26g.	00
27. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶ 27.</b>	56 00

<p><b>Sign Here (required):</b> I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number [REDACTED]</p>	<p><b>NO Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2679          Columbus, OH 43270-2679</p> <p><b>Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2057          Columbus, OH 43270-2057</p>

Do not staple or paper clip. 0033



# 2018 Ohio IT 1040 Individual Income Tax Return



02 11 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL

Taxpayer's SSN (required)  If deceased  Spouse's SSN (if filing jointly)  If deceased  Enter school district # for this return (see instructions).  
 check box check box SD# ▶▶ 8306

First name MICAH M.I. Last name S DAY  
 Spouse's first name (only if married filing jointly) SAMANTHA M.I. Last name L SCHWAB

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City BLANCHESTER State OH ZIP code 45107 Ohio county (first four letters) WARR  
 Foreign country (if the mailing address is outside the U.S.) Foreign postal code

### Ohio Residency Status – Check applicable box

Full-year resident  Part-year resident  Nonresident Indicate state  
 Check applicable box for spouse (only if married filing jointly)  
 Full-year resident  Part-year resident  Nonresident Indicate state

### Filing Status – Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)  
 Married filing jointly  
 Married filing separately

### Ohio Political Party Fund

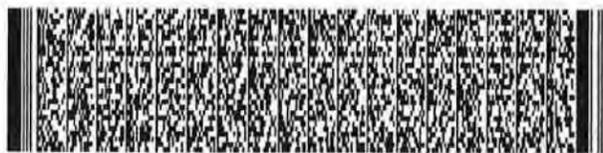
Check here if you want \$1 to go to this fund.  
 Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Check here if you filed the federal extension 4868.  
 Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Note: Checking this box will not increase your tax or decrease your refund.

1. Federal adjusted gross income (from the federal 1040, line 7). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in box at the right if negative.....	1.	64440 00
2a. Additions – Ohio Schedule A, line 10 (INCLUDE SCHEDULE).....	2a.	00
2b. Deductions – Ohio Schedule A, line 37 (INCLUDE SCHEDULE).....	2b.	00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero.....	3.	64440 00
4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J)..... Number of exemptions claimed: 3	4.	6300 00
5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero).....	5.	58140 00
6. Taxable business income – Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE).....	6.	00
7. Line 5 minus line 6 (if less than zero, enter zero).....	7.	58140 00

Do not staple or paper clip.



Postmark date Code

02/11/2019 08:47 PM

**Electronic Filing Instructions for your 2018 Ohio Tax Return**

**Important: Your taxes are not finished until all required steps are completed.**



Micah S Day & Samantha L Schwab



<b>Balance Due/Refund</b>	Your Ohio state tax return (Form IT 1040) shows a refund due to you in the amount of \$56.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 02656573808 Routing Transit Number: 042015422.												
<b>Where's My Refund?</b>	Before you call the Ohio Department of Taxation with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Ohio Department of Taxation directly at 1-800-282-1784.												
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.												
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns												
<b>2018 Ohio Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>58,140.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>1,328.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>1,384.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>56.00</td></tr></table>	Taxable Income	\$	58,140.00	Total Tax	\$	1,328.00	Total Payments/Credits	\$	1,384.00	Amount to be Refunded	\$	56.00
Taxable Income	\$	58,140.00											
Total Tax	\$	1,328.00											
Total Payments/Credits	\$	1,384.00											
Amount to be Refunded	\$	56.00											

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Micah S Day & Samantha L Schwab  
Primary SSN: [REDACTED]

Federal Return Submitted: February 11, 2019 05:46 PM PST

Federal Return Acceptance Date: \_\_\_\_\_

Your return was electronically transmitted on 02/11/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

<b>Who we are</b>	
<b>Who is providing this notice?</b>	Civista Bank
<b>What we do</b>	
<b>How does Civista Bank protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does Civista Bank collect my personal information?</b>	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>● Sharing for affiliates everyday business purposes — information about your creditworthiness,</li> <li>● Affiliates from using your information to market to you,</li> <li>● Sharing for non affiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>
<b>Definitions</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● Civista Bank does not share with our affiliates.</li> </ul>
<b>Non affiliates</b>	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● Civista Bank does not share with non affiliates so they can market to you.</li> </ul>
<b>Joint Marketing</b>	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>● Civista Bank does not jointly market.</li> </ul>
<b>Other Important Information</b>	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

Rev. 02/2015

**Civista Bank Tax Product Privacy Policy**

<b>FACTS</b> What does Civista Bank do with your Personal Information?		
<b>Why?</b>	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
<b>What?</b>	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> <li>• Social Security number and account balances</li> <li>• payment history and transaction history</li> <li>• overdraft history and account transactions</li> </ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
<b>How?</b>	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
	<b>Reasons we can share your personal information</b>	<b>Does Civista Bank Share?</b>
	<b>For our everyday business purposes —</b> such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	<b>For our marketing purposes —</b> to offer our products and services to you.	No
	<b>For joint marketing with other financial companies.</b>	No
	<b>For our affiliates' everyday business purposes —</b> information about your transactions and experiences.	No
	<b>For our affiliates' everyday business purposes —</b> information about your creditworthiness.	No
	<b>For our affiliates to market to you.</b>	No
	<b>For non affiliates to market to you.</b>	No
<b>Can you limit this sharing?</b>		No
<b>Can you limit this sharing?</b>		We don't share
<b>Can you limit this sharing?</b>		We don't share
<b>Can you limit this sharing?</b>		We don't share
<b>Can you limit this sharing?</b>		We don't share
<b>Can you limit this sharing?</b>		We don't share
<b>Can you limit this sharing?</b>		We don't share
<b>Questions?</b>	Call Toll Free: 800-901-6663 or go to <a href="http://www.civistabank.com">www.civistabank.com</a>	

**11. Arbitration Provision.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but only by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

**12. Customer Identity Validation Disclosure:** To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

**YOUR AGREEMENT** Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2018 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2018 TurboTax® User Agreement, (iii) You consent to the release of your 2018 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

**8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

**Business Days:** Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

**Confidentiality:** We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

**Our Liability:** If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

**9. Compensation.** In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

**10. Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. **Acknowledgements.** (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. **Truth in Savings Disclosure.** The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the \$39.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. **Disbursement Methods:** You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a  Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**

b  Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

**DIRECT DEPOSIT ACCOUNT TYPE:**

- Checking
- Savings

RTN # . . . . . 042015422

Account # . . . . . 02656573808

**Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number.** If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversions of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

**and Civista Bank Refund Processing Service Agreement ("Agreement")**

Name Micah S Day & Samantha L Schwab  
Social Security No. [REDACTED]

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

**1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.** YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

**2. Authorization to Release Personal Information.** You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

**3. Summary of Terms**

Expected Federal Refund . . . . .	\$ 1,354.00
Less Processor Refund Processing Fee . . . . .	\$ 39.99
Less TurboTax Fees . . . . .	\$ 19.99
Less Fees for Additional Products and Services Purchased . . . . .	\$
<b>Expected Proceeds*</b> . . . . .	<b>\$ 1,294.02</b>

\*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

**4. Temporary Deposit Account Authorization.** You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

Micah S Day & Samantha L Schwab



Other Tax and Income Information		2017	2018
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		5,333.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		64,440.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		2,470.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2017	2018
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2018 . . . . .
		b	2017 . . . . .
		c	2016 . . . . .
		d	2015 . . . . .
		e	2014 . . . . .
		f	2013 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2018 . . . . .
		b	2017 . . . . .
		c	2016 . . . . .
		d	2015 . . . . .
		e	2014 . . . . .
		f	2013 . . . . .



**Tax Payments Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return Micah S Day & Samantha L Schwab	Social Security Number [REDACTED]
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**Estimated Tax Payments for 2018** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding		Federal	State	ID	Local	ID
(If multiple states, see Tax Help)						
6	Overpayments applied to 2018 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2018 extensions . . . . .					

Taxes Withheld From:		Federal	State	Local
10	Forms W-2 . . . . .	3,824.	1,384.	260.
11	Forms W-2G . . . . .			
12	Forms 1099-R . . . . .			
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14	Schedules K-1 . . . . .			
15	Forms 1099-INT, DIV and OID . . . . .			
16	Social Security and Railroad Benefits . . . . .			
17	Form 1099-B . . . . .			
	St Loc			
18 a	Other withholding . . . . .			
	St Loc			
b	Other withholding . . . . .			
	St Loc			
c	Other withholding . . . . .			
	St Loc			
d	Positive Adjustment . . . . .			
	St Loc			
e	Negative Adjustment . . . . .			
	St Loc			
f	Additional Medicare Tax . . . . .			
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .	3,824.	1,384.	260.
20	<b>Total Tax Payments for 2018</b> . . . . .	3,824.	1,384.	260.

Prior Year Taxes Paid In 2018		State	ID	Local	ID
(If multiple states or localities, see Tax Help)					
21	Tax paid with 2017 extensions . . . . .				
22	2017 estimated tax paid after 12/31/2017 . . . . .				
23	Balance due paid with 2017 return . . . . .				
24	Other (amended returns, installment payments, etc) . . . . .				



## Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Micah Day

Please type the date below:

02/11/2019

Date

Samantha Schwab

02/11/2019



WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$39.99

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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**Tax History Report**

**2018**

► Keep for your records

Name(s) Shown on Return

Micah S Day & Samantha L Schwab

Five Year Tax History:					
	2014	2015	2016	2017	2018
Filing status . . . . .					MFJ
Total income . . . . .					64,440.
Adjustments to income					
Adjusted gross income					64,440.
Tax expense . . . . .					2,005.
Interest expense . . .					3,328.
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					24,000.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					40,440.
Tax . . . . .					4,470.
Alternative min tax . .					
Total credits . . . . .					2,000.
Other taxes . . . . .					
Payments . . . . .					3,824.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					1,354.
Effective tax rate % . .					3.83
**Tax bracket % . . . .					12.0
Preparation fee . . . .					

\*\*Tax bracket % is based on Taxable income.

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: Micah S Last name: Day Your social security number: [REDACTED]

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: Samantha L Last name: Schwab Spouse's social security number: [REDACTED]

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Blanchester OH 45107 If more than four dependents, see inst. and  here

Dependents (see instructions):				(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	Credit for other dependents
Madelyn R	Day	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: [Signature] Date: [REDACTED] Your occupation: Police Officer If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

Spouse's signature, if a joint return, both must sign. Date: [REDACTED] Spouse's occupation: dep. Mngr If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

**Paid Preparer Use Only** Preparer's name: [REDACTED] Preparer's signature: [Signature] PTIN: [REDACTED] Firm's EIN: [REDACTED] Check if:  3rd Party Designee  Self-employed

Firm's name: Self-Prepared Phone no.: [REDACTED] Firm's address: [REDACTED]

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	64,440.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	64,440.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	64,440.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	40,440.
11	a Tax (see inst.) 4,470. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	4,470.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	2,000.
13	a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	2,470.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	2,470.
16	Total tax. Add lines 13 and 14	16	3,824.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	
19	Add any amount from Schedule 5	19	
20	Add lines 16 and 17. These are your total payments	20	3,824.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	1,354.
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	1,354.
23	Routing number: [REDACTED] Account type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number: [REDACTED]	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	

**Prepared For:**

 MICAH S. DAY AND SAMANTHAL  
 SCHWAB  
 02/11/2018

**Today's Savings**


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\* There are many education tax breaks available, including two credits, a deduction, and even three ways to exclude funds from being taxed in the first place. Using one or more of your options enabled you to reduce your taxes this year by: \$2,500.00

\* In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2017, your Marginal Tax Rate is 15% and your Effective Tax Rate is 6%.

**Total Savings** ..... **\$2,500.00**

**Filing, Refund and Balance Due Information**


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Tax Return	efile	Refund / (Balance Due)	Summary	Message
Federal	Yes	\$1,572.00	Refund	\$1,572.00 See the Filing Checklist for instructions.
Ohio	Yes	\$55.00	Refund	\$55.00 See the Filing Checklist for mailing instructions.

This H&R Block Advantage document provides information that could help you improve your tax and financial situation. Its contents should be considered in conjunction with information you receive from other sources that are familiar with your specific circumstances. Tax services offered through subsidiaries of HRB Tax Group, Inc.

2017 Tax Return Summary

**Federal Year over Year Comparison**

<b>INCOME</b>	<b>Year 2017</b>	<b>Year 2016</b>	<b>Change(\$)</b>
Wages, salaries, tips	\$59,581	\$0	\$59,581
Total income	\$59,581	\$0	\$59,581
<b>ADJUSTED GROSS INCOME</b>			
Total income less total adjustments	\$59,581	\$0	\$59,581
<b>TAXABLE INCOME</b>			
Standard deductions	\$12,700	\$0	\$12,700
Exemptions	\$8,100	\$0	\$8,100
Taxable income	\$38,781	\$0	\$38,781
<b>TAX COMPUTATION</b>			
Income tax	\$4,884	\$0	\$4,884
Tax before credits	\$4,884	\$0	\$4,884
<b>CREDITS</b>			
Education credits	\$1,500	\$0	\$1,500
Total credits	\$1,500	\$0	\$1,500
Tax after credits	\$3,384	\$0	\$3,384
<b>OTHER TAXES</b>			
Total tax	\$3,384	\$0	\$3,384
<b>PAYMENTS</b>			
Federal withholding	\$3,956	\$0	\$3,956
American opportunity credit	\$1,000	\$0	\$1,000
Total payments	\$4,956	\$0	\$4,956
<b>REFUND</b>			
Overpayment	\$1,572	\$0	\$1,572
Refund due	\$1,572	\$0	\$1,572
<b>OTHER COMPUTATIONS</b>			
Alternative minimum taxable income	\$59,581	\$0	\$59,581
Marginal tax bracket	15%		
Effective tax bracket	6%		
Filing status	Married Filing Jointly		

MICAH S DAY  
SAMANTHA L SCHWAB

**Tax Return Signature/Consent to Disclosure  
On-Line Self Select PIN without Direct Debit**

**Perjury Statement**

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.**

Taxpayer's PIN: ..... 42496 Date: ..... 02/11/2018  
Taxpayer's Date of Birth: ..... 04/24/1996  
Taxpayer's Prior Year Adjusted Gross Income: ..... 64,406.  
Taxpayer's Prior year PIN .....  
Taxpayer's Electronic Filing PIN .....  
Spouse's PIN: ..... 71096  
Spouse's Date of Birth: ..... 07/10/1996  
Spouse's Prior Year Adjusted Gross Income: ..... 64,406.  
Spouse's Prior year PIN .....  
Spouse's Electronic Filing PIN .....

**DO NOT**

**FILE**



**H&R BLOCK** 2017 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING  
December 31, 2017

<b>Prepared for</b>	MICAH S DAY SAMANTHA L SCHWAB																
<b>Tax Summary</b>	<table> <tr><td>Gross Income .....</td><td>\$ 59,581</td></tr> <tr><td>Adjusted Gross Income.....</td><td>\$ 59,581</td></tr> <tr><td>Total Deductions.....</td><td>\$ 20,800</td></tr> <tr><td>Total Taxable Income.....</td><td>\$ 38,781</td></tr> <tr><td>Total Tax .....</td><td>\$ 3,384</td></tr> <tr><td>Total Payments .....</td><td>\$ 4,956</td></tr> <tr><td>Refund Amount .....</td><td>\$ 1,572</td></tr> <tr><td>Amount You Owe .....</td><td>\$ 0</td></tr> </table>	Gross Income .....	\$ 59,581	Adjusted Gross Income.....	\$ 59,581	Total Deductions.....	\$ 20,800	Total Taxable Income.....	\$ 38,781	Total Tax .....	\$ 3,384	Total Payments .....	\$ 4,956	Refund Amount .....	\$ 1,572	Amount You Owe .....	\$ 0
Gross Income .....	\$ 59,581																
Adjusted Gross Income.....	\$ 59,581																
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Total Tax .....	\$ 3,384																
Total Payments .....	\$ 4,956																
Refund Amount .....	\$ 1,572																
Amount You Owe .....	\$ 0																
<b>Make check payable to</b>	United States Treasury																
<b>Mailing Address</b>	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

**Instructions**  
STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy  
Print a copy of the return for your records.  
Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

MICAH S DAY  
SAMANTHA L SCHWAB

OMB No. 1545-0074

Spouse's social security number

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

Foreign country name Foreign province/state/county Foreign postal code

**Filing status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above & full name here.  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.  
 5  Qualifying widow(er) with dependent child (see instructions)

**Exemptions 6a**  Yourself. If someone can claim you as a dependent, do not check box 6a.

b  Spouse

c Dependents:

If more than six dependents, see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)

Boxes checked on 6a and 6b **2**

No. of children on 6c who:  
 - lived with you \_\_\_\_\_  
 - did not live with you due to divorce or separation (see instr.) \_\_\_\_\_

Dependents on 6c not entered above \_\_\_\_\_

Add numbers on lines above **2**

d Total number of exemptions claimed.

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 **59,581.**

8a Taxable interest. Attach Schedule B if required. 8a \_\_\_\_\_

b Tax-exempt interest. Do not include on line 8a. 8b \_\_\_\_\_

9a Ordinary dividends. Attach Schedule B if required. 9a \_\_\_\_\_

b Qualified dividends (see instructions). 9b \_\_\_\_\_

10 Capital gain distributions (see instructions). 10 \_\_\_\_\_

11a IRA distributions. 11a \_\_\_\_\_ 11b Taxable amount (see instructions). 11b \_\_\_\_\_

12a Pensions and annuities. 12a \_\_\_\_\_ 12b Taxable amount (see instructions). 12b \_\_\_\_\_

13 Unemployment compensation and Alaska Permanent Fund dividends. 13 \_\_\_\_\_

14a Social security benefits. 14a \_\_\_\_\_ 14b Taxable amount (see instructions). 14b \_\_\_\_\_

15 Add lines 7 through 14b (far right column). This is your total income. **15 59,581.**

**Adjusted gross income**  
 16 Educator expenses (see instructions). 16 \_\_\_\_\_

17 IRA deduction (see instructions). 17 \_\_\_\_\_

18 Student loan interest deduction (see instructions). 18 \_\_\_\_\_

19 Reserved for future use. 19 \_\_\_\_\_

20 Add lines 16 through 19. These are your total adjustments. 20 \_\_\_\_\_

21 Subtract line 20 from line 15. This is your adjusted gross income. **21 59,581.**

2/6/2020

Micah Day



*Start date changed to 3-9-2020  
DE*

Mr. Day,

The City of Monroe would like to extend you a conditional offer of employment for the position of full – time patrol officer beginning March 2, 2020 at 7:00 am. Your starting salary will be \$56,446.

Upon completion of your probationary period and verification of prior FT service from your previous employers, you will be credited with the corresponding amount of vacation hours in the current collective bargaining agreement between the City of Monroe and the OPBA. Remaining sick leave hours with your current employer will transfer upon receipt of a verification letter stating your balance at separation.

This offer is contingent on a negative drug screen, and any medical and psychological results required.

Your point of contact to coordinate these medical appointments is Police Administrative Assistant, Michelle Payne at 513-539-9234.

We look forward to working with you and are very excited to have you join our team. If you have any questions concerning this offer, please do not hesitate to contact me.

Sincerely,



Deana England

Executive Assistant/Secretary to the Personnel Board

# Acknowledgement of Receipt of Auditor of State Fraud Reporting-System Information

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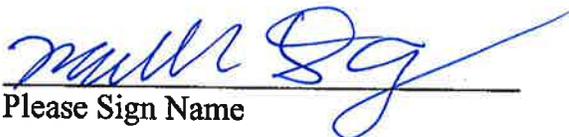
Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

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

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

I, Micah Day, 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.

Micah Day Patrol Officer Police Dept.  
Print Name, Title, and Department

  
Please Sign Name

02-27-20  
Date



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) <i>Day</i>		First Name (Given Name) <i>Micah</i>		Middle Initial <i>S</i>	Other Last Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town <i>Blanchester</i>	State <i>OH</i>	ZIP Code <i>45107</i>
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]		Employee's E-mail Address		Employee's Telephone Number [REDACTED]	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____	
<b>OR</b>	
2. Form I-94 Admission Number: _____	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <i>02-</i>
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

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

**STOP**    *Employer Completes Next Page*    **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) <i>Day</i>	First Name (Given Name) <i>Michal</i>	M.I. <i>S</i>	Citizenship/Immigration Status <i>US Citizen</i>
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List A
OR
List B
AND
List C  
 Identity and Employment Authorization      Identity      Employment Authorization

Document Title	Document Title <i>Drivers license</i>	Document Title <i>SS card</i>
Issuing Authority	Issuing Authority <i>State of Ohio</i>	Issuing Authority <i>US Govnt</i>
Document Number	Document Number [REDACTED]	Document Number [REDACTED]
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) <i>4-24-2021</i>	Expiration Date (if any) (mm/dd/yyyy) <i>N/A</i>
Document Title	Additional Information      <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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

The employee's first day of employment (mm/dd/yyyy): *3-9-2020* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Deana England</i>	Today's Date (mm/dd/yyyy) <i>2-27-2020</i>	Title of Employer or Authorized Representative <i>Executive Asst.</i>
Last Name of Employer or Authorized Representative <i>England</i>	First Name of Employer or Authorized Representative <i>Deana</i>	Employer's Business or Organization Name <i>City of Monroe</i>
Employer's Business or Organization Address (Street Number and Name) <i>233 S. Main street</i>	City or Town <i>Monroe</i>	State <i>Oh</i>
		ZIP Code <i>45050</i>

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>	<b>AND</b>	
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

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## 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, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto: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.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions increases.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
(b) The support of a dependent for whom you claimed exemption is taken over by someone else.
(c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

Scissors icon please detach here



Employee's Withholding Exemption Certificate

Print full name test Meah Day Social Security number [redacted]

Home address and ZIP code [redacted]

Public school district of residence Little Miami Schools School district no. [redacted]

- 1. Personal exemption for yourself, enter "1" if claimed 0
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) 0
3. Exemptions for dependents 0
4. Add the exemptions that you have claimed above and enter total 0
5. Additional withholding per pay period under agreement with employer \$ 0

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature [Signature] Date 02-28-20



Ohio Police & Fire Pension Fund  
 140 East Town Street  
 Columbus, OH 43215  
 Phone: 1-888-864-8363  
 www.op-f.org

## PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre-employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

**The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.**

### Section A: Employee information

Name: First, MI, Last, suffix (Jr. III, etc.)		<input checked="" type="checkbox"/> Police officer <input type="checkbox"/> Male <input type="checkbox"/> Firefighter <input type="checkbox"/> Female	Social Security number
Street Address / Post office box		[REDACTED]	
City, State, ZIP code		Date of Birth	
Blanchester OH 45107		[REDACTED]	
Home phone	<input type="checkbox"/> New	Alternate phone	<input checked="" type="checkbox"/> New
[REDACTED]		Email address	<input type="checkbox"/> New

**Section B: Marital and dependent information**

**Current spouse**

Name: Samantha Day Gender:  Male  Female

Marriage date: 07 11 2015 Social Security number: [REDACTED] Birth date: [REDACTED]

**Dependent information (excluding current spouse)**

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18	<u>Madelyn Day</u>	<u>F</u>	[REDACTED]	[REDACTED]
Children, 18-22 if unmarried and a student				
Children, any age if dependent and disabled				

**Section C: Multiple Ohio retirement system membership**

List your status with the Ohio retirement systems below. Check all that apply.

