



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



2022-1356

Officer-Involved Critical Incident - 1659 S. Main Street, Akron, Ohio  
 44301

Investigative Activity: Personnel File Review

Involves: Officer [REDACTED]

Authoring Agent: Special Agent Joseph Goudy #83

**Narrative:**

On Monday, August 15, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Cory Momchilov received the personnel file for Officer [REDACTED] ([REDACTED]) from the Akron Police Department (APD) and the City of Akron Law Department. SA Joseph Goudy reviewed the personnel file and noted the following:

Officer [REDACTED] has been a full-time police officer with the APD since May 29, 2020.

**Training:**

Officer [REDACTED] attended and completed the Ohio Peace Officer Basic Training Program at the Akron Police Academy on May 29, 2020.

**Firearms Qualification:**

Officer [REDACTED] qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number [REDACTED] 4, on March 31, 2021.

Most recently, Officer [REDACTED] had "Rifle" training using a Colt Rifle, bearing serial # [REDACTED] and "Low Light" training using his Glock 17 duty weapon on December 29, 2021.

Officer [REDACTED] s personnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

**Attachments:**

- Attachment #01: Officer [REDACTED] Personnel File
- Attachment #02: Officer [REDACTED] OPOTA Certificate
- Attachment #03: Officer [REDACTED] Firearms Qualifications
- Attachment #04: Officer [REDACTED] Evaluation
- Attachment #05: Officer [REDACTED] Employee Summary
- Attachment #06: Officer [REDACTED] OPOTA Certificate and Work History

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency.

2019-O-5-510 - Police Officer

Contact Information -- Person ID: [REDACTED]

Name: [REDACTED] Address: [REDACTED] Cuyahoga Falls, Ohio [REDACTED]

Home Phone: [REDACTED] Alternate Phone: [REDACTED]
Email: [REDACTED] Notification Preference: Email
Former Last Name: [REDACTED] Month and Day of Birth: [REDACTED]

Personal Information

Can you, after employment, submit proof of your legal right to work in the United States? Yes
What is your highest level of education? Some College

Preferences

Types of positions you will accept: Regular
Types of work you will accept: Full Time
Types of shifts you will accept: Day , Evening , Night , Rotating , Weekends , On Call (as needed)

Objective

Education

College: Kent State University Stark Campus, 8/2003 - 12/2008, North Canton, Ohio. Did you graduate: No, College Major/Minor: Justice Studies, Units Completed: 24 Semester, Degree Received: No Degree

High School: Louisville High School, 8/1999 - 5/2003, Louisville, Ohio. Did you graduate: Yes, Highest Level Completed: Other, Did you receive a GED?, Degree Received: High School Diploma

Work Experience

Inventory Control Manager, 10/2016 - Present. Hours worked per week: 50, Monthly Salary: \$3,000.00, # of Employees Supervised: 13, Name of Supervisor: Brandon Baas - Distribution Center Manager, May we contact this employer?

Duties

Oversee Sanitation, Inventory Control, Material Handlers, and Shipping and Receiving. Ensure all trailers are loaded and unloaded in a timely and accurate fashion according to SOP's. Oversee timekeeping for all associates on my team using UltiPro and ADP, certified timekeeper. Crown certified train-the-trailer for powered industrial lift trucks, responsible for training all forklift and powered industrial truck operators. Responsible for accurate inventory in over 250,000 sq. ft. facility containing over 20,000 pallet locations. Coordinate between other warehouses and production facility on transportation/receiving/shipping of materials and product. Proficient in Microsoft Office functions.

**Staff Sergeant (E-5)**

11/2012 - 10/2016

US Air Force National Guard/121st Air Refueling  
Wing/121st Security Forces Squadron  
7370 Minuteman Way  
Columbus, Ohio 43217  
[REDACTED]

Hours worked per week: 50

Monthly Salary: \$4,709.00

# of Employees Supervised: 16

Name of Supervisor: Ryan Gabriel -

Master Sergeant (E-7)

May we contact this employer? Yes

**Duties**

- 1st Shift Assistant Flight Sergeant supervising 10 individuals
- Briefing members on current security situations local and abroad
- Training new members and assisting in re-qualifying existing members
- Ensuring members are complying with Local Operating and Air Force Instructions
- Concurring and certifying technician time cards
- Assistant Program Manager of the Combat Arms and Logistics sections
- Supervise 8 other weapons instructors
- Maintaining qualifications and tracking training records
- Lead Instructor Certified in classroom and firing range for all of our assigned weapons
- Conducting inventories for all assigned equipment, weapons, and ammunition
- Identifying potential shortfalls, acquiring funds, and ordering necessary supplies and equipment
- Proficient in the use of Microsoft Office programs including Word, Excel, and PowerPoint
- Proficient in the use of many government operated systems including Defense Biometric Identification Data System (DBIDS), Automated Time Attendance and Production System (ATAAPS), Federal Logistics Database (FEDLOG), and Security Forces Management Information System (SFMIS)

**Reason for Leaving**

End of enlistment

**Certificates and Licenses****Skills**

Office Skills

Typing: 60

Data Entry: 0

**Additional Information**

Military Service

USAF Security Forces 2005 - 2016

121st Security Forces Operations

- Distinguished Graduate USAF Security Forces Apprentice Course
- Member of Detainee Missions #71, #108, and #114
- Airman of the Month, 64th Air Expeditionary Group and member of the Team of the Month, 64th Expeditionary Security Forces Squadron during deployment to Eskan Village, Kingdom of Saudi Arabia
- Qualified as Flight Sergeant (Shift Supervisor), Base Defense Operations Center Controller (Dispatcher), Security Response Team Leader (Patrol Leader), and Entry Controller
- 121st Mission Support Group Non Commissioned Officer of the Quarter Oct-Dec 2013
- 121st Air Refueling Wing Non Commissioned Officer of the Quarter Oct-Dec 2013
- Selected above peers to attend Principles of Instruction course to become a Squadron Trainer

Certified in Taser, OC Spray, Expandable Baton, and Crowd Control Techniques.

Military Service

USAF Combat Arms Training and Maintenance Instructor

- 121st Security Forces Combat Arms Training and Maintenance
- Distinguished Graduate USAF Combat Arms Apprentice Course
  - Qualified as Lead Instructor on all weapon platforms
  - Assistant Program Manager, supervising 8 Combat Arms Instructors
  - Full Time