<input type="checkbox"/> Member has no association with an Ohio retirement system, other than OP&F	Currently receiving service or disability benefits	Currently contributing	Contributed prior to OP&F membership	Received a refund of contributions	Contributions were for full-time employment	Dates of full-time employment prior to OP&F membership, or, if currently receiving retirement benefits, list retirement date
<input type="checkbox"/> Ohio Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Ohio Public Employees Retirement System (OPERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>42-16-12-18</u>
<input type="checkbox"/> State Teachers Retirement System of Ohio (STRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ohio School Employees Retirement System (SERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Ohio Police & Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>09-2018 - Present</u>

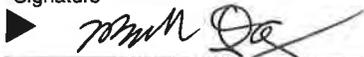
**Section D: Out-of-state, federal or military employment information**

Yes  No Have you ever been employed full-time by an **out-of-state public employer** or as a **civil employee of the federal government**? If yes, please provide your employer's name, address, date of hire and termination date.

Yes  No Do you have previous active duty service in the **Armed Forces**? If yes, please provide your branch and dates of service.

**Section E: Employee signature and acknowledgement**

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.

Signature 	Date of signature 03-9-20
--	------------------------------

**Section F: Notary public requirement**

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of Butler, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this 9th day of March, 20 20.



Deborah J Armitage  
Notary Public - Ohio  
My Commission Expires April 03, 2021

Notary's signature 
Print name Deborah J. Armitage
My commission expires April 8, 2021

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

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

Section G: Employer Information		
Employer name <u>City of Monroe</u>	Employer Code <u>0112</u>	Check one: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire
Street address / Post office box <u>233 S. Main St.</u>	Employer phone <u>513.539.7374</u>	Employer fax <u>513.539.6460</u>
City, State, ZIP code <u>Monroe, OH 45050</u>	Employer e-mail address: <u>waggaman@monroedio.org</u>	

**Section H: Certification of membership eligibility**

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

Yes  No The employee received an original appointment as a full-time, regular **police officer**.  
Check one of the following:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Yes  No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

3/9/2020  
Date employee began contributing a percentage of his/her salary to OP&F (first date the employee reported for duty as a full-time police officer or firefighter).

3/9/2020  
(month/day/year) Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**

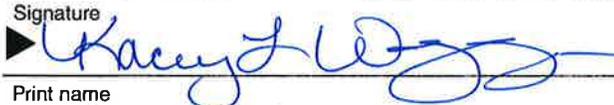
\$56,440  
(pay rate) Member's initial hourly or yearly rate (please specify).

3/2020  
(month/year) Date pension contributions will first appear on the *Report of Retirement Deductions*.

A  
(A, B, C or D) Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions*.

**Section I: Employer certification**

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature 	Date of signature <u>3/12/2020</u>
Print name <u>Kacey Waggaman</u>	Title <u>Assistant City Manager</u>

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

OP&F USE ONLY	Entered/Date:	Reviewed/Date:
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**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box if:  Correction to Record  Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>	1. Name (Last) Day	(First) Micah	(Middle) Scott	2. Social Security Number [REDACTED]
	3. Previous Name(s) or Alias (Last)	(First)	(Middle)	
	4. Birth date (mm/dd/yyyy) [REDACTED]	5. Officer's Individual Email Address [REDACTED]		6. Phone Number [REDACTED]
	7. Home Mailing Address (#/Street/PO Box) [REDACTED]	(City) Blanchester	(State) Ohio	(Zip Code) (County Name) 45107 Warren
	8. Basic Training Academy (Academy Name) (Only complete if this is the officer's first appointment or OSP)	(Academy Number)	(Dates of Training)	

<b>AGENCY INFORMATION</b>	9. Agency Name Monroe Police Department			
	10. Reporting Authority's Email Address buchananb@monroeohio.org	11. Agency Phone Number 513.539.9234		
	12. Agency Mailing Address (#/Street/PO Box) 233 S. Main St.	(City) Monroe	(Zip Code) 45050	(County Name) Butler/Warren

<b>APPOINTMENT INFORMATION</b>	(Complete Date, Status and ORC)	13. New Appointment Date 03 / 09 / 2020	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161) <input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01) <input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____		<input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority 	18. Printed Name and Title Robert O. Buchanan, Chief of Police	19. Date 03 ,09 ,2020	
20. Signature of Witness 	21. Printed Name (First, Middle, Last) Michelle Lynn Payne	22. Date 03 ,09 ,2020	

Officer Name (Last)

(First)

(Middle)

Social Security Number

Day

Micah

Scott



**23. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

William Brock

Name of Appointing Authority (Typed or Printed Legibly)

City Manager

Title of Appointing Authority (Typed or Printed Legibly)

Signature of Appointing Authority

**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): <b>Blanchester Police Dept. Clinton</b>	25. From(mm/dd/yyyy): <b>09 / 2018</b>	To(mm/dd/yyyy): <b>03 / 06 2020</b>
26. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

**CITY OF MONROE  
ACKNOWLEDGMENT OF RECEIPT**

I have received a copy of the City of Monroe Personnel Policy Manual. I understand I am responsible for reading it.

Employee Signature: 

Employee Name (print): Nicha Bay

Date: 02-27-20

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

Employee Name Micha Day Employee ID# \_\_\_\_\_

Employer Name City of Monroe 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 [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

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

Signature of Employee  Date 02-27-20

## Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

2020

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial <b>Mican S</b>	Last name <b>Day</b>	(b) Social security number <div style="background-color: black; width: 100%; height: 1.2em;"></div>
	Address <div style="background-color: black; width: 100%; height: 1.2em;"></div>		
	City or town, state, and ZIP code <b>Blanchester OH 45107</b>		
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ <u>0</u>		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ <u>0</u>		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ <u>0</u>
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ <u>0</u>
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ <u>0</u>

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	 Employee's signature (This form is not valid unless you sign it.)		Date <b>02-28-20</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$ 0
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$ 0
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$ 0
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$ 0
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 0
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$ 0

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. 1 \$ 0
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately } 2 \$ 0
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-". 3 \$ 0
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information. 4 \$ 0
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$ 0

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



# **Certificate of Course Completion**

This is to verify that

Micah Day

has completed

Sexual Harassment Prevention in the Workplace

on

3/29/2020

*Fiscal Officer*  
*Street Department*



*Parks & Recreation*  
*Zoning Department*

*John M Carman, Mayor*

March 4, 2020

To Whom It May Concern:

This confirms that Micah Day was a Patrolman at the Village of Blanchester from 04/26/2018 to 03/06/2020. His ending balance of sick leave as of 03/06/2020 is 120 hours. Please see attached documentation from our payroll records of all remaining leave balances as of the time of his voluntary termination.

Please feel free to contact our office with any questions concerning this matter. Thank you!

Sincerely,

A handwritten signature in black ink that reads "Jewelie Casteel". The signature is written in a cursive style with a large initial "J".

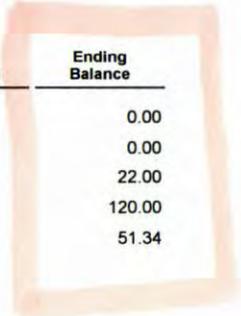
Jewelie Casteel  
Fiscal Officer

Attachment

**Leave Summary**

March 2020

Name	Department	Leave Type	Employee Leave		Beginning Balance	Earned	Used	Denied	Adjusted	Ending Balance
			ID	Description						
DAY, MICAH S.	Police Department Payroll	Free Day	8	Free Day	0.00					0.00
		Holiday Leave	7	Holiday Leave	0.00					0.00
		Personal Leave	5	Personal Leave	26.00		4.00			22.00
		Sick Leave	6	Sick Leave	120.00					120.00
		Vacation Leave	4	Vacation Leave	51.34					51.34



*Approved 180 hrs Sick 5/19/20 JP*

## **Exhibit 5**



# MONROE POLICE DEPARTMENT RECOMMENDATION FOR AWARD



<b>OFFICER DATA</b>	
NAME <b>SKYLAR HALSEY</b>	RANK <b>PATROL OFFICER</b>
PROPOSED CITATION <b>LIFE SAVING AWARD</b>	
REASON FOR AWARD <b>PERFORMING CPR ON A SUBJECT WHO POSSIBLY OVERDOSED ON OPIOIDS</b>	
<b>RECOMMENDER DATA</b>	
NAME <b>BRAD PELFREY</b>	
RANK <b>LIEUTENANT</b>	TITLE <b>SECOND SHIFT COMMANDER</b>
RELATIONSHIP TO AWARDEE <b>SUPERVISOR</b>	SUPERVISOR <b>19-009233</b>
<b>JUSTIFICATION AND CITATION DATA</b>	
<b>ACHIEVEMENTS</b>	
<p>ON JUNE 12TH, 2019, OFFICER HALSEY AND OFFICER HARNER WERE DISPATCHED TO 125 CARSON RD IN RESPONSE TO A POSSIBLE OVERDOSE. ON SCENE, OFFICERS BEGAN RENDERING AID TO A JEREMY PROFITT. PROFITT CEASED SHOWING SIGNS OF LIFE. OFFICERS ADMINISTERED NARCAN TO THE NASAL PASSAGES OF PROFITT, THEN BEGAN CPR. PROFITT BEGAN SNORING AND BREATHING. MEDICS ARRIVED AND TOOK OVER CARE OF PROFITT. WITHOUT THE QUICK ACTION OF THESE OFFICERS, PROFITT WOULD HAVE DIED FROM THIS INCIDENT. OFFICER HALSEY'S ACTIONS WERE HEROIC AND REFLECT GREAT CREDIT UPON HIMSELF, THE MONROE POLICE DEPARTMENT AND THE CITY OF MONROE.</p>	
NAME <b>BOB BUCHANAN</b>	RANK <b>CHIEF OF POLICE</b>
SIGNATURE 	DATE <b>9-16-19</b>

# COPY

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

I, Skylar Halsey, 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.

Skylar J Halsey, Peace Officer, Monroe Police Department  
Print Name, Title, and Department

  
Please Sign Name

08/02/18  
Date

**CITY OF MONROE  
ACKNOWLEDGMENT OF RECEIPT**

I have received a copy of the City of Monroe Personnel Policy Manual. I understand I am responsible for reading it.

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



Employee Name (print): \_\_\_\_\_

Skylar J. Halsey

Date: 08/02/18



eOPOTA  
**FILE**

*This is to certify that*

***Skylar Halsey***

*has completed the Ohio Attorney General's online training course on*

***Ethics and Professionalism***

*Completed on: 11/14/2018 11:43:25 AM*

Skylar J Halsey

**FILE**

Equipment Issued	# Of Items	Date Issued	Date Returned
I.D. Card	1	12/3 JH	
Badge - large	1	12/3 SH	
Badge - hat	1	12/3/18 SH	
OIT Insignia	1	18/15 SH	
Name Plate (Last name only)	1	08/15 SH	
Whistle Chain / Whistle	1	08/15 SH	
Short Sleeve Uniform Shirts	5	12/13/18 SH	
Long Sleeve Uniform Shirts	5	12/13/18 SH	
Uniform Pants <i>ordered</i>	5	12/07/18 SH	
Vest and carrier	1	12/12/18 SH	
Jacket <i>ordered</i>	1	12/7/18 SH	
Dress Hat	1	12/3/18 SH	
Tie	2	08/15 SH	
Rain Gear Coat and hat cover	1	08/15 SH	
Leather Duty Belt	1	08/15 SH	
ASP Baton	1	08/15 SH	
ASP Baton Holder	1	08/15 SH	
Weapon with three magazines	2	08/15 SH	
Holster	1	08/15 SH	
Duty Bag	1	08/15 SH	
Magazine Pouch	1	08/15 SH	
Winter Knit Hat	1	12/3/18 SH	
Chemical Agent and Holder	1	12/3/18 SH	
Handcuffs	2	08/15 SH	
Handcuff case	2	08/15 SH	
Key to building	1	12/3/18 SH	
Mock turtleneck "MPD" shirts	3	12/3/18 SH	
Portable Radio with shoulder mic and (1) battery	1	08/15 SH	
Radio Holder	1	08/15 SH	
Inner leather belt	1	08/15 SH	
Access to Dept. Manual and City manual			Sent email
Belt keepers	1	08/15 SH	
Waterproof boots	<del>2</del> 1	12/3 SH	
Other pair of boots or oxford shoe	1	12/3 SH	
Metal clip board /metal citation book	1	08/15 SH	
Biohazard glove case and gloves	1	08/15 SH	
TAZER and Holster	1	08/15 SH	
Flashlight and leather holder	1	08/15 SH	



# Warren County Combined Training Team



FILE

THIS IS TO CERTIFY THAT

**Skylar Halsey**

HAS COMPLETED 4 HOURS TRAINING IN

**2018 Combined Training Event**

(Active Shooter, Incident Command, TacMed)

**9/25/2018**

Chief Jeffrey Kruthoff

Springboro Police Department

Sergeant Randy Asencio

Warren County Sheriff's Office

# LEADS



FILE

**This is to certify that**  
**SKYLAR HALSEY**  
**has successfully completed the Ohio LEADS testing on**

**October 26, 2018**

**by completing the following exam:**

**Inquiry Test**

**This certificate is good through**

**October 26, 2020**



*This is to certify that*

***Skylar Halsey***

*has completed the Ohio Attorney General's online training course on*

***Narcan eLearning Course***

*Completed on: 8/25/2018 9:36:33 AM*

**FILE**



*This is to certify that*

***Skylar Halsey***

*has completed the Ohio Attorney General's online training course on*

***Missing Persons***

*Completed on: 8/24/2018 9:05:57 AM*

**FILE**



**FILE**

*This is to certify that*

***Skylar Halsey***

*has completed the Ohio Attorney General's online training course on*

***Companion Animal Encounters***

***Completed on: 8/24/2018 8:51:44 AM***



# **Certificate of Course Completion**

This is to verify that  
Skylar Halsey

has completed

**Bullying in the Workplace**

on

11/14/2018



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

This is to certify that

**Skylar James Halsey**

has completed the Ohio  
**Peace Officer Basic Training Program**

Conducted by

**Butler Tech Peace Officer Training Academy**

Awarded on

**February 14, 2018**

Mike DeWine  
Attorney General

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

  
BAS17-038 171538

School Commander



# **Certificate of Course Completion**

This is to verify that

Skylar Halsey

has completed

Sexual Harassment Prevention in the Workplace

on

11/14/2018

07/17/2018

Skylar Halsey

Mr. Halsey,

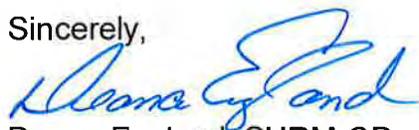
The City of Monroe would like to extend you a conditional offer of employment for the position of full-time patrol officer beginning August 15, 2018. Your starting salary will be \$45,567.

Remaining sick leave hours with your current employer may transfer upon receipt of a verification letter stating your balance at separation.

This offer is contingent on a negative drug screen, passing of a psychological examination, and medical screening. Your point of contact to coordinate these appointments is Police Administrative Assistant Michelle Payne at 513-539-9234.

We look forward to working with you and are very excited to have you join our team. If you have any questions concerning this offer, please do not hesitate to contact me.

Sincerely,



Deana England, SHRM-CP  
Secretary to the Personnel Board

**Mental Health Recovery Services of  
Warren and Clinton Counties**

**CRISIS INTERVENTION TEAM**

*This is to CERTIFY that on November 8, 2018*

**Officer Skylar Halsey**

**Successfully Completed C.I.T. Training  
in Dealing with Mental  
Health Crisis in a Rural Community**



*Sgt. Wallace E. Stacy*  
Sergeant Wallace Stacy  
CIT Coordinator

Date: November 8, 2018

FILE

Quarterly eval.

PERSONNEL EVALUATIONS

EMPLOYEE: OFFICER SKYLAR HALSEY

SCORE: 37/48

DATE: 3/11/19

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Halsey is eager to learn all aspects of the job. He has been on his own for several months now. He is extremely capable for the amount of time he has been an officer.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Halsey has performed many traffic stops with warnings. I'd like him to develop some other types of traffic stops.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS: Officer Halsey had a minor accident with the cruiser. He had two accommodations for his work on the robbery at LCNB as well as a Burglary investigation.

Officer Halsey is good at documentation in his reports. He took 145 cad reports since the last eval on 11/20. This shows that he is an active officer.

He strives to improve personal performance in different aspects of the job in an effort to become a better officer.

He had two critical incidents and both were per policy.

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

I would recommend crime scene or an investigations class to broaden his job knowledge.

Lieutenant Alicia Beacock

Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 03/11/19 Employee Signature

 #863

413

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
<p>Attitude toward the public:</p> <p>Score: <u>    3    </u></p>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
<p>Attitude toward supervisors:</p> <p>Score: <u>    3    </u></p>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
<p>Cooperativeness:</p> <p>Score: <u>    3    </u></p>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
<p>Report writing:</p> <p>Score: <u>    3    </u></p>	Officer consistently submits reports which are vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
<p>Work load/Productivity:</p> <p>Score: <u>    3    </u></p>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
<p>Appearance:</p> <p>Score: <u>    3    </u></p>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

# Shift Trade

## Monroe Police Department

I / We, officers Skylar Halsey and TJ Allen

wish to make the following trade of shifts in accordance with and pursuant to **Article 16, Sec. 16.6** of the labor agreement between the City of Monroe and the Fraternal Order of Police. We understand that by making this trade, that we will be responsible for working the shift for which we have traded.

Officer Halsey will work Second 10/16/19  
(Shift Day Date)

Officer Allen will work First 10/19/19  
(Shift Day Date)

Signed [Signature] 863

Signed [Signature]

Date 9/27/19 Approved  Disapproved  [Signature] 9/27/19  
Chief of Police or Captain Date

# Shift Trade

## Monroe Police Department

I / We, officers \_\_\_\_\_ and \_\_\_\_\_

wish to make the following trade of shifts in accordance with and pursuant to **Article 16, Sec. 16.6** of the labor agreement between the City of Monroe and the Fraternal Order of Police. We understand that by making this trade, that we will be responsible for working the shift for which we have traded.

Officer \_\_\_\_\_ will work \_\_\_\_\_  
(Shift Day Date)

Officer \_\_\_\_\_ will work \_\_\_\_\_  
(Shift Day Date)

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Approved  Disapproved  \_\_\_\_\_ / /  
Chief of Police or Captain Date

**Shift Trade**  
**Monroe Police Department**

I / We, Officers SKylar Halsey and Jill Ebbing

Wish to make the following trade of shifts in accordance with and pursuant to Article 16, Sec. 16.6 of the labor agreement between the City of Monroe and the Ohio Patrolmen's Benevolent Association. We understand that by making this trade that we will be responsible for working the shift for which we have traded.

Officer Skylar Halsey will work 1st Thursday 12/07/2019  
Shift Day Date

Officer Jill Ebbing will work 1st Saturday 12/09/2019  
Shift Day Date

Signed  #863  
Date 11/24/2019

Signed  #864  
Date 11/24/2019

Approved  Disapproved

Sgt. C. C. #847 11-30-19  
Chief of Police or Supervisor Date

PERSONNEL EVALUATIONS

EMPLOYEE: Officer Skylar Halsey

SCORE: 40

DATE: August 10, 2021

**COMMENTS ON PRINCIPAL STRENGTHS: Officer Halsey arrives for his shift on time and has his uniform and duty gear in order and ready to work. Following shift roll call, Officer Halsey completes all equipment and vehicle pre checks prior to responding to his assigned beat. Officer Halsey has a good relationship with his supervisors and completes all assignments when asked with no complaint. Officer Halsey gets along with his peers and assist them when needed. Officer Halsey completes his calls for service with little or no supervisor assistance and completes his reports in a timely manner. Officer Halsey is a hard worker and stays busy while conducting his patrol duties. He has a positive attitude toward road patrol and looks beyond the initial traffic stop for additional crimes. Officer Halsey has proven himself adept at narcotic related offenses while enforcing traffic laws. Officer Halsey does a good job during his response on calls for service and interacting with our community. Officer Halsey has received three recognitions for his teamwork and work ethic over the last 12 months.**

**COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT: Officer Halsey has tried several special assignments throughout the previous year. Thus far, he has not found one that works with his commitments outside of the police department. I would encourage him to continue looking for opportunities and training within the department.**

**HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?**

X YES \_\_\_\_\_ NO

**COMMENTS:**

**RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:**

**Field Training Officer**

**RATED BY (NAME AND TITLE)**

**Lieutenant Rosenbalm**

**Sergeant Caudill**

 10-4-C1  
Approved By

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8/10/21 Employee Signature  863

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 1

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    3    </u>			Officer is only occasionally Late and seldom calls in sick.	
Job Knowledge  Score: <u>    4    </u>				Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>			Officer's work is generally correct and supervisory correction is only needed occasionally.	
Consistency of Work:  Score: <u>    3    </u>			Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	
Judgment:  Score: <u>    4    </u>				Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3    </u>			Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

Page 2

	Does not meet Minimum standards 1	Meets minimum standards: But Must show improvement 2	Meets Standards of Performance 3	Exceeds Standards of Performance 4
Attitude toward the public: Score: <u>4</u>				Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>4</u>				Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>3</u>			Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	
Report writing: Score: <u>3</u>			Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	
Work load/Productivity: Score: <u>3</u>			Officer consistently displays adequate performance in all aspects of police duties.	
Appearance: Score: <u>3</u>			Officer consistently shows a good uniform appearance and adequate personal grooming.	



## MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

To: Lt. Brian Curlis

From: Det. Gregg Myers

Re: Background of Skylar Halsey

Date: 7/10/2018

I was task with conducting a background investigation on Skylar Halsey for the position of police officer for the City of Monroe Police Department. Mr. Halsey presently resides at 500 Boylson Street in the City of Middletown. Mr. Halsey purchased the residence in 5/2018 and rents space to two roommates. Prior to buying the house Mr. Halsey lived with his parents at [REDACTED] in Monroe and in Oxford Ohio while attending college. Mr. Halsey attended Monroe High School and then attended Miami University in Oxford Ohio. At this time Mr. Halsey is one quarter shy of a degree in Criminal Justice. While taking classes at Miami Mr. Halsey went to the Butler Tech Police Academy and received his Basic Police Academy Certification.

Mr. Halsey is presently employed with the Butler County Sheriff's Office and works in the jail as a corrections officer. Documents were obtained from the Butler County Sheriff's Office pertaining to Mr. Halsey's application, hiring documents as well as his quality of work and evaluations. There were no negative findings listed. Training staff gave him high marks and stated he was always trying to better himself and followed rules and regulations very well. Staff further stated Mr. Halsey was very level headed and was one officer who could be assigned tasks and it was known the task would be completed properly. Prior to working at the Sheriff's Office Mr. Halsey worked at The Field Sports Arena, Bruno's Pizza and Advanced Pools and Spas. Mr. Halsey presently holds a commission as a special deputy with the Butler County Sheriff's Office.

Mr. Halsey has three speeding tickets on his record. Two tickets were in 2013 and

one in 2014. Since the speed tickets Mr. Halsey has a violation of passing a stopped school bus in 2015 and a seat belt violation in 2015 as well.

I made contact with persons Mr. Halsey put down as references and all gave him very high praise. People stated he was hard working, trustworthy, thoughtful and has the qualities to become a leader in the future. His references consisted of friends, past coaches as well as a Common Pleas Judge. All stated he would be an asset to the Monroe Police Departments roster.

Mr. Halsey met with me twice at the Monroe Police Department. Both times he was well dressed and arrived before the established meeting time. I felt Mr. Halsey carried himself well and was very open and forthcoming on issues we discussed. The first time we met was for me to gather a few documents from him as well as to go over the disqualification check list. Mr. Halsey stated there were no items on the list that he observed that disqualified him. He signed the form and we set up a time to discuss his pre employment questionnaire and to take a CVSA examination.

On 7/6/2018 Mr. Halsey came to the Monroe Police Department and went over his pre employment questionnaire and took his CVSA examination. During the review of the pre employment questionnaire we discussed the disclosures Mr. Halsey wrote down and discussed if there were any other items that he needed to disclose to pass the CVSA. We talked about his disclosure of smoking marijuana in the past and the timeframe that he did this. It was determined that Mr. Halsey had smoked marijuana more than fifty times but less than one hundred times. The timeframe given for the last time he smoked was approximately two and a half to three years ago. While looking through documents from other agencies and other hiring paperwork, I found this statement to be consistent. Mr. Halsey disclosed that he had purchased alcohol for his underage brother twice in the past when he turned 21. After going over the questionnaire we proceeded to the CVSA examination. (See report)

Multiple law enforcement databases were searched for anything negative relating to Skylar Halsey. All of the data base checks that were performed showed nothing negative. Checks included Accurint, Leads On Line, a Criminal History check, a check through LEADS, credit history, decertification check as well as checks in area's where he lived and went to school. Social media was looked at and there were no negative posts found.

At this time I find nothing that precludes Mr. Halsey from moving forward in the hiring process with the City of Monroe Police Department. I am forwarding this report to administration for their review of the candidate.

A handwritten signature in black ink, appearing to read 'Gregg Myers', with a long horizontal flourish extending to the right.

Detective Gregg Myers



## MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

To: Lt. Brian Curlis

From: Det. Gregg Myers

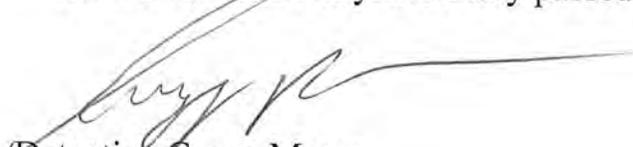
Re: CVSA of Skylar Halsey

Date: 7/6/2018

On 7/6/2018 Skylar Halsey came to the Monroe Police Department to go over his pre employment questionnaire as well as take a CVSA examination. this was done to validate the truthfulness of his application and pre employment questionnaire disclosures. We went over his application, pre employment questionnaire as well as documents I had gathered during my time working on his background. The disclosures he provided as well as my findings of other pertinent facts are discussed in the final report on Mr. Halsey. after we went over the information Mr. Halsey submitted to a CVSA examination.

The procedure for the examination was discussed with Mr. Halsey before the start of the examination. He had no questions or other information he wished to disclose before we began. Mr. Halsey completed chart one and two. I found no deception on the relevant chart and this was verified by a second check by Detective Josh Robertson. I found Mr. Halsey to be truthful and to have disclosed truthful answers to all questions asked of him during the examination as well as during the pre exam disclosure phase. it is my opinion that Mr. Skylar Halsey was truthful in his application, pre employment questionnaire and interview with me.

On 7/6/2018 Mr. Skylar Halsey passed his pre employment CVSA examination.

  
Detective Gregg Myers

Name of Applicant	Date of Birth	Date of Application
-------------------	---------------	---------------------

<b>Step 1. Personal History Questionnaire Review</b>	Date Application Received
--	---------------------------

<u>Review Checkpoints</u>	<u>Discrepancies</u>
<input type="checkbox"/> Blanks on Document	
<input type="checkbox"/> Incomplete Information	
<input type="checkbox"/> Inconsistent Information	
<input type="checkbox"/> Inaccurate Information	
<input type="checkbox"/> Omitted Information	
<input type="checkbox"/> False Information	
<input type="checkbox"/> Time Reconciliation	
<input type="checkbox"/> Location Reconciliation	

<b>Step 2. Documents Requested, Received, Verified</b>
--

Type of Document	Date Requested	Date Received	By	Type of Document	Date Requested	Date Received	By
Birth Certificate	7/3	7/6	<i>a</i>	High School Transcripts			<i>a</i>
Certificate of Citizenship				College Transcripts			<i>a</i>
Birth Abroad to U.S. Citizen				DD214			
Naturalization Document				Selective Service Verification			
Marriage License				Passport			
Divorce Decree				Social Security Card	7/3	7/6	<i>a</i>
Adoption Papers				Bankruptcy Papers			
Driver's License			<i>G</i>	Law Enforcement Certifications			








**Step 7. Optional Correspondence - Attach Waiver**

**Step 7A. Criminal Records Center Correspondence**

Date Mailed	Mailed By	Date Received

**Step 7B. Internal Revenue Service 4506T**

Date Mailed	Mailed By	Date Received

**Step 7C. Request for Social Security Earnings Information SSA-7050-F4**

Date Mailed	Mailed By	Date Received

**MIDDLETOWN DIVISION OF POLICE**  
**POLYGRAPH REPORT**

**POLYGRAPH CASE :** M17-068

**EXAM DATE:** 9-25-2017

**EXAMINEER:** STEPHEN C. WINTERS

**LOCATION:** Middletown Police Dept/Det.section

**EXAM RESULTS:** Significant Reaction

**REQUESTING AGENCY:** Middletown Division of Police (Chief Muterspaw)

**POSITION APPLIED FOR:** Police Officer

**SUBJECT:** Pre-Offer Pre-Employment Polygraph of Skylar Halsey **DOB:** [REDACTED] **SSN:** [REDACTED]

The following summary of Skylar Halsey's Pre-Offer Pre-Employment Polygraph Examination administered on September 25, 2017, at the Middletown Police Department.

**CONSENT TO TAKE POLYGRAPH EXAMINATION**

On 9-25-2017 examinee signed and dated the consent to take Pre-Employment Polygraph Examination form at approximately 13:21p.m. Consent form copies are attached with this report while the originals will be retained in the case file.

**PRE-EXAMINATION INTERVIEW**

**EMPLOYMENT RECORD**

The applicant is currently employed with Fields Sports Arena, Monroe, OH: The applicant advised he is a "call as needed employee". The applicant stated he has been employed Fields since 2016.

The applicant stated he has been employed at the following locations:

1. Advance Pools and Spas, Middletown, OH: Employed from 2011 to December 2016. The applicant held the position of laborer.
2. Brunos Pizza, Oxford, OH: Employed from 2014 to 2015. The applicant held the position of pizza deliverer
3. North Face, Monroe, OH: Employed from 2011 to 2012. The applicant stated it was seasonal work.

**MILITARY SERVICE**

The applicant advised of no Military Service.

**POLICE /CRIMINAL RECORD**

The applicant advised of no criminal issues.

**TRAFFIC VIOLATION/OFFENSES**

The applicant was unsure about his citations. The applicant stated he has 3 speeding citations, passing a school bus and one at fault accident on his current driving record. The applicant stated he pays approximately \$4000.00 per year for insurance.

**EMPLOYMENT THEFT**

The applicant advised while working at Bruno he had taken several t-shirts.

The applicant stated while working at A.S.A.P he would take pool chemicals.

**DRUG USAGE**

The applicant advised he has used chewing tobacco since the age of 15 years old and uses 1 can per day.

The applicant stated he had used marijuana more than 100 times.

The applicant stated he started smoking marijuana at the age of 16 years old. The applicant stated the most marijuana he has ever purchased was 20oz.

The applicant stated the last time he used marijuana was 1 ½ years ago.

**The applicant stated the last time he was around marijuana socially was 3 or 4 months ago playing golf with a friend that smokes marijuana. The applicant stated 5 months ago he was at a bonfire with friends and they started smoking marijuana.**

The applicant stated he smoked marijuana while working at A.S.A.P Pools.

The applicant stated he has used DAB (liquid marijuana) and Spice.

The applicant stated he would purchase marijuana and then have his friends pay him back.

### **DOMESTIC VIOLENCE**

The applicant advised while dating his ex-girlfriend he accidentally smacked her very hard in the face. The applicant recalled trying to stop his girlfriend from hitting him so he grabbed her hands too hard.

### **FINANCIAL DEBT HISTORY**

The applicant advised he owes on the following debt.

1. School loan \$27,000.00

### **MISCELLANEOUS**

The applicant advised at the age of 21 he took \$70 out of his mom's purse.

The applicant stated at the age of 17 years old he switched price tags on clothing to get it cheaper.

The applicant stated when visiting in China while in High School he paid for sex on 3 occasions.

The applicant watches porn 3 times per week.

The applicant received naked photos of his girlfriend on his phone and the applicant showed his friends the photos.

### **IN-TEST EXAMINATION POLYGRAPH REPORT**

A Lafayette model LX 5000 computerized polygraph system was used for the collection of polygraph test. This instrument makes a continuous recording of movement associated with respiration, electro dermal activity and cardiovascular activity.

The Polygraph Pre-Employment screening test used on applicant: **LEPET** (Law Enforcement pre-Employment Question Test).

The polygraph screening test consisted of the following Relevant Questions.

**Question:** Have you intentionally falsified or omitted any information on your application forms?

Answer: NO

**Question:** Did you ever commit an act of domestic violence?

Answer: NO

**Question:** Are you intentionally withholding any information about your involvement with illegal drugs?

Answer: No

**Question:** Have you ever committed a serious undetected crime?

Answer: NO

### TEST DATA ANALYSIS

Based on series 1, of the Polygraph Examination conducted on September 25, 2017, analysis of the charts collected using Empirical Scoring System (E.S.S) it was determined that sufficient criteria was present to form a conclusive decision regarding the truthfulness of the examinee. Examination determined the examinee displayed a Significant **Reaction with the following relevant question.**

Are you intentionally withholding any information about your involvement with illegal drugs?

### POST EXAMINATION INTERVIEW

Examiner advised the examinee of displaying a significant reaction with relative question R8 **“Are you intentionally withholding any information about your involvement with illegal drugs?”**

Therefore based upon the indication of **Significant Reaction** with the relevant questions. Examiner asked the examinee to explain his reaction with the relative question. The examinee stated he did have concerns with that question due to the amount in which he smoked marijuana.

Respectfully Submitted

Detective Stephen C. Winters

**Tab 3**

**Education Verifications**

**Residential Verifications**

**Law Enforcement Verifications**

MONROE HIGH SCHOOL

Halsey, S.

Student Transcript

6/5/2013

Monroe LSD

45042-3051

STUDENT NUMBER: 20090538

GENDER: M

BIRTHDATE:

ADMISSION DATE: 8/25/2010

WITHDRAWAL DATE: 5/24/2013

GRADUATION DATE: 5/25/2013

SSID NUMBER: SO3243277

2009-2010

GRADE	SCHOOL NAME	COURSE NAME	IN GPA	S1F	S2F	CRED ATTN	CRED EARN
09	MIDDLETOWN H.S.	ADV.GEOMETRY	True	B	B	1.000	1.000
09	MIDDLETOWN H.S.	ADV.PHY SCIENCE	True	B	B	1.000	1.000
09	MIDDLETOWN H.S.	ADV.WRLD STUDIES	True	B	B	1.000	1.000
09	MIDDLETOWN H.S.	ALGEBRA I	True	B	B	1.000	1.000
09	MIDDLETOWN H.S.	CERAMICS I	True	A		0.500	0.500
09	MIDDLETOWN H.S.	CERAMICS II	True		A	0.500	0.500
09	MIDDLETOWN H.S.	ENGLISH I	True	B	B	1.000	1.000
09	MIDDLETOWN H.S.	SPEECH	True	B		0.500	0.500
09	MIDDLETOWN H.S.	TECH LIT	True		A	0.500	0.500

2010-2011

GRADE	SCHOOL NAME	COURSE NAME	IN GPA	S1F	S2F	CRED ATTN	CRED EARN
10	MONROE HIGH SCHOOL	ADVANCED BIOLOGY/SEMESTER 1	True	D		0.500	0.500
10	MONROE HIGH SCHOOL	ALGEBRA II/SEMESTER 1	True	B		0.500	0.500
10	MONROE HIGH SCHOOL	ALGEBRA II/SEMESTER 2	True		C	0.500	0.500
10	MONROE HIGH SCHOOL	AM HIST 9:1877-PRESENT/1ST SEM	True	B		0.500	0.500
10	MONROE HIGH SCHOOL	AM HIST 9:1877-PRESENT/2ND SEM	True		A	0.500	0.500
10	MONROE HIGH SCHOOL	BIOLOGY/SEMESTER 2	True		B	0.500	0.500
10	MONROE HIGH SCHOOL	ENG.FOUND 2ND SEM	True		A	0.500	0.500
10	MONROE HIGH SCHOOL	ENGINEER FOUNDATIONS	True	A		0.500	0.500
10	MONROE HIGH SCHOOL	ENGLISH II/SEMESTER 1	True	B		0.500	0.500
10	MONROE HIGH SCHOOL	ENGLISH II/SEMESTER 2	True		A	0.500	0.500
10	MONROE HIGH SCHOOL	ORGANIC-INORGANIC CHEMIST	True	B		0.500	0.500
10	MONROE HIGH SCHOOL	ORGANIC-INORGANIC CHEMIST	True		B	0.500	0.500
10	MONROE HIGH SCHOOL	SPANISH I/SEMESTER 1	True	B		0.500	0.500
10	MONROE HIGH SCHOOL	SPANISH I/SEMESTER 2	True		C	0.500	0.500

2011-2012

GRADE	SCHOOL NAME	COURSE NAME	IN GPA	S1F	S2F	CRED ATTN	CRED EARN
11	Monroe High School	College and Beyond	True	A		0.500	0.500
11	MONROE HIGH SCHOOL	DRAMA I	True	A		0.500	0.500
11	Monroe High School	Engineering Foundation	True		A	0.500	0.500
11	MONROE HIGH SCHOOL	ENGLISH III/SEMESTER 1	True	B		0.500	0.500
11	MONROE HIGH SCHOOL	ENGLISH II/SEMESTER 2	True		B	0.500	0.500
11	MONROE HIGH SCHOOL	INTERNET	True		B	0.500	0.500
11	MONROE HIGH SCHOOL	PHYSIOLOGY/SEMESTER 1	True	B		0.500	0.500
11	MONROE HIGH SCHOOL	PHYSIOLOGY/SEMESTER 2	True		C	0.500	0.500
11	MONROE HIGH SCHOOL	PRECALCULUS AND TRIG/SEM 1	True	B		0.500	0.500
11	MONROE HIGH SCHOOL	PRECALCULUS AND TRIG/SEM 2	True		B	0.500	0.500
11	MONROE HIGH SCHOOL	PSYCHOLOGY	True		A	0.500	0.500
11	MONROE HIGH SCHOOL	SPANISH II/SEMESTER 1	True	C		0.500	0.500
11	MONROE HIGH SCHOOL	SPANISH II/SEMESTER 2	True		B	0.500	0.500
11	MONROE HIGH SCHOOL	TEAM-LIFETIME SPORTS I & II	False	A		0.250	0.250

2012-2013

GRADE	SCHOOL NAME	COURSE NAME	IN GPA	S1F	S2F	Fnl	CRED ATTN	CRED EARN
12	MONROE HIGH SCHOOL	ENGLISH IV/SEMESTER 1	True	B			0.500	0.500
12	MONROE HIGH SCHOOL	ENGLISH IV/SEMESTER 2	True		C		0.500	0.500
12	MONROE HIGH SCHOOL	ENVIRONMENTAL SCIENCE	True	B			0.500	0.500
12	MONROE HIGH SCHOOL	GOVT/ECON SEM 1	True	B			0.500	0.500
12	MONROE HIGH SCHOOL	GOVT/ECON SEM 2	True		C		0.500	0.500
12	Monroe High School	HEALTH	True		A		0.500	0.500
12	Monroe High School	PHYS ED/FC	False			P	0.250	0.250
12	MONROE HIGH SCHOOL	PRE-COLLEGE MATH/SEMESTER 1	True	A			0.500	0.500
12	MONROE HIGH SCHOOL	PRE-COLLEGE MATH/SEMESTER 2	True		A		0.500	0.500
12	MONROE HIGH SCHOOL	ZOOLOGY/SEMESTER 1	True	A			0.500	0.500
12	MONROE HIGH SCHOOL	ZOOLOGY/SEMESTER 2	True		A		0.500	0.500

Cumulative GPA And Credits

GPA Name	POINTS	GPA CRED EARNED	GPA CRED ATTEMPT	GPA	RANK	TOTL RNKD
NGPA	80.500	25.500	25.500	3.157	86	156
WGPA	80.500	25.500	25.500	3.207	83	156

Total Credits

SCHOOL YEAR	SCHOOL NAME	CRED ATTN	CRED EARN
2009	MIDDLETOWN H.S.	7.000	7.000
2010	MONROE HS	7.000	7.000
2011	MONROE HS	6.750	6.750
2012	MONROE HS	5.250	5.250
Credits Total:		26.00	26.00

Attendance

SCHOOL YEAR	SCHOOL	DAYS PRESENT	DAYS ABSENT	TIMES TARDY
2010	MOHS	157.00	16.00	17.00
2011	MOHS	168.00	10.00	11.00
2012	MOHS	153.50	18.50	10.00

OGT

GRD	TEST PART	DATE	SCORE	P/F
10	Math	3/1/2011	415	Passed
10	Reading	3/1/2011	429	Passed
10	Science	3/1/2011	411	Passed
10	Social Studies / C	3/1/2011	422	Passed
10	Writing	3/1/2011	417	Passed



Grading Scale

92-100=A  
83-91=B  
74-82=C  
65-73=D  
0-64=F

*Principal: MHS*  
*7/3/2013*

*[Signature]*

School Official (Void Without Official Signature)



Halsey, Skylar  
20090538 / 12 / N

Monroe LSD  
2012-2013 (Not Set)

School: MONROE HIGH SCHOOL  
Home School:

Homeroom: E101  
Counselor: Tilow, Meredith

Calendar: Withdrawn  
Program:

Birthdate: [REDACTED]  
Gender: M

StudentInformation > SIS > Student > Edit Profile FY09

# WARNING: You are working with a Past School Year

## Edit Student Profile

From this screen, you can display and change information regarding a students profile.

- General
- Additional
- Custom
- Private
- FS-Standing
- FS-Arrivance
- FD-Attributes
- FN-Attributes
- FN-Graduate
- Transportation

Save      Cancel

Last Modified: 05/24/2013 10:38 AM by User: mobo\_cb

**CORE Economics and Financial Literacy Requirement Met:** Y - District has determined this student met requirement ▼

**CORE Fine Arts Requirement Met:** Y - District determined this student met requirement ▼

**CORE Graduation Requirement Exemption:** \* - Student has not opted out of Ohio Core requirements (default) ▼

**CORE Graduation Requirement Exemption Date:** [Calendar icon]

**CORE Graduation Requirement Met:**

**Exempted from Physical Education Graduation Requirement:** N - District not adopted policy or student has not met all of policy re ▼

**Expected Graduation Date:** [Calendar icon] (Leave blank to use Grade Level default value: NOT SET)

**Graduation Date:** 5/25/2013 [Calendar icon]

**Diploma Type:** 1 - Regular Diploma ▼

**OGT Graduation Alternative:** 0 - Not Used ▼

**Military Compact Graduation Alternative:** 0 - Student is not using the military compact alternative ▼

*Transcript will be sent on July 11, 2018.*

*Mindy Hawkins  
Admin. Assistant*

*to the Superintendent  
7/3/18*

**Tab 4**

**Employment History/Verification**

**References**

**-Employment**

**-Personal**

BUTLER COUNTY SHERIFF'S OFFICE

ORDER: P17-0265

DATE: November 30, 2017

TO: ALL PERSONNEL

FROM: SHERIFF RICHARD K. JONES

RE: ASSIGNMENT - HALSEY #2348

Effective Thursday, November 30, 2017, Mr. Skylar Halsey began part-time employment with the Butler County Sheriff's Office as a Deputy Sheriff/Corrections Officer.

He will report to Captain Adams for shift and duty assignment.

Please welcome Deputy Sheriff/Corrections Officer Halsey and give him your usual fine cooperation and assistance in this new assignment.

  
Sheriff Richard K. Jones



BUTLER COUNTY SHERIFF'S OFFICE

ORDER: P18-052 DATE: February 15, 2018  
TO: ALL PERSONNEL  
FROM: SHERIFF RICHARD K. JONES  
RE: REASSIGNMENT- HALSEY

Effective Thursday, February 22, 2018, Deputy Sheriff/Corrections Officer Skylar Halsey accepted a full-time Deputy Sheriff/Corrections Officer position.

He will continue to report to Captain Adams for shift and duty assignment.

Please give him your usual fine cooperation and assistance in this new assignment.

*R. K. Jones*  
\_\_\_\_\_  
Sheriff Richard K. Jones





# MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Halsey	Skylar	J	M	W	

1. Are you related to the applicant? no If so, what is the relationship \_\_\_\_\_
2. How long have you known the applicant? 5 years How? prior employment
3. How did you become acquainted with the applicant? We worked together
4. Are you aware of any circumstances which might disqualify the applicant for public service? Not to my knowledge.

5. To your knowledge, have the police ever called to the property due to actions of the applicant? not to my knowledge
6. Would you recommend the applicant for the position of police officer? absolutely
7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? to my knowledge no

8. Do you consider the applicant to be a reliable individual? yes
9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.

Name Chris Wilson

Street Address \_\_\_\_\_

City, State, Zip Code Monroe OH, 45050

Telephone Number/Email \_\_\_\_\_

12. Please give any additional information you may think helpful to our consideration of this applicant. Skylar is a very hardworking and trustworthy individual. He strives to succeed in anything and everything he does.

  
Signature

Jason Smith  
Printed Name

7/6/18  
Date



# MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Halsey	Skylar	J	M	W	

1. Are you related to the applicant? NO If so, what is the relationship \_\_\_\_\_
2. How long have you known the applicant? 4 YEARS How? FRIENDS
3. How did you become acquainted with the applicant? HE IS THE SON OF A FRIEND.
4. Are you aware of any circumstances which might disqualify the applicant for public service? NO

5. To your knowledge, have the police ever called to the property due to actions of the applicant? NO

6. Would you recommend the applicant for the position of police officer? YES

7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? WE'VE DISCUSSED MARIJUANA USAGE IN HIS YOUNGER YEARS.

8. Do you consider the applicant to be a reliable individual? YES

9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number/Email \_\_\_\_\_

12. Please give any additional information you may think helpful to our consideration of this applicant. SKYLAR IS A VERY CARING AND THOUGHTFUL INDIVIDUAL  
IT IS MY OPINION THAT HE WILL MAKE A GREAT POLICE OFFICER SOMEDAY.

Signature

TIM CLEMENTS

Printed Name

7-8-18

Date



# MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Halsey	Skylar	J	M	W	

1. Are you related to the applicant? NO If so, what is the relationship \_\_\_\_\_
2. How long have you known the applicant? 10 years How? Soccer
3. How did you become acquainted with the applicant? I was his Soccer Coach
4. Are you aware of any circumstances which might disqualify the applicant for public service? NO

5. To your knowledge, have the police ever called to the property due to actions of the applicant? NO

6. Would you recommend the applicant for the position of police officer? Yes

7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? NO, never witnessed Skylar using Drugs or alcohol

8. Do you consider the applicant to be a reliable individual? Yes

9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number/Email \_\_\_\_\_

12. Please give any additional information you may think helpful to our consideration of this applicant. Skylar is a hard working young man, and became a Solid Leader on his Soccer team

Christopher Sapper 7/7/18  
Signature Printed Name Date



# MONROE POLICE DEPARTMENT

233 South Main Street • P.O. Box 330 • Monroe, Ohio 45050-0330

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Halsey	Skylar	J	M	W	

1. Are you related to the applicant? N If so, what is the relationship \_\_\_\_\_
2. How long have you known the applicant? ~9 yrs How? COACHED HIM AT MONROE HIGH SCHOOL
3. How did you become acquainted with the applicant? As a Coach. STAYED IN TOUCH SINCE GRADUATION
4. Are you aware of any circumstances which might disqualify the applicant for public service? NO

5. To your knowledge, have the police ever called to the property due to actions of the applicant? NO
6. Would you recommend the applicant for the position of police officer? YES
7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? NO

8. Do you consider the applicant to be a reliable individual? YES
9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number/Email \_\_\_\_\_

12. Please give any additional information you may think helpful to our consideration of this applicant. HARD WORKING AND LOYAL. BELIEVE HE WOULD BE

AN ASSET TO THE MONROE POLICE DEPARTMENT

  
Signature

JUDGE MICHAEL OSTER  
Printed Name

7/6/18  
Date



# MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Halsey	Skylar	J	M	W	

1. Are you related to the applicant? NO If so, what is the relationship \_\_\_\_\_
2. How long have you known the applicant? 20 years How? Neighbor, Church, Coach
3. How did you become acquainted with the applicant? Parents @ Church
4. Are you aware of any circumstances which might disqualify the applicant for public service? NO

5. To your knowledge, have the police ever called to the property due to actions of the applicant? NO

6. Would you recommend the applicant for the position of police officer? yes

7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? NO

8. Do you consider the applicant to be a reliable individual? yes, absolutely

9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number/Email \_\_\_\_\_

12. Please give any additional information you may think helpful to our consideration of this applicant. Great young man

Jeffrey R. Moore  
Signature

Jeffrey R. Moore  
Printed Name

7/11/18  
Date



# MONROE POLICE DEPARTMENT

233 South Main Street • P.O.Box330 • Monroe, Ohio 45050-0330

## Reference Verification Inquiry Questionnaire Content

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Gender</u>	<u>Race</u>	<u>Date of Birth</u>
Halsey	Skylar	J	M	W	

1. Are you related to the applicant? NO If so, what is the relationship \_\_\_\_\_
2. How long have you known the applicant? 8 years How? School / employment
3. How did you become acquainted with the applicant? Mutual friends / work
4. Are you aware of any circumstances which might disqualify the applicant for public service? NO

5. To your knowledge, have the police ever called to the property due to actions of the applicant? No

6. Would you recommend the applicant for the position of police officer? Yes

7. To your knowledge, did or does the applicant use drugs, including marijuana or intoxicants? Past history of marijuana use

8. Do you consider the applicant to be a reliable individual? yes

9. If possible, please list a person who may be able to assist us further in our consideration of this applicant.

Name Austin Howard

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number/Email \_\_\_\_\_

12. Please give any additional information you may think helpful to our consideration of this applicant. Skylar Halsey is an honest, hardworking

individual who would thrive in the law enforcement setting.

Signature

Brandon Howard

Printed Name

06 July 2018

Date

**Tab 5**

**Personal History Questionnaire (PHQ)**

**MONROE POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT  
BACKGROUND PACKET**



**Bob Buchanan  
Chief of Police**

**MONROE POLICE DEPARTMENT  
233 SOUTH MAIN STREET  
MONROE, OHIO 45050  
(513) 539-9234**

## INSTRUCTIONS

### READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will assist in determining your eligibility for employment with the Monroe Police Department.

- HONESTY IS VERY IMPORTANT! You must provide as much information as possible and should be as detailed as possible. Take your time and make sure your responses are accurate and complete. If you have doubt as to whether you should include certain information, then, most probably you should include it.
- The Personal History Statement **MUST** be completed by you, the applicant.
- YOUR PERSONAL HISTORY STATEMENT MUST BE PRINTED LEGIBLY IN INK OR TYPED.
- If a question is not applicable to you, enter N/A in the space provided. Do not leave any questions blank.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address, check it by personal verification. Your local library should provide free internet access or may have a directory service or the ability to obtain addresses for you. Be sure to provide the complete address including zip code.
- If there is insufficient space on the form for you to include all information required, use the remarks section (SECTION L) for the additional information. Be sure to reference the relevant section and question number with your answer (i.e. A5: .....).
- An accurate and complete form will help expedite your investigation. **Deliberate omissions or falsifications will result in disqualification from further consideration.**
- Your Personal History Statement must be signed by you and NOTARIZED on the appropriate page at the end of the packet. Your statement is not complete until you have it notarized. You may have your statement notarized at the police station for free or by another commissioned notary public.

### REQUESTED DOCUMENTATION

In order to verify your Personal History Statement, you are **required** to include the following documentation with your packet upon return. All documentation should be CERTIFIABLE COPIES as there is no promise of return of the originals if submitted.

(Note: You are not required to submit any documents that you have already submitted with your initial application to the city.)

- Birth Certificate
- High School Diploma or GED Certificate
- College Diploma (if applicable) and any College Transcripts (if applicable)
- Naturalization Certificate (if applicable)
- DD-214(s) for any period of military service
- Peace Officer Training Records and Certifications (if you have prior police training)
- Law Enforcement specialized training certificates
- Federal Income Tax Return for the previous two years

**SECTION A  
APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY

<b>1. YOUR NAME</b>				
Last	First	Middle	Suffix	
Halsey	Skylar	James		
<b>2. DO YOU HAVE ANY ALIASES? If YES, list all other names below:</b>				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>3. HAS YOUR NAME EVER BEEN LEGALLY CHANGED? If YES, list name, date of change, and location of change:</b>				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>4. CURRENT ADDRESS</b>				
Street	City	State	Zip	
[REDACTED]	Middletown	Oh	45044	
<b>5. LEGAL RESIDENCE</b>				
Street	City	State	Zip	
[REDACTED]	Middletown	Oh	45044	
<b>6. HOME PHONE (include area code and indicate hours during which you can be reached here)</b>				
[REDACTED]	Hours Any			
<b>7. WORK PHONE (include area code and indicate hours during which you can be reached here)</b>				
( ) - N/A	Hours N/A			
<b>8. OTHER PHONE NUMBERS (specify type, pager or cell phone)</b>				
( ) - N/A	( ) - N/A			
<b>9. DATE OF BIRTH</b>		<b>10. SOCIAL SECURITY NUMBER</b>		
[REDACTED]		[REDACTED]		
<b>11. PHYSICAL DESCRIPTORS</b>				
Height	Weight	Eye Color	Hair Color	Scars, Marks, Tattoos
5'10	170	Blue	Brown	Tattoos
<b>12. CITIZENSHIP</b>				
Are you a United States Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION If NO, what country?				
<b>13. PLACE OF BIRTH</b>				
City	County	State	Country	
Middletown	Butler	Oh	USA	
<b>14. RESIDENCY</b>				
Are you an Ohio Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If NO, what state?				
<b>15. DRIVER'S LICENSE</b>				
Number	State	Expiration		
[REDACTED]	Oh	11-30-2019		

**SECTION B  
FAMILY/REFERENCE DATA**

<b>1. MARITAL STATUS</b>					
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
<b>2. SPOUSE</b>					
Name		Maiden Name		Social Security Number	
N/A					
<b>3. SPOUSE'S EMPLOYMENT</b>					
Company Name		Address		Phone	
N/A					
<b>4. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE OR FORMER SPOUSES?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO            N/A					
<b>5. MARRIAGE DATA – List all marriages, starting with most recent</b>					
Date of Marriage	Date of Divorce	Name of Spouse	Address		Phone
N/A					
<b>6. DO YOU HAVE ANY CHILDREN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, list each child below:</b>					
Name of Child	Date of Birth	Place of Birth	Adopted?	Current Address	Phone
A.			<input type="checkbox"/>		
B.			<input type="checkbox"/>		
C.			<input type="checkbox"/>		
D.			<input type="checkbox"/>		
E.			<input type="checkbox"/>		
F.			<input type="checkbox"/>		
G.			<input type="checkbox"/>		
H.			<input type="checkbox"/>		
<b>7. INDICATE BELOW THE REQUESTED INFORMATION ABOUT THE CHILDREN LISTED ABOVE:</b>					
Other Parent of Each Child (if different than current spouse)			Legal Guardian of Each Child (if different than yourself)		
A.			A.		
B.			B.		
C.			C.		
D.			D.		
E.			E.		
F.			F.		
G.			G.		
H.			H.		

**SECTION B  
FAMILY/REFERENCE DATA (CONTINUED)**

**8. DO YOU HAVE ANY DEPENDENTS OTHER THAN THOSE LISTED ABOVE?**  YES  NO **If YES, list below:**

Name	Address	Relationship

**9. FATHER**  DECEASED

Name	Address	City	State	Zip	Phone
Chris Halsey	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**10. MOTHER**  DECEASED

Name	Address	City	State	Zip	Phone
Laura Halsey	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**11. WERE YOU RAISED BY ANYONE OTHER THAN YOUR PARENTS?**  YES  NO **If YES, list below:**

Name	Address	City	State	Zip	Phone

PERSON'S RELATIONSHIP TO YOU:

**12. ARE YOU RECEIVING COURT ORDERED CHILD SUPPORT?**  YES  NO **If YES, list below:**

FROM WHOM:	FREQUENCY PAID:	AMOUNT RECEIVED:

**13. ARE YOU RESPONSIBLE FOR PAYING COURT ORDERED CHILD SUPPORT?**  YES  NO **If YES, list below:**

TO WHOM:	FREQUENCY PAID:	AMOUNT PAID:

**14. ADDITIONAL REFERENCE – List below the name of one additional personal reference other than those listed on your application. Do not list the name of a relative, a person for whom you have worked, or a person listed elsewhere in this packet. This person must have known you for at least five years.**

Name Rusty Sapper					
Address 6 Edam Ct		City Liberty Twp	State Oh	Zip 45044	Home Phone 513-600-490-6638
Years Known 9	Person's Occupation Internet Tech		Person's Place of Employment		

**15. FRIENDS/ACQUAINTANCES – List below the names of two persons with whom you have associated closely or seen frequently during the last three years. Do not list relatives, persons for whom you have worked, or persons listed elsewhere in this packet.**

**A. Name**

Name Brandon L Howard					
Address 500 Baylston St		City Middletown	State Oh	Zip 45044	Home Phone 513-267-9063
Years Known 8	Person's Occupation Nurse		Person's Place of Employment PremiereHealth Partners		

**B. Name**

Name Jason Smith					
Address 500 Baylston St		City Middletown	State Oh	Zip 45044	Home Phone 513-849-9405
Years Known 6	Person's Occupation Security Guard		Person's Place of Employment Miami Valley Gaming		

**SECTION C  
RESIDENCE DATA**

**INSTRUCTIONS:** LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE LAST TEN YEARS. BEGIN WITH YOUR PRESENT ADDRESS. LIST THE MONTH AND YEAR FOR DATES AND INCLUDE APARTMENT NUMBERS IF YOU LIVED IN AN APARTMENT. INCLUDE YOUR MAILING AND/OR STREET ADDRESS DURING ANY PERIODS OF MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, USE THE REMARKS SECTION.

1. PRESENT ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
05/2018	PRESENT	500 Baylston St	Middletown	Oh	45044	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
Brandon Howard			Friend			
Jason Smith			Friend			
DID YOU: <input checked="" type="checkbox"/> OWN <input type="checkbox"/> RENT If you rent this residence, list the landlord/owner information below:						
Name	Address		City	State	Zip	Phone
N/A						

2. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
05/2016	05/2018	2054 Bridgewater Ln	Munroe	Oh	45050	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
Laura Halvey			Parent			
Chris Halvey			Parent			
DID YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name	Address		City	State	Zip	Phone
N/A						
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
Bought a house						

3. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
05/15	05/16	208 Gibbon Pl	Middletown	Oh	45044	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
Jacob Halvey			Brother			
DID YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name	Address		City	State	Zip	Phone
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
Moved to newly built house.						

**SECTION C  
RESIDENCE DATA (CONTINUED)**

4. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
08/14	05/15	12 N Elm St	Oxford	Oh	45056	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
Mozell Miree			Friend			
Ben Haag			Friend			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name	Address	City	State	Zip	Phone	
Luise Hartow	146 Milltop Rd	Oxford	Oh	45056	513-623-2863	
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
School term ended						

5. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
07/13	08/14	610 Oxford Commons #32	Oxford	Oh	45056	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
Ben Haag			Friend			
Joe Sparks			Friend			
DID YOU: <input type="checkbox"/> OWN <input checked="" type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name	Address	City	State	Zip	Phone	
Oxford Commons	610 Oxford Commons	Oxford	Oh	45056	513-427-0299	
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
Rented a house.						

6. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
04/1999	07/13	5600 Autumn dr	Middletown	Oh	45042	
DID YOU RESIDE WITH: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input checked="" type="checkbox"/> OTHER - If other, list name(s) below:						
Name			Relationship			
Laura Halsey			Parent			
Chris Halsey			Parent			
DID YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT If you rented this residence, list the landlord/owner information below:						
Name	Address	City	State	Zip	Phone	
DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Indicate your reason for leaving below:						
School						

**SECTION D  
EDUCATIONAL HISTORY**

<b>1. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA?</b>					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
<b>2. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU TAKE AND PASS THE G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT) TEST?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
<b>3. HIGH SCHOOL EDUCATION</b>					
Name of School		Address		City	State   Zip   Phone
Monroe Highschool		210 Yankee Rd		Monroe	OK 45250 513-534-8471
Dates of Attendance		HIGHEST GRADE COMPLETED:		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
From	To				
2010	2013				
<b>4. OTHER SCHOOLS – List below any schools that you have attended since high school. Be sure to include colleges, universities, business, and trade schools. Begin with the most recent. If you need additional space, use the remarks section.</b>					
<b>A. SCHOOL</b>					
Name of School		Address		City	State   Zip   Phone
Middletown Highschool		601 N. Breid Blv		Middletown	OK 45047 513-420-4500
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):			
From	To				
2004	2010	N/A			
DID YOU GRADUATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DEGREE RECEIVED (if any):		
<b>B. SCHOOL</b>					
Name of School		Address		City	State   Zip   Phone
Butler Tech Police Academy		3603 Hamilton - Middletown Rd		Hamilton	OK 45011 513-868-6300
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):			
From	To				
07/2017	12/2017	Basic Police Academy			
DID YOU GRADUATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DEGREE RECEIVED (if any):		
			Certification		
<b>C. SCHOOL</b>					
Name of School		Address		City	State   Zip   Phone
Miami University		4700 N. University Blvd		Middletown	OK 45042 513-727-3200
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):			
From	To				
08/2013	Current	Criminal Justice			
DID YOU GRADUATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DEGREE RECEIVED (if any):		
			Current		
<b>D. SCHOOL</b>					
Name of School		Address		City	State   Zip   Phone
Dates of Attendance		COURSE OF STUDY (MAJOR/MINOR):			
From	To				
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			DEGREE RECEIVED (if any):		
<b>5. HAVE YOU EVER BEEN DISMISSED, EXPELLED, OR PLACED ON PROBATION FOR ANY ACADEMIC OR DISCIPLINARY REASON WHILE ATTENDING ANY SCHOOL?</b>					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   If YES, explain: Fighting in high school. 50% 15%					

**SECTION E  
EMPLOYMENT EXPERIENCE**

**1. ARE YOU CURRENTLY IN THE APPLICATION PROCESS WITH ANY OTHER LAW ENFORCEMENT AGENCY?**  
 YES  NO If YES, list the agency name and status of your application:

**2. HAVE YOU EVER APPLIED WITH ANOTHER LAW ENFORCEMENT AGENCY AND NOT BEEN HIRED?**  
 YES  NO If YES, list the agency name, date of application, and reason not hired (if known):  
*West Chester - failed panel interview, Middletown - unknown, Lebanon PD - cooking (05/2019)*

**3. HAVE YOU EVER HAD AN EXTENDED WORK ABSENCE FOR REASONS OTHER THAN EARNED VACATION?**  
 YES  NO If YES, explain:

**4. EMPLOYMENT HISTORY - Beginning with your present or most recent job, list all employment that you have held for the last TEN years, including part-time, temporary, or seasonal employment. Be sure to list all periods of active military duty (for more than fifteen days) and all periods of unemployment.**

**A. PRESENT OR MOST RECENT EMPLOYER**

Name of Employer		Employment Status					
<i>Butter County Sheriff's Office</i>		<input checked="" type="checkbox"/> FULL TIME					<input type="checkbox"/> MILITARY DUTY
Your Job Title/Position		<input type="checkbox"/> PART TIME					<input type="checkbox"/> VOLUNTEER WORK
<i>Correction Officer</i>		<input type="checkbox"/> FULLTIME STUDENT					<input type="checkbox"/> UNEMPLOYED
Employment Dates		Employer Address/Phone					
From	To	Address	City	State	Zip	Phone	
<i>11/30/2017</i>	<i>Current</i>	<i>705 Mansure St</i>	<i>Hamilton</i>	<i>OH</i>	<i>45011</i>	<i>513-765-1101</i>	
Name of Supervisor			Name of Co-Worker				
<i>Mike Buckett (513-477-5049)</i>			<i>NICK Spradling</i>				
Briefly Describe Your Duties Below:						Reason for Leaving	
<ul style="list-style-type: none"> <li>• Control Inmates</li> <li>• Report Writing</li> <li>• Problem Solving</li> <li>• Security Checks</li> </ul>						<i>Current</i>	
WILL CONTACT WITH THIS EMPLOYER BE HARMFUL TO YOU? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: <i>N/A</i>							

**B. PREVIOUS EMPLOYER**

Name of Employer		Employment Status					
<i>The Field Sports Arena</i>		<input type="checkbox"/> FULL TIME					<input type="checkbox"/> MILITARY DUTY
Your Job Title/Position		<input checked="" type="checkbox"/> PART TIME					<input type="checkbox"/> VOLUNTEER WORK
<i>Sales</i>		<input type="checkbox"/> FULL TIME STUDENT					<input type="checkbox"/> UNEMPLOYED
Employment Dates		Employer Address/Phone					
From	To	Address	City	State	Zip	Phone	
<i>09/2016</i>	<i>11/30/2017</i>	<i>415 American Way</i>	<i>Muncie</i>	<i>OH</i>	<i>45050</i>	<i>513-537-8873</i>	
Name of Supervisor			Name of Co-Worker				
<i>Ethan Bryant (513-267-1518)</i>			<i>N/A</i>				
Briefly Describe Your Duties Below:						Reason for Leaving	
<ul style="list-style-type: none"> <li>• Cleaning</li> <li>• Sales</li> </ul>						<i>Police Job.</i>	

**SECTION E  
EMPLOYMENT EXPERIENCE (CONTINUED)**

C. PREVIOUS EMPLOYER						
Name of Employer			Employment Status			
<i>Bruno's Pizza</i>			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED			
Your Job Title/Position						
<i>Delivery Driver</i>						
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
<i>07/13</i>	<i>09/2016</i>	<i>31 E. High St</i>	<i>Oxford, OH</i>	<i>45056</i>	<i>513-523-2266</i>	
Name of Supervisor			Name of Co-Worker			
<i>Roger Perry</i>			<i>Ren Hogg</i>			
Briefly Describe Your Duties Below:					Reason for Leaving	
<i>Deliver Pizza.</i>					<i>Moved Home.</i>	

D. PREVIOUS EMPLOYER						
Name of Employer			Employment Status			
<i>Advanced Spas &amp; Pools</i>			<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED			
Your Job Title/Position						
<i>Crew Leader</i>						
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
<i>07/2011</i>	<i>08/2016</i>	<i>4393 South Dixie Hwy</i>	<i>Franklin, OH</i>	<i>45005</i>	<i>513-423-8100</i>	
Name of Supervisor			Name of Co-Worker			
<i>Don Mullin</i>			<i>Brandon Howard</i>			
Briefly Describe Your Duties Below:					Reason for Leaving	
<ul style="list-style-type: none"> <li>• Deliver Spas &amp; Build Pools</li> <li>• Run a Crew</li> </ul>					<i>Seasonal Work</i>	

E. PREVIOUS EMPLOYER						
Name of Employer			Employment Status			
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> MILITARY DUTY <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER WORK <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> UNEMPLOYED			
Your Job Title/Position						
Employment Dates		Employer Address/Phone				
From	To	Address	City	State	Zip	Phone
Name of Supervisor			Name of Co-Worker			
Briefly Describe Your Duties Below:					Reason for Leaving	

**SECTION E  
EMPLOYMENT EXPERIENCE (CONTINUED)**

F. PREVIOUS EMPLOYER					
Name of Employer			Employment Status		
Your Job Title/Position			<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY	
			<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK	
			<input type="checkbox"/> FULL TIME STUDENT	<input type="checkbox"/> UNEMPLOYED	
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip Phone
Name of Supervisor			Name of Co-Worker		
Briefly Describe Your Duties Below:			Reason for Leaving		

G. PREVIOUS EMPLOYER					
Name of Employer			Employment Status		
Your Job Title/Position			<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY	
			<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK	
			<input type="checkbox"/> FULL TIME STUDENT	<input type="checkbox"/> UNEMPLOYED	
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip Phone
Name of Supervisor			Name of Co-Worker		
Briefly Describe Your Duties Below:			Reason for Leaving		

H. PREVIOUS EMPLOYER					
Name of Employer			Employment Status		
Your Job Title/Position			<input type="checkbox"/> FULL TIME	<input type="checkbox"/> MILITARY DUTY	
			<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER WORK	
			<input type="checkbox"/> FULL TIME STUDENT	<input type="checkbox"/> UNEMPLOYED	
Employment Dates		Employer Address/Phone			
From	To	Address	City	State	Zip Phone
Name of Supervisor			Name of Co-Worker		
Briefly Describe Your Duties Below:			Reason for Leaving		

**INSTRUCTIONS:** ANSWER THE FOLLOWING QUESTIONS BY INDICATING YOUR RESPONSE IN THE APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE E, 1). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1. Have you ever been terminated by an employer? a. If so, please list all employers that you were terminated from and the exact reason for your termination.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been suspended or faced a disciplinary hearing or action from an employer? a. If so, please list all incidents below with the exact nature of the suspension or disciplinary action.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever filed a false workers compensation claim? a. If so, please list the exact nature of the false claim and all details regarding such.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been asked to resign by an employer? a. If so, please list all employers that you have been asked to resign from and the exact reason for your forced resignation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever presented a falsified or altered Doctor's Work Excuse to an Employer? a. If so, please list the exact circumstances and the reason you did so.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever stolen anything over \$25.00 in value from an employer? a. If so, list the employer, date of the incident, and item(s) involved.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever used an illegal narcotic or a prescription drug you were not prescribed while at an employer? a. If so, please list the employer, type of drug(s), dates of use.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever stolen any cash from an employer or while working for an employer? a. If so, please list the employer, dates of incidents, and exact amount of money taken.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever taken a Polygraph or CVSA as part of a job hiring process or in reference to an internal or external investigation? a. If so, please list everywhere you have taken one of the examinations, when it was given, results if known, and the exact nature of the examination.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever falsified a time sheet or other means of calculating actual time worked? a. If so, please list the employer, circumstances, and dates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever reported off sick for work when you were actually not sick at all? a. If so, please list the employer, dates, and circumstances of the call off.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*we  
will  
let*

## SECTION F MILITARY EXPERIENCE

<b>1. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES?</b>			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, complete the following questions. Otherwise proceed to SECTION G.			
<b>2. INDICATE YOUR MILITARY SERVICE (list additional periods of military service in the remarks section)</b>			
Dates of Active Duty		Branch of Service	Unit Designation
From	To		
What was your primary MOS (MILITARY OCCUPATIONAL SPECIALITY)?			
Highest Rank Held	Rank at Discharge	Type of Discharge	
<b>3. WHAT IS YOUR PRESENT MILITARY STATUS?</b>			
<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> INACTIVE			
<b>4. WERE YOU EVER REDUCED IN RANK?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, why?			
<b>5. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   If NO, why?			
<b>6. WERE YOU EVER AWOL (ABSENT WITHOUT LEAVE)?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, how many times?			
<b>7. HAVE YOU EVER RECEIVED A DISCHARGE FROM MILITARY SERVICE THAT WAS OTHER THAN HONORABLE?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, explain:			
<b>8. WERE YOU EVER SUBJECTED TO DISCIPLINARY ACTIONS WHILE SERVING IN THE MILITARY?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, complete question 10			
<b>9. WERE YOU EVER THE SUBJECT OF A CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ALLEGED MISCONDUCT ON YOUR PART?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, complete question 10			
<b>10. IF YOU ANSWERED YES TO QUESTIONS 8 OR 9, GIVE DETAILS BELOW REGARDING YOUR ACTIONS:</b>			
Date	Investigating Agency	Charge	Disposition
<b>11. DO YOU STILL HAVE A MILITARY OBLIGATION (RESERVE OR NATIONAL GUARD)?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, indicate the type of service and when the obligation is scheduled to terminate:			



## SECTION H MOTOR VEHICLE OPERATION

<b>1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?</b>						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give the date, location, and reason:						
<b>2. LIST BELOW ANY STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE AND INDICATE THE STATUS:</b>						
Ohio, active						
<b>3. HAS YOUR VEHICLE REGISTRATION EVER BEEN SUSPENDED, REFUSED, OR REVOKED?</b>						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give the date, location, and reason:						
<b>4. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?</b>						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
<b>5. INDICATE YOUR AUTO INSURANCE CARRIER AND THE TYPE OF INSURANCE CARRIED:</b>						
Name of Insurer			Type of Coverage			
Miller Insurance			<input checked="" type="checkbox"/> Liability <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Property Damage <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Comprehensive			
			<input type="checkbox"/> Liability <input type="checkbox"/> Collision <input type="checkbox"/> Property Damage <input type="checkbox"/> Medical <input type="checkbox"/> Comprehensive			
<b>6. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED AS AN ADULT OR JUVENILE:</b>						
Date	Violation/Charge	Location (City/State)	Police Agency	Final Disposition	Fine Amount	
1-17-13	Speed	Monroe/Oh	Monroe PD	Guilty	?	
4-14-13	Speed	Urbana/In	OSP	Guilty	?	
8-30-14	Speed	Oxford/Oh	Oxford PD	Guilty	?	
5-17-15	No Seatbelt	Oxford/Oh	Oxford PD	Guilty	?	
9-25-15	Illegal Pass	Oxford/Oh	Oxford PD	Guilty	?	
<b>7. LIST BELOW ALL MOTOR VEHICLES OWNED/OPERATED BY YOU:</b>						
	Year	Make	Model	License Number	State of License	Insured?
Vehicle #1	2014	Hyundai	Accent	[REDACTED]	Oh	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #2	1998	Plymouth	Firebird	[REDACTED]	Oh	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #3						<input type="checkbox"/> YES <input type="checkbox"/> NO
Vehicle #4						<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. AUTOMOBILE CRASHES</b>						
A. Since you started driving, in how many automobile crashes have you been involved? <u>2</u>						
B. In how many were you found at fault? <u>1</u>						
C. List below all automobile crashes in which you have been involved. Include dates, locations, and who was at fault:						
2-3-14 Monroe, Ohio, other operators						
8-14-16 Peru, Indiana, Me.						



**SECTION J  
FINANCIAL DATA**

Use Section N for any questions requiring written explanation. Be sure to reference the relevant section and question number with your answer (example, J 6).

<b>1. DO YOU PRESENTLY HOLD ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:		
<b>2. DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY WAGE GARNISHMENTS OF YOUR SALARY?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:		
<b>3. HAVE YOU EVER BEEN FOUND DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:		
<b>4. HAVE YOU EVER HAD A COURT ORDERED FINANCIAL JUDGEMENT AGAINST YOU?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:		
<b>5. DO YOU PRESENTLY HAVE A FINANCIAL JUDGEMENT PENDING IN COURT?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:		
<b>6. ARE YOU CURRENTLY DELINQUENT ON ANY FINANCIAL OBLIGATIONS OR OWE ANY MONIES BECAUSE OF AN ILLEGAL TRANSACTION? (Example: Gambling, prostitution, drug deal)</b>		
<b>6.(Part B) DO YOU RECEIVE CALLS FROM COLLECTION AGENCY ON DEBT?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:		
<b>7. HAVE YOU EVER HAD ANY REAL OR PERSONAL PROPERTY REPOSSESSED?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain:		
<b>8. HAVE YOU EVER FILED BANKRUPTCY?</b>		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If YES, explain and give dates:		
<b>9. CURRENT INCOME</b>		
<b>YOUR INCOME</b>	Source of Income	Amount of Monthly Income
	<i>Butler County Sheriff's Office</i>	<i>\$2,600</i>
<b>YOUR SPOUSE'S INCOME</b>	Source of Income	Amount of Monthly Income

**SECTION K  
CRIMINAL HISTORY**

**\*\*Please Note:** All crime related history questions, unless otherwise noted, are to be answered considering the following points:

- I. These questions are concerning your entire lifetime and not just when you were an adult!
- II. It is not relevant if you committed offences and were never caught, prosecuted, or charged. If you committed a criminal act then it needs to be written down.
- III. If you are unsure about whether to write down an act or not, it probably needs to be written down.
- IV. The most important thing in this section is to be completely honest. All answers will be verified and weighed later. **Dishonesty disqualifies.**
- V. You are required to record “yes” or “no” and explain when necessary.

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N (EXAMPLE K, 4). THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

<p>1. Have you ever committed a serious felony crime? Examples of a serious crime would be Aggravated Murder, Murder, Burglary, Breaking and Entering, Forgery, Felonious Assault, Arson, Kidnapping, Robbery, Theft over \$500, Vandalism, Rape, GSI, Unlawful Sexual Conduct with a Minor, Tampering with Records, Perjury, etc...</p> <p>a. If so, please list all incidents with dates and circumstances.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Have you ever committed a theft offense?</p> <p>a. List all theft offenses with as much detail as possible including dates, exact item(s) taken and all the details of the incident.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Have you ever driven under the influence of drugs and/or alcohol? _____</p> <p>a. List the amount of times and dates you have driven under the influence.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Have you ever been arrested or detained by the police, Loss Prevention Personnel, Security etc..?</p> <p>a. List all times you have been arrested or detained.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Have you ever been questioned by police for any crime?</p> <p>a. List all times you were questioned by the police for any crime.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>6. Have you ever used a gun, knife, or any other weapon against another person?</p> <p>a. List all times you have used a gun, knife, or any other weapon.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7. Have you ever committed any of the following Misdemeanor Crimes?</p> <ul style="list-style-type: none"> <li>a. Criminal Damaging or Mischief?</li> <li>b. Criminal Trespass?</li> <li>c. Receiving or Purchasing Stolen Property?</li> <li>d. Passing a Bad Check?</li> <li>e. Contributing to the Delinquency of a Minor?</li> <li>f. Prostitution-either buying or selling a sex act?</li> <li>g. Assault?</li> <li>h. Any other Misdemeanor crimes not listed?</li> </ul>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Have you ever committed an act of Domestic Violence, or have been accused of Domestic Violence?</p> <p>a. If so, explain in detail and the name of the police agency involved.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Have you ever filed a false police report?</p> <p>a. If so, explain in detail and the name of the police agency involved.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**SECTION L  
Drug History**

- I. These questions are concerning your entire lifetime and not just when you were an adult.
- II. Have you ever used, sold, or assisted in the use or selling of any of the following narcotics? Please answer each and if to the positive, give a detailed account of when, how many times, and the last time you used with dates as close as possible in Section N.

1. Have you ever had contact with the police for a drug violation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever used, bought, or sold (Illegal use only): (If YES, indicate which you have done)	
a) Marijuana?	<input checked="" type="checkbox"/> Used <input checked="" type="checkbox"/> Bought <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Hashish/Hash?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) Uppers?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) Downers?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e) Cocaine?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f) Crack?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g) Heroin?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h) LSD?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i) Angel Dust?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j) Methamphetamine?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k) Ecstasy?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l) Oxycontin or Oxycodone?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m) Hallucigenic Mushrooms?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
n) PCP?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
o) Prescription drugs not prescribed to you?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
p) Steroids?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
q) Any other illegal or abused drug not listed above?	<input type="checkbox"/> Used <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
r) Forged a doctor's prescription?	<input type="checkbox"/> Used <input type="checkbox"/> Made <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**INSTRUCTIONS:** EXPLAIN YOUR ANSWER IN SECTION N

3. Do you regularly associate with known drug users or sellers?  
*No.*  
 a. If so, what is your relationship to them?



**SECTION M  
MISCELLANEOUS  
(Part B)**

**INSTRUCTIONS: EXPLAIN YOUR ANSWER IN SECTION N**

1. Have you ever been addicted to any form of gambling?
  - a. If so what type of gambling? *No*
2. Do you have any of the following that would restrict you from conforming to departmental standards for grooming and/or appearance?
  - a. Tongue, nose, eye or brow splitting or piercing. *No*
  - b. The complete or transversal implantation of any material other than hair replacement or breast augmentation. *No*
  - c. Abnormal shaping of the ears, eyes, nose or teeth. *No*
  - d. Branding or scarification. *No*
  - e. Dental Alteration or Ornamentation-Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initials, etc. The use of yellow gold, white gold, or platinum caps (permanent or temporary) merely to add ornamentation to the teeth and not required by dental/medical necessity is prohibited. *No*
  - f. Tattoos/body markings that would be visible while working in any authorized uniform or attire. *No*

(Note) Visible tattoos, body piercings or alterations must also be surgically repaired, returning the body alteration to a normal/acceptable condition as a condition of employment.

**3. PAST LAW ENFORCEMENT EXPERIENCE QUESTIONS**

Yes    N/A

**This section is to only be completed if you have worked in a Law Enforcement Career in the past. If this section does not apply to you, indicate N/A and continue.**

1) Have you ever kept or forgotten to turn in property or evidence that you have collected? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2) Have you ever taken illegal drugs off someone and kept it for your personal usage or gave it to someone else for their use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

a. If so, please give all details.	
3) Have you ever planted evidence onto a known criminal? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4) Have you ever been paid or given something of value to forget something happened, lie in court, or let someone know of a pending raid? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5) Have you ever covered up something for a friend or relative relating to a crime? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6) Have you ever covered up an incident of false arrest for a fellow officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7) Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason? a. If pleas give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8) Have you ever stopped an attractive person just to talk or learn their identity? a. If pleas give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9) Have you ever had sexual contact or conduct with yourself or another while working as a Law Enforcement Officer? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10) Have you ever knowingly lied in any court proceeding? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11) Have you ever used your position to intimidate someone outside of your official duties? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12) Have you ever falsified an official report? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13) Do you have an active or pending internal investigations or discipline? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14) Have you ever struck a handcuffed prisoner? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15) Have you ever been investigated for or been accused of using excessive force? a. If so, please give all details	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16) Have you ever asked for a phone number or other information from a person on a traffic stop or call for service in order to ask them out on a date? a. If so, please give all details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION N  
REMARKS/SUPPLEMENTAL INFORMATION

**INSTRUCTIONS:** USE THE SPACE BELOW TO FURTHER EXPLAIN ANY ANSWERS FROM THOSE QUESTIONS IN SECTIONS A THROUGH M. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

Section E, 9 - Middletown and Butler County Sheriff's Office I took a polygraph and passed Lebanon PD - CVSA and passed.

Section K, 3 - I drove one time from my neighbors house to my house while possibly intoxicated.

Section K, 7 - bought my underage brother alcohol twice

Section L, 1(a) - I have smoked marijuana under 100 times more than 50 times. Last time I smoked was roughly two and a half to three years ago

**SECTION O**  
**APPLICANT QUESTIONNAIRE**

**INSTRUCTIONS:** ANSWER THE FOLLOWING QUESTIONS BY INDICATING YOUR RESPONSE IN THE APPROPRIATE BOX. IF YOU ANSWER YES TO ANY QUESTION, EXPLAIN YOUR ANSWER IN THE REMARKS SECTION FOLLOWING THE QUESTIONNAIRE.

1. Have you ever used a date or place of birth different from either listed on your birth certificate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever intentionally altered your name, address, or date of birth on any official document?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever lied about your name, age, or address?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been asked to resign from any job or position?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever resigned while under investigation or resigned in lieu of being terminated for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever quit any job without giving notice?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been disciplined, reprimanded, or counseled at any job for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Would any of your previous employers refuse to rehire you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do you have any racial, ethnic, religious, sexual or other prejudices that will affect your performance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever been warned, counseled, or spoken to about comments you made regarding someone's race, gender, religion, nationality, or sexual preference?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever called in sick to work when you were not sick?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Have you ever called in sick because you were too hung over or too drunk to go to work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you ever intentionally violated any employer's rule(s) but not been caught?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Have you ever been accused of stealing money from an employer, whether you did it or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Have you ever used your position for personal gain in any way?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Have you ever been the subject of a disciplinary investigation at work, in the military, school, or as a volunteer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Have you ever been suspended from employment for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Have you ever received a "less than satisfactory" performance evaluation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Have you ever been involved in a traffic accident while in an employer's vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. Have you ever lied concerning your actions as an employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. Have you ever served in the armed forces of another nation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Have you ever been denied entrance into the armed forces for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. Have you ever intentionally written a bad check?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Do you have any creditors that are demanding payment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25. Have you ever been delinquent on Federal or State income taxes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. Have you ever been evicted from a residence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. Have you ever broken a lease agreement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28. Have you ever been suspended, expelled, or placed on academic probation at any school?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever misrepresented your educational level?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Has your spouse or domestic partner ever called the police on you for any reason?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Has your spouse or domestic partner ever accused you of abuse in a report or discussion with anyone else?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
32. Has anyone ever claimed that you have beaten, abused, mistreated, or sexually assaulted a child?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. Have the police ever been called to your home by you or anyone else?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. Have any members of your immediate family (spouse, parents, children, siblings) ever been arrested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. Have you ever been the victim of a crime?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

36. Has any member of your immediate family been the victim of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. Have you ever allowed someone else to use your driver's license for any reason?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Have you ever lied to any insurance company about a traffic ticket that you have received or any accident in which you have been involved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. Have you ever been involved in an automobile accident and left the scene without giving your information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. Have you ever driven a motor vehicle when you thought that you had drank too much of an alcoholic beverage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever been stopped, questioned, or tested for driving while under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42. Has there ever been a period in your life when you thought you abused alcohol or drugs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43. Have you done anything while under the influence of alcohol that you would not have done if you were sober?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44. Have you ever provided alcohol to a minor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
45. Have you ever used a false ID to purchase alcohol?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46. Have you ever injected any drug, whether prescribed or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47. Have you ever kept a cash overage at the end of a shift you worked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SECTION O  
APPLICANT QUESTIONNAIRE**

**REMARKS/EXPLANATION SECTION**

**INSTRUCTIONS:** IF YOU ANSWERED YES TO ANY OF THE PRECEDING QUESTIONS IN THE APPLICANT QUESTIONNAIRE, EXPLAIN YOUR RESPONSE BELOW. INDICATE THE QUESTION NUMBER PRIOR TO YOUR RESPONSE. IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEET.

#3 I lied about my age to women at school.

#28 Suspended from school for fighting in high school

#35 Someone stole my phone.

#37 My brother to get into a bar.

#40 Not 100% sure but may have been too intoxicated.

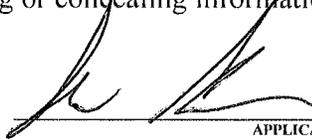
#44 yes to my brother twice.

**CERTIFICATION**

I, the undersigned, do hereby attest that the information I have provided in the preceding pages is truthful and complete to the best of my ability and does not knowingly contain any material misrepresentation of fact. I understand that the information collected is for the purposes of conducting a background investigation to determine my eligibility for employment with the Monroe Police Department and that if I refuse to provide the requested information I may be disqualified from further consideration.

I affirm that I have read and understand the job requirements and job descriptions of the position for which I have applied.

I also understand that I will be disqualified from further consideration at any point in the application process or will be dismissed from the department after appointment for providing false information or for deliberately omitting or concealing information from my background.

  
\_\_\_\_\_  
APPLICANT SIGNATURE

06/15/18  
\_\_\_\_\_  
DATE

**NOTARY**

Subscribed and duly sworn before me according to law by the above named individual on

the 18 day of June, 2018 at US Bank

in the County of Butler, State of Ohio.

Signature of Notary Jennifer Mauer

Official Title Notary Public

Commission Expiration Date July 22, 2020



I, Skylar J. Halsey, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

A photocopy of this authorization is to be accepted as an original.

WITNESS	APPLICANT
Printed Name: <u>STEPHANIE SEELH</u>	Printed Name: <u>Skylar Halsey</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Date: <u>6/18/18</u>	Date of Birth: <u>[Redacted]</u>
	Social Security Number: <u>[Redacted]</u>

I, Skylor J. Halsby, have applied for employment with the Monroe, Ohio Police Department. I have been advised and understand that a representative of the Monroe Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that while conducting this investigation, officers will be making inquiries with: schools which I have attended, police departments or courts with whom I may have had contact (including arrest and conviction records), present and previous employers, references, family members, or any other person who may be able to provide information about me which the Monroe Police Department may desire.

I hereby expressly release and waive all provisions of law which may forbid the disclosure of information from any school, court, police agency, employer, firm, or person and will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested by the Monroe Police Department. I further consent that any records, which may be requested by a representative of the Monroe Police Department, including criminal records, employment records, military records, credit histories, and educational records, be released upon the receipt of such request.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I recognize the right of the Monroe Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such sources or the information obtained there from.

A photocopy of this authorization is to be accepted as an original.

WITNESS	APPLICANT
Printed Name: <u>STEPHAN E SEECH</u>	Printed Name: <u>Skylor Halsby</u>
Signature: <u>Stephanie Seech</u>	Signature: <u>[Handwritten Signature]</u>
Date: <u>6/12/18</u>	Date of Birth: [Redacted]
	Social Security Number: [Redacted]

PLEASE READ THIS STATEMENT CAREFULLY

As an applicant with the City of Monroe, my signature below authorizes the Monroe Police Department, or its agent, to obtain a consumer credit report or other information regarding my credit status for the purposes of determining my suitability for employment with the City. I understand that this information will be used only for employment purposes.

I further release, discharge, and exonerate the Monroe Police Department and the City of Monroe, Ohio, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information to representatives of the Monroe Police Department from any and all liabilities which may incur from the release and inspection of such information.

I understand that the information obtained from a credit verification check will be used in accordance with the Federal Fair Credit Reporting Act.

WITNESS	APPLICANT
Printed Name: <i>STEPHANIE SEECH</i>	Printed Name: <i>SKYLAR HADLEY</i>
Signature: <i>Stephanie Seech</i>	Signature: <i>[Handwritten Signature]</i>
Date: <i>6/18/18</i>	Date of Birth: [REDACTED]
	Social Security Number: [REDACTED]

# PAYROLL CHANGE NOTICE

TO: PAYROLL DEPARTMENT



PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

*Skyler Hadsey*

DEPARTMENT

*Police Dept*

EFFECTIVE DATE

*8-15-20*

## THE CHANGE(S):

All Applicable Boxes

FROM

TO

DEPARTMENT

JOB

SHIFT

RATE

*Step 3*

*Step 4*

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

## THE REASON FOR THE CHANGE(S):

HIRED

RE-HIRED

PROMOTION

DEMOTION

TRANSFER

MERIT INCREASE

UNION SCALE

LEAVE OF ABSENCE FROM \_\_\_\_\_

(DATE)

UNTIL \_\_\_\_\_

(DATE)

OTHER (Explain) \_\_\_\_\_

(DATE)

(DATE)

## AUTHORIZATION:

RECOMMENDED BY

*[Signature]*

DATE

*8-27-20*

AUTHORIZED BY

*[Signature]*

DATE

*8-31-20*

PERSONNEL EVALUATIONS

EMPLOYEE: OFFICER SKYLAR HALSEY

SCORE: 41.5

DATE: 8/26/2020 (RD)

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Halsey is an active officer. He has had several traffic stops that have resulted in CI's for our drug task force officer. These have resulted in some major seizures. Officer Halsey is eager to learn new and other aspects of the job. He has worked as an Officer in Charge several nights and functioned in that role. Officer Halsey is a team player and will assist officers with paperwork and calls for service without being asked.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Halsey has had several sick incident and been sent home ill. Officer Halsey needs to take care of himself and not try to come into work when he is sick.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

YES  NO

Teamwork from Sgt. Caudill on 8/26/19, Teamwork from Lt. Beacock on 8/30/19 for out of state kidnapping case, Public Recognition from victim of kidnapping case 9/6/19, Recognition from Lt. Pelfrey for kidnapping case, Recognition from Sgt. Caudill on 10/13/19, Recognition from Sgt. Payne on 10/13/19 for death investigation, Recognition from Lt. Rosenbalm for suicidal call on Hankins 10/16/19, Recognition from Sgt. Caudill 12/6/19, Day to Day effectiveness from Sgt. Caudill 12/7/19, Recognition from Lt. Pelfrey for homicide case 2/4/20, Recognition from Officer Leist for stopping suspicious subjects 4/27/20, Recognition from Lt. Beacock for drug stops 6/11/20, Teamwork from Captain Curlis 6/16/20, Recognition from Sgt. Payne on 7/14/20.

I have talked to Officer Halsey in past about his career goals. I would encourage him to complete his degree. I would like him to think about what area he would like to concentrate in and work toward that goal.

Officer comments-

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

Drug interdiction school

OIC school

RATED BY (NAME AND TITLE)

Alicia Beacock S/P

Lieutenant Alicia Beacock

Approved By

[Signature]

8-27-20

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8/26/20 Employee Signature

[Signature] 8/26

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    3    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3.5    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3.5    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    4    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3.5    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3.5    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>    3.5    </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>    4    </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>    3.5    </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>    3    </u>	Officer consistently submits reports which a vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>    3.5    </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>    3    </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

PERSONNEL EVALUATIONS

EMPLOYEE: Officer Skylar Halsey

SCORE: 40

DATE: 08/20/2019

COMMENTS ON PRINCIPAL STRENGTHS:

Officer Halsey is a new Officer completing his first year of service. He is enthusiastic and eager to work. Officer Halsey continuously looks to self initiate his activity during idle time between calls. Officer Halsey always arrives to work with a good attitude and ready for his shift.

COMMENTS ON PRINCIPAL WEAKNESS AND SUGGESTIONS FOR IMPROVEMENT:

Officer Halsey has on occasion been sick or injured and shows reluctance in notifying supervision that he may not be capable to perform his duties. Officer Halsey needs to understand that for his own health and safety along with the Officers he works with that sometimes we all need to rest and heal from illness or injury.

HAS THIS EVALUATION BEEN DISCUSSED WITH THE EMPLOYEE?

X YES \_\_\_\_\_ NO

COMMENTS:

- 12/11 Released from FTO
- 12/19 Recognition from Captain Curlis for participation in a bank robbery apprehension
- 1/06 Evaluation Note for a private property/property damage only accident
- 3/12 Positive Quarterly Evaluation from Lt Beacock
- 3/11 Recognition from Captain Curlis
- 4/9 Recognition from Captain Curlis
- 5/11 Life Saving Award Nomination from Lt Pelfrey
- 5/16 Public Recognition from a Barb Hoffman
- 5/22 Positive Quarterly Evaluation from Lt Pelfrey
- 6/12 Life Saving Award Nomination from Lt Pelfrey
- 7/4 Work Habit Recognition from Captain Curlis
- 7/16 Exoneration of a citizens complaint
- 7/16 Letter of Appreciation from Lt Pelfrey

RECOMMENDATIONS FOR PRESENT AND FUTURE JOB CLASSIFICATION:

RATED BY (NAME AND TITLE)

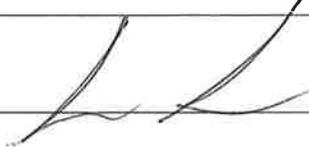
Lt Pelfrey - A815 8/20/2019  
[Signature] 8-22-19  
 Approved By

*[Handwritten mark]*

Completion of this section by employee is optional and subject to the police of your organization

I have reviewed this evaluation and I completely understand it contents.

Date: 8-20-2019 Employee Signature

 863

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Punctuality and Attendance:  Score: <u>    4    </u>	Officer is frequently late and Calls in sick often. He/she Gives little explanation and Resents being questioned	Officer is late frequently And calls in sick regularly. His/her attendance could be More regular.	Officer is only occasionally Late and seldom calls in sick.	Officer is rarely late or Absent and promptly reports Reasons to his/her supervisor.
Job Knowledge  Score: <u>    3    </u>	Officer is experiencing Difficulty with his/her present Work assignment and would require extensive additional training to advance toward more complex duties.	Officer handles routine matters satisfactorily and has some knowledge of more complex job related duties. He/she is familiar with department policies and procedures.	Officer displays above average knowledge when applied to both routine and advanced duties. He/she also has a comprehensive knowledge or policies and procedures.	Officer displays an extensive knowledge in work related disciplines including department policy. He/she is also making and effort to improve on this knowledge
Work Accuracy:  Score: <u>    3    </u>	Officer's work is frequently inaccurate and serious mistakes have been made.	Officer's work is within acceptable error limits. He/she has some understanding of his/her mistakes and can correct them when found.	Officer's work is generally correct and supervisory correction is only needed occasionally.	Officer's work always displays the highest degree of accuracy and completeness. He/she finds and corrects their errors.
Consistency of Work:  Score: <u>    3    </u>	Officer wastes work time and accomplishes little. He/she displays no organization. Misses deadlines consistently and performs erratically	Officer performs adequately, but performs only those duties assigned. He/she needs to show more initiative.	Officer is an average and steady worker who meets deadlines regularly and will generally exercise the initiative required to complete the assigned task.	Officer's performance is consistently outstanding. He/she is diligent and dependable.
Judgment:  Score: <u>    3    </u>	Officer seems unable to visualize what effect his/her decisions will have and acts rashly without considering the consequences.	Officer uses poor judgment and often requires supervisory assistance to successfully resolve conflicts.	Officer attempts to handle difficult situations on his/her own initiative and is generally successful.	Officer comes to sound conclusions quickly and acts decisively to resolve conflicts and difficult situations.
Work Effort and Initiative:  Score: <u>    3.5    </u>	Officer makes very little effort to accomplish assigned tasks and needs constant supervision in order to complete even routine assignments.	Officer can follow a designated job to completion with frequent supervisory assistance.	Officer will accept and complete assignments with minimal supervisory assistance. He/she generally meets deadlines.	Officer takes on and completes tasks on his/her own initiative and does not require supervisory assistance.

# MONROE POLICE DEPARTMENT PERSONNEL EVALUATION

	Does not meet Minimum standards <b>1</b>	Meets minimum standards: But Must show improvement <b>2</b>	Meets Standards of Performance <b>3</b>	Exceeds Standards of Performance <b>4</b>
Attitude toward the public: Score: <u>  4  </u>	Officer is consistently rude, antagonistic, and insensitive to the public. He/she fails to assist others adequately.	Officer usually behaves in and acceptable manner with the public and provides adequate public assistance.	Officer is courteous and projects a competent and professional image.	Officer consistently makes the maximum effort to satisfy the public. He/she is always polite and helpful.
Attitude toward supervisors: Score: <u>  4  </u>	Officer is confrontational and antagonistic towards those in authority and displays contempt for their directives and policies.	Officer accepts authority passively. He/she communicates with supervisors only when necessary.	Officer accepts authority in a generally positive fashion and has a good working relationship with his/her supervisor.	Officer has an excellent relationship with supervision. He/she displays an interest in supervisory functions and is able to function as OIC.
Cooperativeness: Score: <u>  3.5  </u>	Officer causes friction among co-workers and blames co-workers or the department for his/her problems.	Officer displays an obvious reluctance to assist other officers in the performance of their duties.	Officer is willing to function as a part of a team effort. He/she becomes involved when requested or the need is obvious.	Others often seek officer out for advice and assistance. He/she readily becomes involved in team efforts.
Report writing: Score: <u>  3  </u>	Officer consistently submits reports which a vague, misleading and contain many spelling errors. He/she often fails to make a report in required circumstances.	Officer submits reports, which include most of the required basic information and contain some spelling errors.	Officer generally submits reports which adequately answer who, what, where, why and how. He/she reviews the report to remove errors.	Officer consistently submits reports, which contain basic and supplementary information in sufficient detail to be considered comprehensive.
Work load/Productivity: Score: <u>  3  </u>	Officer's quantity of reports and citations is very low and represents minimal effort to detect reportable incidents and apply enforcement action.	Officer's performance is substandard in some aspects, but this can be improved with experience, effort and training.	Officer consistently displays adequate performance in all aspects of police duties.	Officer consistently performs in an outstanding manner in all aspects of duty. He/she also shows a determination to improve his/her performance.
Appearance: Score: <u>  4  </u>	Officer displays poor personal hygiene. His/her uniform is usually dirty and unpressed and shoes, and leather gear are unshined.	Officer's uniform is clean, but usually unpressed and his/her shoes are usually unshined. His/her personal grooming is adequate.	Officer consistently shows a good uniform appearance and adequate personal grooming.	Officer displays that attention to detail that greatly enhances his/her uniform appearance and so sets a positive example.

# PAYROLL CHANGE NOTICE

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME <i>Skyler Halser</i>	
DEPARTMENT <i>Police</i>	EFFECTIVE DATE <i>8-15-19</i>

**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>Step 2</i>	<i>Step 3</i>
<input type="checkbox"/> OTHER _____	<i>51,463.<sup>00</sup></i>	<i>56,446.<sup>00</sup></i>
<input type="checkbox"/> OTHER _____		

**THE REASON FOR THE CHANGE(S):**

<input type="checkbox"/> HIRED <input type="checkbox"/> RE-HIRED <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> MERIT INCREASE <input checked="" type="checkbox"/> UNION SCALE <input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE) <input checked="" type="checkbox"/> OTHER (Explain) _____	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED <input type="checkbox"/> LENGTH OF SERVICE INCREASE <input type="checkbox"/> RE-EVALUATION OF EXISTING JOB <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE
--	---



*Completion of Probationary period with the City*

**AUTHORIZATION:**

RECOMMENDED BY <i>[Signature]</i>	DATE <i>8-19-19</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>8-22-19</i>

There are no words I can  
put together to describe how  
thankful, grateful, and  
absolutely blessed to be living  
in such an amazing community.  
With some true angels within  
your police force. To the officer

today that chased down my  
4yr. old son and brought him  
safely back to me... Thank you



**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) <b>HALSEY</b>		First Name (Given Name) <b>SKYLAR</b>		Middle Initial <b>J</b>	Other Last Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town <b>MIDDLETOWN OH</b>	State <b>OH</b>	ZIP Code <b>45044</b>
Date of Birth (mm/dd/yyyy) [REDACTED]		U.S. Social Security Number [REDACTED]		Employee's E-mail Address [REDACTED]		Employee's Telephone Number [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	OR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <b>08/02/1994</b>
---	--

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

STOP | Employer Completes Next Page | STOP



**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1515-0047  
 Expires 08/16/2019

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

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name) <b>HALSEY</b>	First Name (Given Name) <b>SKYLAR</b>	M.I. <b>J</b>	Citizenship/Immigration Status <b>US</b>
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List A Identity and Employment Authorization      OR      List B Identity      AND      List C Employment Authorization

Document Title	<b>DRIVERS License</b>	Document Title	<b>Social Security CARD</b>
Issuing Authority	<b>State of OHIO</b>	Issuing Authority	<b>US GOV't</b>
Document Number	[REDACTED]	Document Number	[REDACTED]
Expiration Date (if any) (mm/dd/yyyy)	<b>11-30-2019</b>	Expiration Date (if any) (mm/dd/yyyy)	<b>N/A</b>
Document Title	Additional Information		OR Code - Section 2.A.3 Do Not Write In This Space
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			
Document Title			
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			

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

The employee's first day of employment (mm/dd/yyyy): **08/15/2018** (See instructions for exemptions)

Signature of Employer or Authorized Representative <b>Deana England</b>	Today's Date (mm/dd/yyyy) <b>08-16-2018</b>	Title of Employer or Authorized Representative <b>Executive Assistant</b>
Last Name of Employer or Authorized Representative <b>England</b>	First Name of Employer or Authorized Representative <b>Deana</b>	Employer's Business or Organization Name <b>CITY of Monroe</b>
Employer's Business or Organization Address (Street Number and Name) <b>133 S. Main Street</b>	City or Town <b>Monroe</b>	State <b>OH</b>
		ZIP Code <b>45050</b>

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>	<b>AND</b>	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
	6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

INITIALS OF FTO AND OIT

*Halsey*

OIT

FTO

1. Officer contract-policy ch 22 all

Leaves of Absence

- A. Vacation
- B. Military
- C. Sick
- D. Injury
- E. Death of the Family

**FILE**

SA 8-25-18 AB 8-25-18  
SA 8-25-18 AB 8-25-18

2. Overtime/timeslip 22.1.1/policy ch 3 all

3. Equipment and Uniform Regulations -  
.1.6/41.3.4/41.3.5/41.3.7

- A. Loss and Replacement
- B. Line Inspections- policy 53

SA 8-29-18 AB 8-29-18  
SA 8-29-18 AB 8-29-18  
SA 8-29-18 AB 8-29-18  
SA 8-25-18 AB 8-25-18

4. Days Off/On Duty software 22.1.2

5. Care of Police Vehicles

- A. Assignment
- B. Accidents
- C. Damage
- D. Maintenance
- E. Vehicle-Daily Inspections

SA 8-28-18 AB 8-28-18  
SA 8-28-18 AB 8-28-18

6. Discharge of Firearms-policy 4 use of force

- A. Accidental
- B. On Duty
- C. Off Duty
- D. At Animals

SA 8-25-18 AB 8-25-18  
SA 8-28-18 AB 8-28-18  
SA 8-28-18 AB 8-28-18  
SA 8-28-18 AB 8-28-18  
SA 8-28-18 AB 8-28-18

7. Investigations of Complaints Against Officers

- A. Procedure
- B. Reports

SA 9/18/18 AB 9/18/18  
SA 9/18/18 AB 9/18/18  
SA 9/18/18 AB 9/18/18

8. Disciplinary Procedures-policy ch 26

9. Performance Evaluation-policy ch 34/35

SA 09/05/18 AB 9/5/18  
SA 09/05/18 AB 9/5/18

**FILE**

INITIALS OF FTO AND OIT

OIT

FTO

- 10. Outside Employment Regulations-22.2.4
  - A. Details-22.2.5
- 11. Change of Address/Phone/Marriage
- 12. Court Appearance
  - A. Subpoena
  - B. Civil Cases
- 13. Mission statements/Core principals-1.1.1/1.1.2
- 14. Recruitment- policy 31
- 15. Training-policy 33
- 16. Organization/Structure-policy 11
- 17. Budget/Management/Chief directives-  
policy 15/17/12
- 18. Ride alongs-41.2.15
- 19. Classification of duties- policy ch 21 PREPARATION  
FOR PATROL/ROLL CALL-41.1.1/2

<u>SA 09-18-18</u>	<u>CB 9-18-18</u>
<u>SA 09-18-18</u>	<u>CB 9-18-18</u>
<u>SA 8-25-18</u>	<u>CB 8-25-18</u>
<u>SA 8-28-18</u>	<u>CB 8-28-18</u>
<u>SA 8-28-18</u>	<u>CB 8-28-18</u>
<u>SA 09/18/18</u>	<u>CB 8-18-18</u>
<u>SA 8-25-18</u>	<u>CB 8-25-18</u>
<u>SA 09/18/18</u>	<u>CB 9-18-18</u>
<u>SA 09/19/18</u>	<u>CB 9-18-18</u>
<u>SA 09/18/18</u>	<u>CB 9-18-18</u>
<u>SA 09/18/18</u>	<u>CB 9-18-18</u>
<u>SA 09/19/18</u>	<u>CB 9-18-18</u>
<u>SA 8-25-18</u>	<u>CB 8-25-18</u>
<u>SA 8-25-18</u>	<u>CB 8-25-18</u>
<u>SA 8-25-18</u>	<u>CB 8-25-18</u>

- 1. Prepare for Tour of Duty
- 2. Personal Appearance and Hygiene
- 3. Uniform and Equipment Inspection/Gearbag

VEHICLE AND EQUIPMENT CHECK-61/41.3

- 1. Inspection of Vehicle: Damage and Wear
- 2. Camera-body mic/ in car-41.2.12/
  - A. Evidence.com-logging in/checking video
  - B. How to operate camera
- 3. Check Lights: Emergency/Head/Brake Lights
- 4. Prisoner transport area
- 5. Items in trunk
- 6. Shotgun/Rifle/40 mm/bailout bag
- 7. Fire Extinguisher
- 8. Vehicle Cleanliness
- 9. Siren and P/A System

<u>SA 8-25-18</u>	<u>CB 8-25-18</u>
<u>SA 8-29-18</u>	<u>CB 8-29-18</u>
<u>SA 8-29-18</u>	<u>CB 8-29-18</u>
<u>SA 8-25-18</u>	<u>CB 8-25-18</u>

USE OF POLICE RADIO

- 1. Voice Level and Microphone Position
- 2. Car Status/Status of Other Cars
- 3. Radio Traffic During Emergencies

<u>SA 9-5-18</u>	<u>CB 9-5-18</u>
<u>SA 9-5-18</u>	<u>CB 9-5-18</u>
<u>SA 9-5-18</u>	<u>CB 9-5-18</u>

Radio Codes, Phonetic Alphabet/Plain Language

SA 8/30/18 CB 8/30/18

OFFICER'S RESPONSIBILITIES/RELATIONSHIPS

- 1. Patrol Purposes and Responsibilities
  - A. Crime
  - B. Traffic
- 2. Types of Patrol: one-man vs two-man
- 3. Patrol Techniques: Day, Evening & Night Knowledge of City, Boundaries, Problem Areas -Butler/Warren County
- 4. Response to calls 41.2.1
- 5. Observations/Perceptions of Patrol
- 6. Developing Contacts
- 7. Relationships With Supervisors
- 8. Relationships With Undercover Personnel
- 9. Relationships With Government Agencies
- 10. Conduct and Behavior / On and Off Duty Policy ch-27, 22.1.6 I/H
- 11. Request for Assistance-Other Officer-Other Agency
- 12. Duties in Emergency Situations-41.2.4
- 13. Handling Public Gatherings/Parades
- 14. Enforcing Health and Welfare Ordinances
  - A. Bonfires, Dumping Garbage, Etc.
- 15. Notifications, Death Messages
  - A. Consular notifications-1.1.4
- 16. Permits and Licenses
- 17. Parking Violations: Driveway, Private Property

SA 09/21/18 CB 9-18-18  
 SA 09/21/18 CB 9-18-18  
 SA 09/21/18 CB 9-18-18  
 SA 8/30/18 CB 8/30/18  
 SA 09/22/18 CB 9-21-18  
 SA 8-28-18 CB 8-28-18  
 SA 9/23/18 CB 9-28-18  
 SA 8/30/18 CB 8-30-18  
 SA 8/30/18 CB 8-30-18  
 SA 8/30/18 CB 8-30-18  
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 SA 9/28/18 CB 9-28-18  
 SA 9/28/18 CB 9-28-18  
 SA 8/30/18 CB 8/30/18  
 SA 8/30/18 CB 8/29/18  
 SA 9/23/18 CB 9-28-18  
 SA 09/22/18 CB 9-22-18  
 SA 09/22/18 CB 9-22-18

RADIO CHANNELS

- 1. Main
- 2. Channel 2 - Queries/Ops
- 3. Channel C1-Mutual Aid -Pursuit

SA 8/30/18 CB 8/30/18  
 SA 8/30/18 CB 8/30/18  
 SA 09/13/18 CB 9/13/18



INITIALS OF FTO AND OIT

OIT	FTO
SA 09/28/18	CB 9-28-18
SA 09/29/18	CB 9-28-18

- D. Accident Files
- E. Obtaining records from other courts for cases

**ARRESTS-policy ch 70/71**

1. Proper Force: Chemical, ASP, TASER, Physical, Pistol, Shotgun, Rifle, 40 mm
2. Receiving Prisoners From Citizens, Retail Stores
3. Breaking Doors and Windows
4. With or Without a Warrant
5. Misdemeanor/Felony Arrests
  - A. Frisk and Search
  - B. Male and Female
  - C. Advise of Rights
- Necessary Paperwork-DV
- D. Arrests /Juvenile Arrest
6. Resisting Arrests-Use of Force Forms
7. Interfering With Arrests
8. Removing Occupants From Vehicles
9. Gathering Information At Time of Arrest
10. Transporting Prisoners
  - Medical Treatment For Prisoners
  - A. One or Two Man Car
  - B. Correct Placement of Prisoner/Rear
  - C. Precaution With Disorderly Prisoners
11. Restriction Of Recommending Attorney
12. Prisoner's Property Process
13. Handling Prisoners – Detention Facility
14. Proper Release & Clearance Procedures

SA 09/29/18	CB 9-29-18
SA 11/05/18	CP 11/05/18
SA 11/05/18	CP 11/05/18
SA 09/21/18	CB 9/21/18
SA 09/21/18	CB 9/21/18
SA 09/21/18	CB 9/21/18
SA 09/23/18	CB 9/21-18

**HANDLING JUVENILES- policy ch 44**

1. Juvenile Involvement in a Crime
  - A. Citation

SA 09/28/18	CB 9-28-18
SA 09/28/18	CB 9-29-18

INITIALS OF FTO AND OIT

b

- B. Advise of Rights
- C. Notify Parents/Probation Officer
- D. Youth Detention
  
- 2. Interview Female Juvenile in Presence of Another Officer, Parent, School Official
- 3. Drunk Juveniles: Citing/Arresting
- 4. Problems With Juveniles:
  - A. Runaways and Truancy/Curfew
  - B. Malicious Mischief/BB Guns
  - C. Liquor Law Violations
  - D. Controlled Substances
  - E. Child Neglect/Abuse/Children's Services
  - F. Contributing to Delinquency Cases
  - G. Juvenile Gangs
  - H. Traffic: Vehicle, Bikes or Mopeds
- 5. Missing and Found Children-41.2.5
  - A. Critical Missing/AMBER ALERT/
  - B. Completion of Missing Report Method of Closure for Missing Persons
  - C. Persons
  - D. Suicidal
  - E. Entry for elderly, Medications /Under 21 Years Of Age

OIT	FTO
SA 09/18/18	CB 9-27-18
SA 10-17-18	AB 10-17-18
SA 10-17-18	AB 10-17-18
SA 10-17-18	AB 10-17-18
SA 09/29/18	CB 9-27-18
SA 11-16-18	AB 11-16-18
SA 11/05/18	CP 11/05/18
SA 11-16-18	AB 11-16-18
SA 11-16-18	CB 11-16-18
SA 11-26-18	Don 11-26-18
SA 11-16-18	AB 11-16-18
SA 11-16-18	CB 11-16-18
SA 11-16-18	CB 11-16-18
SA 11-16-18	CB 11-16-18
SA 11-16-18	Don 11-26-18
SA 11-26-18	Don 11-26-18
SA 11-26-18	Don 11-26-18

**DRIVING TECHNIQUES- policy ch 41/61**

- 1. Defensive Driving
- 2. Obeying Traffic Laws (public view)
- 3. Inclement Weather
- 4. Parking: Emergency Runs, Street
- 5. Residential Driving Techniques

SA 09/29/18	CB 9-27-18
SA 09/28/18	CB 9-27-18

INITIALS OF FTO AND OIT

OIT

FTO

7

- |   |             |            |
|---|-------------|------------|
| 6. Routine Calls/Patrol   | SA 09/29/18 | CB 9-29-18 |
| 7. Traffic Violations   | SA 09/21/18 | CB 9-21-18 |
| A. Selecting Safe Area To Stop Vehicle                                      | SA 09/21/18 | CB 9-21-18 |
| B. Use of Siren and Lights (day & night)                                    | SA 09/21/18 | CB 9-21-18 |
| C. Position of Police Vehicle at Stops                                      | SA 09/21/18 | CB 9-21-18 |
| 8. Pursuit Driving Responsibility and Related Forms                         | SA 8-28-18  | CB 8-28-18 |
| Foot pursuits - pursuits policy 41.2.2/3 41.2.9                             | SA 8-28-18  | CB 8-28-18 |
| 9. Tailing Suspects   | SA 09/29/18 | CB 9-29-18 |
| 10. Emergencies – Use of Lights and Siren, When Not to Use Lights and Siren | SA 09/21/18 | CB 9-21-18 |

**AUTO ACCIDENT INVESTIGATIONS- policy 61**

- |   |             |            |
|---|-------------|------------|
| 1. Injuries – First Aid, Rescue Unit        | SA 9/5/18   | CB 9/5/18  |
| 2. Traffic Re-routing – Road Blocks, Safety | SA 9/5/18   | CB 9/5/18  |
| 3. Locating and Interviewing Witnesses      | SA 9/5/18   | CB 9/5/18  |
| 4. Broadcasting Descriptions                | SA 9/5/18   | CB 9/5/18  |
| 5. Following the Trails of Evidence         | SA 9/5/18   | CB 9/5/18  |
| 6. Vehicle Accident Reports OH-1            | SA 09/29/18 | CB 9-21-18 |
| 7. School Bus Crash/Semi Crash              | SA 9/5/18   | CB 9/5/18  |
| 8. Private Property Crash                   | SA 9/5/18   | CB 9/5/18  |
| 9. Photographs                              | SA 9/5/18   | CB 9/5/18  |
| 10. Using Crash Team                        | SA 9/5/18   | CB 9/5/18  |

**DRIVING WHILE INTOXICATED**

- |   |            |             |
|---|------------|-------------|
| Field Sobriety Test-Other Tests Besides |            |             |
| 1. HGN/WALK AND TURN/ONE LEG STAND      | SA 11-5-18 | CP 11/05/18 |
| 2. Intoxication Tests                   | SA 11-5-18 | "           |
| A. Breath                               | SA 11-5-18 | "           |
| B. Urine                                | SA 11-5-18 | "           |
| C. Blood                                | SA 11-5-18 | "           |
| 3. Enforcement                          |            |             |
| A. Citation/2255                        | SA 11-5-18 | "           |
| B. Custody                              | SA 11-5-18 | "           |

**HANDLING TRAFFIC DIRECTION AND CONTROL**

INITIALS OF FTO AND OIT

OIT

FTO

1. Auto Accident Scene-61.2.1/2

- A. Fatal
- B. Non-Fatal
- C. Hit Skip

SA 09/29/18      CUB 9-27-18  
 SA 09/29/18      CUB 9-29-18  
 SA 09/29/18      CUB 9-21-18  
 SA 9/5/18      CUB 9/5/18  
 SA 11/23/18      AB 11-23-18

2. Manual Traffic Light Control-61.3.2

3. Visibility

- A. Use of Reflective Vest

4. Use of Flares/Flashlight

5. Police Escorts-61.3.2

6. Pedestrian Violations

7. Moving Violations

8. Parking

SA 9/5/18      CUB 9/5/18  
 SA 9/5/18      CUB 9/5/18  
 SA 09/29/18      CUB 9-23-18  
 SA 12/4/18      AB 12-4-18  
 SA 09/21/18      CUB 9-21-18  
 SA 09/29/18      CUB 9-27-18

**ISSUING TRAFFIC CITATIONS**

1. Recognizing a Violator

2. Proper Demeanor With Violator

3. Proper Completion of Citation

4. Recording Notes – Reverse Side of Tag

5. Voiding Citations

6. Citations at Auto Accidents

7. Refusal to Sign Citation

8. Suspended Driver's Licenses/Revoked Privileges, DUS, FRA, etc.2255/Wrongful Entrustment

9. Towing/sheets/stickers-61.4.3

SA 09/21/18      CUB 9-21-18  
 SA 09/21/18      CUB 9-21-18  
 SA 09/21/18      CUB 9-21-18  
 SA 09/23/18      CUB 9-21-18  
 SA 9/5/18      CUB 9/4/18  
 SA 09/29/18      CUB 9-29-18  
 SA 9/5/18      CUB 9/5/18  
 SA 09/28/18      CUB 9-29-18  
 SA 09/28/18      CUB 9-29-18

**HANDLING BURGLARY IN PROGRESS/PROWLER**

1. Response and Arrival – Eliminate Noise, Lights Out, Direct vs. Indirect Approach

2. Contact with Reporting Person

3. Fleeing Suspects – Barricaded Suspects

4. Use of K-9-41.1.5

SA 09/28/18      CUB 9-29-18  
 SA 09/28/18      CUB 9-29-18  
 SA 09/28/18      CUB 9-29-18  
 SA 09/28/18      CUB 9-29-18

**HANDLING ROBBERY CALLS**

1. Response

SA 09/4/18      09/4/18 CUB

INITIALS OF FTO AND OIT

OIT

FTO

- 2. Initial Broadcasts/Descriptions
- 3. Observing the Crime Scene
- 4. Witnesses
- 5. Check Area for Evidence
- 6. Elements of the Investigation

SA 9/4/18	9/4/18 AB
SA 11-16-18	11-16-18 AB

FIRE DEPT ASSIST

- 1. Observe Working Fire/Fire Security  
Traffic Control, Road Blocks/Distance From Scene,
- 2. Duties At Fires, Discovery Of Fires

SA 9/28/18	AB 9-28-18
SA 9/28/18	AB 9-28-18

CITIZEN'S REQUEST

- 1. Medical Assistance – Invalids-41.2.14
- 2. Landlord – Tenant Disputes-41.2.11
- 3. Failure To Pay Disputes
  - A. Taxi
  - B. Restaurants/Hotels
  - C. Tow Trucks/REPOS
- 4. Citizen's Arrest-Complaints
- 5. Lockouts with Waiver
- 6. Bounty Hunters/ Bail Bonds
- 7. Child custody disputes/ Stand bys
- 8. Protection orders

SA 11-26-18	DM 11-26-18
SA 9/3/18	9/3/18 AB
SA 11-26-18	DM 11-26-18
SA 9/3/18	9/3/18 AB
SA 9/3/18	9/3/18 AB

DISTURBANCES OF THE PEACE PROCEDURES

- 1. Neighborhood Disputes
- 2. Nuisances/Tow Stickers
- 3. Loud Noises – Parties, Dogs, Cars/Jake Brakes
- 4. Drag Racing
- 5. Demonstrations, Street Meetings, Strike
- 6. Trespassing

SA 11-26-18	DM 11-26-18
SA 11-16-18	AB 11-16-18
SA 11-26-18	DM 11-26-18

TECHNIQUES OR SKILLS TO DEAL WITH:

- 1. Wanted People-Pick Up Radius
- 2. Missing Persons-How To Ping a Cell Phone
- 3. Mentally Disturbed People/Adult Protective

SA 9/3/18	9/3/18 AB
SA 9/30/18	9-30-18 AB
SA 11-26-18	DM 11-26-18



INITIALS OF FTO AND OIT

OIT

FTO

**INVESTIGATING ELEMENTS OF A CRIME- policy**

**42**

1. A Felony
2. Domestic Violence
  - A. TPO's
3. Assaults
4. Murder, Rape
5. Robbery
6. Burglaries: Residential and Commercial
7. Safe Burglary (Safe Cracking)
8. Auto Larceny: Theft From Autos
9. Suspicious Vehicle – Occupied Vehicles-41.2.13
10. Theft – Shoplifting
11. Purse Snatching, Pickpockets
12. Bad Checks
13. Frauds, Embezzlements
14. Extortion
15. Counterfeiting
16. Suicides, Unexplained Deaths
17. Crime Scenes: Measurements and Sketching
  - A. Photography
  - B. Etechs

<u>SA 10-20-18</u>	<u>AB 10-20-18</u>
<u>SA 09/21/18</u>	<u>CB 9-21-18</u>
<u>SA 9/5/18</u>	<u>CB 9/3/18</u>
<u>SA 10-20-18</u>	<u>AB 10-20-18</u>
<u>SA 10-20-18</u>	<u>AB 10-20-18</u>
<u>SA 11-16-18</u>	<u>CB 11-16-18</u>
<u>SA 11-20-18</u>	<u>AB 11-20-18</u>
<u>SA 11-20-18</u>	<u>AB 11-20-18</u>
<u>SA 11-20-18</u>	<u>AB 11-25-18</u>
<u>SA 10-17-18</u>	<u>AB 10-17-18</u>
<u>SA 9/29/18</u>	<u>CB 9-29-18</u>
<u>SA 9/29/18</u>	<u>CB 9-29-18</u>
<u>SA 9/30/18</u>	<u>CB 9-30-18</u>
<u>SA 9/29/18</u>	<u>CB 9-29-18</u>
<u>SA 11-20-18</u>	<u>AB 11-25-18</u>
<u>SA 11-25-18</u>	<u>AB 11-25-18</u>
<u>SA 11-16-18</u>	<u>CB 11-16-18</u>
<u>SA 11-16-18</u>	<u>CB 11-16-18</u>
<u>SA 09/21/18</u>	<u>CB 9-21-18</u>
<u>SA 11-16-18</u>	<u>CB 11-16-18</u>

**VICE CONTROL-policy 43**

1. Prostitution
2. Gambling
3. Liquor Law Violation
4. Narcotic Peddlers and Addicts
5. Organized Crime

<u>SA 9/29/18</u>	<u>CB 9-29-18</u>
<u>SA 9/29/18</u>	<u>CB 9-29-18</u>
<u>SA 11-25-18</u>	<u>AB 11-25-18</u>
<u>SA 11-25-18</u>	<u>AB 11-25-18</u>
<u>9/29/18 SA</u>	<u>CB 9-29-18</u>

**LEGAL PROCESSES- policy ch 55, 1.2**

1. Obtaining Complaints/Civil Reports/CPOS
2. Obtaining and Executing Search Warrants

<u>SA 11-16-18</u>	<u>AB 11-16-18</u>
<u>SA 11-16-18</u>	<u>CB 11-16-18</u>

INITIALS OF FTO AND OIT

OIT

FTO

- 3. Obtaining and Executing Arrest Warrants
- 4. Extradition Procedures
- 5. Serving Subpoenas and Summons
- 6. Victims rights-Vine, assistance pamphlets
- 7. Court Room Testimony and Demeanor
  - A. Court Attendance
  - B. Missed/Late For Court

SA 11-25-18	AB 11-25-18
SA 9/24/18	AB 9-29-18
SA 9/25/18	AB 9-29-18
SA 9/3/18	AB 9/3/18

**PROPERTY CONTROL- policy 83/84**

- 1. Lost/Found Property
- 2. Tagging Property
  - DNA/Money
    - A. Prisoner's Property
    - B. Deceased Persons
    - C. Contraband
    - D. Submitting Lab Sheets

SA 9/5/18	AB 9/5/18
SA 9/5/18	AB 9/5/18
SA 9/5/18	AB 9/5/18
SA 11-16-18	AB 11-16-18
SA 10-3-18	AB 10-3-18
SA 9/21/18	AB 9-21-18

- 3. Releasing Property/Photograph/Mall Receipts Store Name And Employee
- 4. Property Disposition
- 5. Property Room Lockers

SA 9/29/18	AB 9-29-18
SA 9/29/18	AB 9-29-18
SA 9/5/18	AB 9/5/18

**HANDLING ANIMAL COMPLAINTS**

- 1. Dog Wardens/Discharge Shotgun
- 2. Found Animals
- 3. Wounded or Injured animals
- 4. Vicious Dogs
- 5. Dead Animals
- 6. Animal Bites – Rabid Animals
- 7. Cruelty to Animals

SA 11-25-18	AB 11-25-18
SA 9/29/18	AB 9-29-18
SA 09/21/18	AB 9-21-18
SA 10-3-18	AB 10-15-18
SA 9/29/18	AB 9-29-18
SA 9/29/18	AB 9-29-18
SA 11-25-18	AB 11-25-18

**USE AND PREPARATION OF FIELD REPORTS**

- 1. Incident Report
- 2. Supplementary Narrative

SA 9/29/18	AB 9-29-18
SA 9/3/18	AB 9/3/18
SA 9/3/18	AB 9/3/18

INITIALS OF FTO AND OIT

OIT

FTO

- 3. Booking software
- 4. Pursuit report
- 5. Use of force report
- 6. Missing Person Report-LEADS ENTRY
- 7. Print cards/ DNA swab
- 8. Linking cases/document files
- 9. Juvenile complaints 101 Butler
- 10. Juvenile complaints Warren
- 11. Dog Bite Report/Board Of Health Quarantine
- 12. Cruiser Service
- 13. FAX Cover Sheet
- 14. Vehicle Tow Sheet
- 15. Security Check Request
- 16. Crime Scene Log
- 17. Employee Absence Report
- 18. Vehicle Inspection in RMS
- 19. Procedure Manual, Rules and Regulations
- 20. Death Report
- 21. Bad Check Procedure
- 22. Citizen Misdemeanor Complaint Referral
- 23. Department Forms
- 24. Consent To Search Form
- 25. Teletype Request/BOLO
- 26. Work Email-checking for subpoenas
- 27. Business Night Telephone Numbers
- 28. Arraignment and Bond Information Sheet
- 29. Subpoena Request
- 30. County Court Affidavit
- 31. County Court Complaint Forms
- 32. Arrest Commitment Form

SA 09/20/18	CB 9-21-18
09/20/18 SA	CB 9-21-18
SA 09/23/18	CB 9-21-18
SA 11-26-18	Don 11-26-18
SA 10-17-18	AB 10-17-18
SA 09/23/18	CB 9-21-18
JA 09/30/18	CB 9-30-18
SA 09/30/18	CB 9-30-18
SA 09/29/18	CB 9-21-18
JA 09/23/18	CB 9-21-18
SA 09/23/18	CB 9-21-18
SA 09/29/18	CB 9-21-18
SA 09/29/18	CB 9-21-18
9/3/18 SA	9/3/18 CB
9/3/18 SA	9/3/18 CB
9/3/18 JA	9/3/18 CB
SA 11-25-18	AB 11-25-18
SA 09/20/18	CB 9-21-18
SA 09/29/18	CB 9-21-18
SA 11-25-18	AB 11-25-18
9/3/18 SA	9/3/18 CB
9/3/18 SA	9/3/18 CB
9/29/18 SA	CB 9-29-18
9/3/18 SA	9/3/18 CB
9/29/18 SA	CB 9-29-18
9/3/18 SA	9/3/18 CB
SA 11-26-18	Don 11-26-18
SA 11-26-18	Don 11-26-18
SA 9-21-18	Don 11-26-18
SA 10-26-18	Don 11-26-18

INITIALS OF FTO AND OIT

OIT

FTO

33. Bond Information Sheet

SA 9/3/18

CB 9/3/18

34. Bond Questionnaire PV

SA 9/3/18

CB 9/3/18

**Important City and County Facilities to be visited, and for the OIT's to be familiarized with the procedures at each location if necessary.**

	Date Visited	FTO's Initials
1. Courtrooms		
A. Municipal	8-31-18	AB
B. Traffic	8-31-18	AB
C. Common Pleas	8-31-18	AB
D. Grand Jury	8-31-18	AB
E. Juvenile	10-16-18	AB
2. Butler County Area II Court	8-29-18	AB
3. Butler County Common Pleas Court	8-31-18	AB
4. Butler County Grand Jury	8-31-18	AB
5. Butler County Juvenile Court/Juvenile Center	10-16-18	AB 10-17-18
6. Butler County Prosecutor's Office	8-31-18	AB
7. Butler County Sheriff Department	9-18-18	AB
8. Butler County Sheriff Department's Jail	9-18-18	AB
9. Lebanon Municipal Court	9/4/18	AB
10. Lebanon Police Department	12-4-18	AB
11. Middletown Municipal Court/Jail	8-31-18	AB
12. Middletown Prosecutor's Office	8-31-18	AB
ATRIUM/LIBERTY CHILDRENS/WEST		
13. CHESTER MEDICAL/ARROW SPRINGS	12-4-18	AB
14. Monroe Police Department	8-29-18	AB
15. Monroe City Building	4/26/18	AB 10-8-18
16. Monroe City Garage	8-30-18	AB
17. Monroe Community Park	8-30-18	AB
18. Monroe Elementary School	8-31-18	AB
19. Monroe High School/BUTLER TECH	12-4-18	AB
20. Monroe Fire Station #1	9-4-18	AB
21. Monroe Fire Station #2	8-31-18	AB

INITIALS OF FTO AND OIT

OIT

FTO

16

	<b>Date Visited</b>	<b>FTO's Initials</b>
22. Monroe Water Plant	8-29-18	AB
23. OSP Post #9	12-4-18	AB
24. ELLIOTS	12-4-18	AB
25. Trenton Police Department	12-4-18	AB
26. Warren County Grand Jury	9-4-18	AB
27. Warren County Sheriff Department	9-4-18	AB
28. Warren County Sheriff Department Jail	9-4-18	AB
29. Warren County Juvenile Court/Justice Center	9-4-18	AB
30. Warren County Prosecutor's Office	9-4-18	AB
31. MALL/MALL PARKING LOT	8-30-18	AB
32. HAMILTON COUNTY JUSTICE CENTER	12-4-18	AB
33. MONTGOMERY COUNTY JAIL	9-23-18	AB
34. BUTLER COUNTY LIBERTY SUBSTATION	12-4-18	AB

**Monroe Communications Center**

**O.I.T. Dispatch Training**

**Phone System:**

A. Answering Phone OIT SA Disp KB  
B. Transferring Calls OIT SA Disp KB  
C. Answering 911 OIT SA Disp KB

**Radio System:**

A. Answering Radio OIT SA Disp KB  
B. Dispatching Fire OIT SA Disp KB  
C. Radio Channels OIT SA Disp KB

**CAD:**

A. Entering Calls OIT SA Disp KB  
B. Assigning Units OIT SA Disp KB  
C. Check-ups OIT SA Disp KB  
D. Clearing Calls OIT SA Disp KB

**General Information:**

A. Cameras OIT SA Disp KB  
B. Cell Audio OIT SA Disp KB  
C. Basic LEADS Use OIT SA Disp KB

O.I.T.: [Signature] #863 Date: 11/16/19  
Disp.: Kennedy Bauman Date: 11/14/18

## HOLDING CELLS AND BOOKING

### LOCATION OF-

- CELL KEY ✓
- SPIT HOODS ✓
- SHACKLES ✓
- BELLY BAND ✓
- FIRST AID KIT ✓
- BLANKETS ✓
- PRISONER JUMPSUIT ✓
- CLEANING SUPPLIES ✓
- CELL CHECK FORM ✓
- SHIELD ✓
- WATER SHUT OFF ✓

### BOOKING SOFTWARE-

- HOW TO ADD PERSON ✓
- LINK TO CASE ✓
- CELL CHECK AUDIT ✓
- PRISONER PHOTO ✓

### PRISONER PROPERTY FORM ✓

OIT W/1/11 FTO AB 11-16-18

*EURATA*

**Other Training**

training Dispatch-LEADS/MDT cert.	<i>CH74/CH81</i> SA	
Shift with K-9	SA	
Shift with Detectives		
Shift with S.R.O.	SA	
Mayor Court Bailiff	<i>CHB</i>	
Firearms Qualification	<i>10-9-18</i> SA	<i>10/9/2018</i> DK
Taser Certification	<i>12-23-15</i>	<i>1-4-16</i> DR
Radar/Lidar Certification	<i>12-23-15</i>	<i>1-4-16</i> DR
NIMS Training	<i>9-15-18</i> SA	<i>9-15-18</i> DR
<del>Stop Sticks Instruction &amp; Video</del>		
BANK ROBBERY PROCEDURE	<i>1-6-16</i>	<i>DR</i>
RAPID ID/OIC BAG	<i>12-26-15</i>	<i>DR</i>
FINGER PRINTING	<i>12-19-15</i>	<i>AB 819</i>
TOOLS IN BAIL OUT BAG	<i>12-19-15</i>	<i>AB 819</i>
UNLOCKING KIT	<i>1-6-16</i>	<i>DR</i>
OVI KIT	<i>1-4-16</i> OW	<i>1-4-16</i> DR
FELONY ARREST SWAB	<i>1-4-16</i> OW	<i>1-4-16</i> DR
CASE LAWS	<i>1-4-16</i> SA	<i>1-4-16</i> DR
CAR SEARCHS	<i>1-4-16</i> OW	<i>1-4-16</i> DR
GRAND JURY PACKETS	<i>1-4-16</i> OW	<i>1-4-16</i> DR
OPERATING W/OUT A COMPUTER	<i>1-4-16</i> OW	<i>1-4-16</i> DR
XCAT	<i>1-4-16</i> OW	<i>1-4-16</i> DR
INTERVIEW ROOM CAMERA	<i>12-19-15</i> AB 819	

Notice to Employee

- 1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- 2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

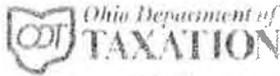
- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

- 3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

Please detach here



Employee's Withholding Exemption Certificate

IT 4  
Rev. 5/17

Print full name: Skylar J Halsey Social Security number: [REDACTED]

Home address (do not ZIP code): [REDACTED]

Public and/or district of residence: Middletown City Schools School district no: 0906

(See instructions at tax.ohio.gov)

- 1. Personal exemption for yourself (enter "1" if claimed) 1 0 SA
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) 0
- 3. Exemptions for dependents 0
- 4. Add the exemptions that you have claimed above and enter total 1 0 SA
- 5. Additional withholding per pay period under agreement with employer 0

Under the penalty of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature: [Signature] Date: 08/02/2018

**CONFIRMATION OF SUBMISSION OF NEW HIRE REPORTS**



**Ohio New Hire Reporting Center**  
**P.O. Box 15309**  
**Columbus, OH 43215-0309**  
**(614) 221-5330**  
**(888) 872-1490 (toll-free)**

**New Hire Entries for: City of Monroe**  
**Date: 8/14/2018**

SSN	Name	Hire Date	Birth Date	IC	Work State	Address	City	State	Zip	Country
xxx-xx-7966	SKYLAR HALSEY	08152018	[REDACTED]	N	OH	[REDACTED]	MIDDLETOWN	OH	45044	UNITED STATES

[Print Confirmation Report](#)

[Employer Home](#)

[Logout](#)

# PAYROLL CHANGE NOTICE

*make  
made*

#1231

## TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME

*SKYLAR Halsey*

DEPARTMENT

*Police Department - Patrol Officer*

EFFECTIVE DATE

*8-15-18*

### THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>Step 1</i>	<i>\$45,567.00</i>
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

### THE REASON FOR THE CHANGE(S):

<input checked="" type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

*ENTERED  
KW  
8/13/18  
V. J. H.  
9/6/18*

### AUTHORIZATION:

RECOMMENDED BY <i>[Signature]</i>	DATE <i>7-17-18</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>7-26-18</i>

# PAYROLL CHANGE NOTICE

*Walt  
Mason*

#1231

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S)  
TO YOUR RECORDS TAKING EFFECT ON:

EMPLOYEE NAME <i>Skyler Halsey</i>	
DEPARTMENT <i>Police Dept</i>	EFFECTIVE DATE <i>12-11-18</i>

## THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<i>Step 1</i>	<i>Step 2</i>
<input type="checkbox"/> OTHER _____	<i>\$45,567.<sup>00</sup></i>	<i>\$49,964.<sup>00</sup></i>
<input type="checkbox"/> OTHER _____		

## THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input checked="" type="checkbox"/> UNION SCALE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

*Completed FTO*

ENTERED  
*kw*  
*refo*  
*3/7/19*

## AUTHORIZATION:

RECOMMENDED BY <i>[Signature]</i>	DATE <i>2-25-19</i>
AUTHORIZED BY <i>[Signature]</i>	DATE <i>2-26-19</i>



# MIKE DEWINE

OHIO ATTORNEY GENERAL



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

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if:  Correction to Record  Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) Halsey	(First) Skylar	(Middle) James	2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last)		(First)		(Middle)	
4. Birth date (mm/dd/yyyy) [REDACTED]	5. Officer's Individual Email Address [REDACTED]			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) Middletown	(State) Oh	(Zip Code) 45044	(County Name) Butler
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	

<b>AGENCY INFORMATION</b>		9. Agency Name Monroe Police Department			
10. Reporting Authority's Email Address buchananb@monroeohio.org		11. Agency Phone Number 513-539-9234			
12. Agency Mailing Address (#/Street/PO Box) 233 S. Main St.		(City) Monroe	(Zip Code) 45050	(County Name) Butler	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date 08 / 15 / 18	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter	
<input type="checkbox"/> Other - List ORC/Charter	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority 	18. Printed Name and Title Robert Buchanan, Chief of Police	19. Date 08, 15, 18	
20. Signature of Witness 	21. Printed Name (First, Middle, Last) Michelle L Payne	22. Date 8, 15, 18	

Sent 8/15/18

Officer Name (Last)

(First)

(Middle)

Social Security Number

Halsey

Skylar

James

270987966

**23. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

  
Signature of Appointee

**William Brock**

Name of Appointing Authority (Typed or Printed Legibly)

  
Signature of Appointing Authority

**City Manager**

Title of Appointing Authority (Typed or Printed Legibly)

**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): <b>Butler County Sheriff's Office</b>	25. From(mm/dd/yyyy): <b>11/30/17</b>	To(mm/dd/yyyy): <b>08/05/18</b>
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

- orig mailed 9/10/16  
w/ medical records



Ohio Police & Fire Pension Fund  
140 East Town Street  
Columbus, OH 43215  
Phone: 1-888-864-8363  
www.op-f.org

RECEIVED

## PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre-employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

A summary of OP&F's membership eligibility requirements are as follows:

- Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:
- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

- Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:
- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
  - A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
  - A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

**The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.**

Section A: Employee information			
Name: First, MI, Last, suffix (Jr. III, etc.) Skylar J Halsey		<input checked="" type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Street Address / Post office box [REDACTED]		Social Security number [REDACTED]	
City, State, ZIP code Middletown Ohio 45044		Date of Birth [REDACTED]	
Home phone [REDACTED]	<input type="checkbox"/> New Alternate phone [REDACTED]	<input type="checkbox"/> New Email address [REDACTED]	<input type="checkbox"/> New

**Section B: Marital and dependent information**

**Current spouse**

Name

N/A

Gender:

Male  Female

Marriage date

--	--	--	--	--	--	--	--	--	--

Social Security number

--	--	--	--	--	--	--	--	--	--

Birth date

--	--	--	--	--	--	--	--	--	--

**Dependent information (excluding current spouse)**

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
Children, 18-22 if unmarried and a student	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A
Children, any age if dependent and disabled	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A

**Section C: Multiple Ohio retirement system membership**

Yes  No

Are you **currently receiving**, or eligible to receive in the future, an age/service retirement benefit or disability benefit from any of the following Ohio retirement systems? (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> State Highway Patrol Retirement System             | <input type="checkbox"/> School Employees Retirement System         |
| <input checked="" type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System           |
| <input type="checkbox"/> Cincinnati Retirement System                       | <input checked="" type="checkbox"/> Ohio Police & Fire Pension Fund |

Yes  No

Are you **currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> State Highway Patrol Retirement System             | <input type="checkbox"/> School Employees Retirement System |
| <input checked="" type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System   |
| <input type="checkbox"/> Cincinnati Retirement System                       | <input type="checkbox"/> Ohio Police & Fire Pension Fund    |

Yes  No

Have you **received a refund of contributions** for full-time service from any of the following Ohio retirement systems? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System  | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System   |
| <input type="checkbox"/> Cincinnati Retirement System            | <input type="checkbox"/> Ohio Police & Fire Pension Fund    |

Yes  No

Do you have **contributions on deposit for full-time service, but are not currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System  | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System   |
| <input type="checkbox"/> Cincinnati Retirement System            | <input type="checkbox"/> Ohio Police & Fire Pension Fund    |

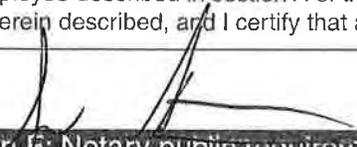
**Section D: Out-of-state, federal or military employment information**

Yes  No Have you ever been employed full-time by an **out-of-state public employer** or as a **civil employee of the federal government**? If yes, please provide your employer's name, address, date of hire and termination date.

Yes  No Do you have previous active duty service in the **Armed Forces**? If yes, please provide your branch and dates of service.

**Section E: Employee signature and acknowledgement**

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.

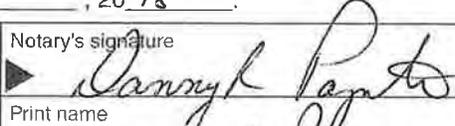
Signature 	Date of signature 8/2/18
--	-----------------------------

**Section F: Notary public requirement**

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of BUTLER, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this 2<sup>ND</sup> day of August, 2018.

	Notary's signature 
	Print name DANNY R PAYNTER
	My commission expires 4/19/22

Section F (on Page 4 of this form) must be completed by an authorized employer representative.

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

Section G: Employer Information		
Employer name <u>City of Monroe</u>	Employer Code <u>0712</u>	Check one: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire
Street address / Post office box <u>233 S. Main St.</u>	Employer phone <u>(513) 539-7374 x1028</u>	Employer fax <u>(513) 539-6460</u>
City, State, ZIP code <u>Monroe, OH 45050</u>	Employer e-mail address: <u>wagersk@monroehio.org</u>	

**Section H: Certification of membership eligibility**

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

Yes  No The employee received an original appointment as a full-time, regular **police officer**.  
Check one of the following:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Yes  No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

8/15/2018  
(month/day/year) Date employee began contributing a percentage of his/her salary to OP&F (first date that compensation was earned as a full-time police officer or firefighter).

8/15/2018  
(month/day/year) Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**

\$45,567  
(per year) Member's initial salary rate (starting annual salary).

8/2018  
(month/year) Date pension contributions will first appear on the *Report of Retirement Deductions*.

A  
(A, B, C or D) Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions*.

**Section I: Employer certification**

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature <u>Kim Wagers</u>	Date of signature <u>9/6/2018</u>
Print name <u>Kim Wagers</u>	Title <u>Payroll</u>

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

OP&F USE ONLY      Entered/Date:      Reviewed/Date:

## **Skylar J. Halsey**



Cell: ( [REDACTED] )

Email: [REDACTED]

### **Professional Summary**

Self -disciplined and self -motivated student and worker with strong leadership skills seeking a position as a Peace Officer. Fast learner and able to adapt quickly. High achiever thriving in challenging situations. Current Student at Miami University with a 2018 graduation date. OPTA certified in Basic Police Officer Training. Strong written and verbal skills. Enjoy volunteer, community, and missions work. Keen observation and situational awareness skills. Dedicated, physically fit, and eager to learn.

### **Education**

#### **Miami University: 2013 to Present**

- Criminal Justice Major

### **Experience**

#### **Butler County Sheriff's Office: November 2017 to Present**

- Current Full Time Special Deputy/ Corrections Officer
- Inmate Communications
- Inmate Discipline
- Report Writing
- Controlling High Stress Situations

#### **The Field Sports Arena: 2016 to November 2017**

- Part Time During College
- Crowd Control
- Sales

**Advanced Spas and Pools: 2011-2016**

- Service Crew Leader
- Sales
- Installed Liners

**Bruno's Pizza: 2015- 2016**

- Delivery Driver
- Cook
- Waiter

**References Attached**

## References for Skylar J. Halsey

**Judge Michael A. Oster**

[REDACTED]

**Lieutenant Colonel Jeff Moore (Retired)**

[REDACTED]

**Paul Fields**

[REDACTED]

**Josh Holbrook**

[REDACTED]

# Office of the Sheriff

Sheriff  
Richard K. Jones



705 Hanover St.  
Hamilton, Ohio 45011

Chief Deputy  
Anthony E. Dwyer

Hamilton 513.785.1000  
Middletown 513.424.2456  
[www.butlersheriff.org](http://www.butlersheriff.org)

Butler County, Ohio

September 4, 2018

Re: *Skylar Halsey*  
[REDACTED]

Dear Madam or Sir:

This letter is to certify that Skylar Halsey was a part-time employee of the Butler County Sheriff's Office from November 30, 2017 to February 21, 2018, working a total of 284 hours.

Mr. Halsey was also a full-time employee from February 22, 2018, until he resigned his position on August 4, 2018. At the time of his resignation, Mr. Halsey had 44.82 sick leave hours available.

If you have any questions regarding the above, or need any additional information, please do not hesitate to contact me. Thank you.

Sincerely yours,

*Melissa Spurlock*

Melissa Spurlock  
*Finance Specialist, Administration*  
(513) 785-1202  
[mspurlock@butlersheriff.org](mailto:mspurlock@butlersheriff.org)

#1231 - Skylar Halsey

- Sick lv = 44.82
- Vacation = 0



Service date = 3/4/2018

Service:

2/22/18 - 2/28/18 = 7 days

3/1/18 - 7/31/18 = 5 months

8/1/18 - 8/4/18 = 4 days

5 months; 11 days



# **Certificate of Course Completion**

This is to verify that  
Skylar Halsey

has completed

Sexual Harassment Prevention in the Workplace

on

3/19/2020

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

Employee Name Crystal D. Talley

Employee ID# [REDACTED]

Employer Name City of Meriden

Employer ID# 0712

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

**Windfall Elimination Provision**

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

**Government Pension Offset Provision**

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

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

**For More Information**

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

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

Signature of Employee 

Date 08/02/2018

# PAYROLL CHANGE NOTICE

ENTERED  
7/16/18

DATE OF CHANGE <b>8-15-21</b>	EMPLOYEE # _____	SOCIAL SECURITY NO  _ _ - _ _ - _ _	
NAME <b>Skylar Hulsey</b>		ADDRESS _____	
PHONE _____	CITY/STATE/ZIP _____	DEPARTMENT <b>Police</b>	SHIFT _____

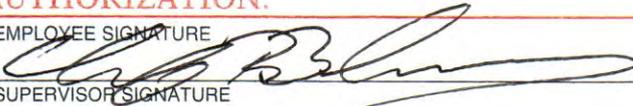
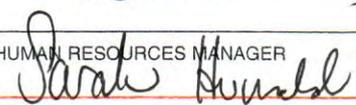
## THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input checked="" type="checkbox"/> RATE	<b>Step 3 \$65,698</b>	<b>Step 4 \$72,095</b>
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

## THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE _____	
<input checked="" type="checkbox"/> OTHER (Explain) <b>Union scale. Rate increase according to current CBA. as a result of positive evaluation</b>	

## AUTHORIZATION:

EMPLOYEE SIGNATURE 	DATE <b>10-4-21</b>
SUPERVISOR SIGNATURE 	DATE <b>10/8/21</b>
HUMAN RESOURCES MANAGER	DATE

# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,000 and includes more than \$150 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent of the employer.

- Is age 65 or older
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000.000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1398, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$120,000 (single) or \$180,000 (married).

**Future developments.** Information about any future developments affecting Form W-4 which any legislation enacted after we release it will be posted at [www.irs.gov/w-4](http://www.irs.gov/w-4).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	1
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (for the total of both) are \$1,500 or less.</li> </ul>	B	1
C	Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)	C	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	0
E	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above)	E	0
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	0
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	G	0
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	H	2

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0047 <b>2017</b>	
1 Your first name and middle initial Skylar J			Last name Halsey		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate Note: If married, but head of household or spouse is a nonresident alien, check the "Single" box.		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
City or town, state, and ZIP code Middletown, Ohio 45044			5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <b>X0 SA</b>
6 Additional amount, if any, you want withheld from each paycheck			6 \$ 0		7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			Employee's signature (This form is not valid unless you sign it.)		Date <b>08/02/18</b>
8 Employer's name and address. (Employer, complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widower; \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widower; or \$156,900 if you're married filing separately. See Pub. 505 for details.	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widower} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right.$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	1	_____
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$86,000 or less, do not enter more than "3"	2	_____
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

**Note:** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 26 if you are paid every two weeks and you complete this form on a date in January when there are 26 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - 57,000	0	\$0 - \$6,000	0	\$0 - \$25,000	\$670	\$0 - \$38,000	\$670
7,001 - 14,000	1	6,001 - 16,000	1	25,001 - 35,000	1,010	38,001 - 49,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	35,001 - 45,000	1,150	49,001 - 60,000	1,150
22,001 - 27,000	3	26,001 - 34,000	3	45,001 - 50,000	1,310	60,001 - 70,000	1,310
27,001 - 35,000	4	34,001 - 44,000	4	50,001 - 60,000	1,420	70,001 and over	1,600
35,001 - 44,000	5	44,001 - 50,000	5	60,001 and over	1,600		
44,001 - 55,000	6	50,001 - 65,000	6				
55,001 - 65,000	7	65,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 135,000	8				
75,001 - 80,000	9	135,001 - 140,000	9				
80,001 - 85,000	10	140,001 and over	10				
85,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 160,000	14						
160,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(d)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances. Providing fraudulent information may subject you to penalties. Routine use of this information includes giving it to the Department of Justice for civil and criminal litigation to other states, the District of Columbia, and U.S. commonwealths and possessions for aid in administering their tax laws; and to the Department of Health and Human Services for use at the National Directory of New Births. We may also release this information to other countries, under a tax treaty, to federal and state agencies to enforce federal nontax internal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## **Exhibit 6**

ADMINISTRATIVE	AGENCY NAME MONROE PD			*INCIDENT NUMBER <b>22-003576</b>		
	CALL NUMBER 22-003576		*GEOCODE 48		*CLEARANCES	
	TOD 14:13		<input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect B <input type="checkbox"/> Prosecution Declined C <input type="checkbox"/> In Custody of Other Jurisd. D <input type="checkbox"/> Victim Refused to Coop. E <input type="checkbox"/> Juvenile/No Custody F <input type="checkbox"/> Arrest - Adult G <input type="checkbox"/> Arrest - Juvenile H <input type="checkbox"/> Warrant Issued I <input type="checkbox"/> Invest. Pending J <input checked="" type="checkbox"/> Closed K <input type="checkbox"/> Unfounded U <input type="checkbox"/> Unknown	
	TOA 14:13		TOC 20:00		*CLEARANCE DATE: 02/11/2022	

## OHIO UNIFORM INCIDENT REPORT

MONTH	*REPORT DATE/TIME DAY	YEAR	TIME	MONTH	*INCIDENT OCCURRED FROM DAY	YEAR	TIME	MONTH	*INCIDENT OCCURRED TO DAY	YEAR	TIME
02	11	2022	14:11	02	11	2022	14:11	02	11	2022	20:00

INCIDENT LOCATION (Street, Apt., City, State, Zip)  
120 BLUE GRASS MONROE, OH 45050

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. FAILURE TO COMPLY WITH ORDE	1. 2921.331A	C	M	N		(Enter up to three for each offense) 1. ___ 2. ___ 3. ___ B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROPOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY
2.	2.					1. ___ 2. ___ 3. ___
3.	3.					1. ___ 2. ___ 3. ___
4.	4.					1. ___ 2. ___ 3. ___
5.	5.					1. ___ 2. ___ 3. ___

\*LOCATION OF OFFENSE (Enter up to two)

1. 47 2. _____	12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	59 Daycare Facility	40 Other Retail Store 41 Factory/Mill/Plant 42 Other Building	OTHER 53 Abandoned/ Condemned Structure 55 Arena/Stadium/ Fairgrounds/Coliseum 58 Cargo Container 60 Dock/Wharf/Freight/ Modal Terminal 61 Farm Facility 62 Gambling Facility/ Casino/Race Track 63 Military Installation 65 Shelter-Mission/ Homeless 66 Tribal Lands 77 Other	*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input checked="" type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE
----------------	---	---------------------	---	--	--

\*METHOD OF ENTRY - BURGLARY/B&E

1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE	01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed	06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled	ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 <sup>ST</sup> FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 <sup>ND</sup> FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>	ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>	ENTRY EXIT 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>
---	---	--	---	---	--

\*METHOD OF ENTRY - MOTOR VEHICLE THEFT

\*CARGO THEFT  
Y  N

\*NO. 1 \*TOTAL VICTIMS 1

\*VICTIM TYPE:  INDIVIDUAL  BUSINESS  FINANCIAL INSTITUTION  GOVERNMENT  POLICE OFFICER (IN THE LINE OF DUTY)  SOCIETY  OTHER  RELIGIOUS ORGANIZATION  UNKNOWN

NAME (Last, First, Middle)

ADDRESS (Street, Apt., City, State, Zip) PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

\*AGE/ D.O.B. \*SEX \*RACE  B  W  A  I  U ETHNICITY HGT WGT HAIR EYES

OCCUPATION SSN \*RESIDENT STATUS 1  RESIDENT 2  TOURIST 3  MILITARY 4  STUDENT 5  OTHER 6  UNKNOWN

\*VICTIM INJURED?  Y  N IF INJURED, DESCRIBE INJURIES:

\*AGG. ASSAULT/ HOMICIDE CIRC. \*LEOKA INFORMATION \*VICTIM/SUSPECT RELATIONSHIP \*VICTIM/OFFENSE LINK  
TYPE OF ACT. ASSIGN. TYPE ORI - OTHER 0. \_\_\_ 1. \_\_\_ 2. \_\_\_ 3. \_\_\_ 4. \_\_\_ 5. \_\_\_ 2921.331A

My signature verifies that the information on this report is accurate and true

DATE

REPORTING OFFICER: PO. D. Aspacher BADGE NO. 851 DATE 02/14/2022

APPROVING OFFICER: BADGE NO. DATE

FOLLOW-UP?  Y  N If yes, follow-up Assignment:

ADDITIONAL SUPPLEMENTS  VICTIM/WITNESS  SUSPECT/ARRESTEE  PROPERTY  NARRATIVE  STATEMENTS  OTHER FORM RECEIVED BY:  INVESTIGATION  INTELLIGENCE  RECORDS SPECIAL COPIES

INCIDENT NUMBER 22-003576



## **Exhibit 7**

2921.331(A) FAILURE TO COMPLY WITH ORDER  
OR SIGNAL OF POLICE OFFICER [M1]

CASE NO. \_\_\_\_\_

**COMPLAINT**  
**BUTLER COUNTY AREA COURTS**

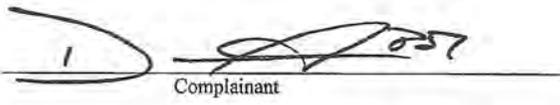


**STATE OF OHIO vs. DUSTIN BOOTH DOB: 3/4/86**  
(Name)  
120 BLUEGRASS LN SSN: [REDACTED]  
(Street)  
MONROE, OH, 45050  
(City, State, Zip)

**PTL. D. ASPACHER 851**, being first duly cautioned and sworn, deposes and says that **DUSTIN BOOTH**, on or about the 11 day of February, 2020, in the City of Monroe, Butler County, State of Ohio, did fail to comply with a lawful order or direction of a police officer invested with authority to direct, control, or regulate traffic, contrary to and in violation of Section 2921.331 of the Revised Code of Ohio, a misdemeanor of the first degree. The complainant states that this complaint is based on **BOOTH FAILED TO STOP HIS VEHICLE AFTER BEING GIVEN VISUAL AND AUDIBLE SIGNAL. TO WIT: I PARKED MY MARKED PATROL CAR WITH OVERHEAD LIGHTS ACTIVATED PARTIALLY IN THE INTERSECTION OF BRIDLE CREEK/STEEPLECHASE, ATTEMPTING TO STOP BOOTH'S '09 SIERRA. HIS DRIVER SIDE WINDOW WAS DOWN, I INSTRUCTED HIM TO STOP, THAT I NEED TO SPEAK WITH HIM. HE SAID, "NO I'M NOT STOPPING, FOLLOW ME HOME", THEN CONTINUED DRIVING. THIS WAS PRECEDED BY A CALL FOR HELP FROM HIS WIFE, BRANDI, REGARDING BOOTH'S MENTAL STATE. BRANDI ALSO ADVISED DUSTIN WAS THROWING OBJECTS FROM THE VEHICLE.**

Sworn to and subscribed before me this 2/11/22

  
\_\_\_\_\_  
Notary Public/ Deputy Clerk/ Judge

  
\_\_\_\_\_  
Complainant

Filed \_\_\_\_\_  
**Debbie Bolser**  
(Clerk of Butler County Area Courts)

**Monroe Police Department**  
**P.O. Box 330**  
**Monroe, Ohio 45050**

By \_\_\_\_\_  
Deputy Clerk

ARREST AGENCY: **MPD**      1<sup>ST</sup> APPEAR: \_\_\_\_\_      MONROE POLICE REPORT NO. 22-003576



**Spencer Scott Yambrich**  
Notary Public, State of Ohio  
My Commission Expires  
September 08, 2024

**MONROE POLICE DEPARTMENT  
WARRANT SERVICE REQUEST FORM**

**Date:** 2/11/22

**Officer:** ASPACHER

**ID#:** 851

**Court Case#:** 22-003576

**Offense/Citation#:**

**Defendant:** DUSTIN BOOTH



Yes  No  Does the defendant need to be fingerprinted and photographed for this case?  
If "No" what is the arrest ITN?

Yes  No  Do you want to be notified upon apprehension of defendant?  
If "Yes" explain why:

Yes  No  Do you want the arresting officer to interview the defendant?  
If "Yes" describe interview goal or specific questions:

1) Yes  No  Was the defendant already arrested for this charge for this incident?  
2) Yes  No  N/A  If arrested, was he/she locked up at Butler County Jail?  
 Check here if caution indicator. Please explain caution indicator or explain any other information or special instructions: ACCESS TO FIREARMS, MENTAL ILLNESS

**MONROE POLICE DEPARTMENT**

**Witness List**

Type of Report And Number (Offense/Accident/Citation): 22-003576

Defendant's Name: DUSTIN BOOTH

Charge(s): 2921.331(A)

---

**WITNESS LIST**

1) Name: D. ASPACHER

Address: 601 S MAIN (City) MONROE (State) OH (Zip) 45050

Home PH: 539-9234 Work PH: Cellular PH:

Pager No.: Other PH (Describe):

How involved: CHARGING

2) Name:

Address: (City) (State) (Zip)

Home PH: Work PH: Cellular PH:

Pager No.: Other PH (Describe):

How involved:



3) Name:

Address: (City) (State) (Zip)

Home PH: Work PH: Cellular PH:

Pager No.: Other PH (Describe):

How involved:

**Miscellaneous Notes for Prosecutor:**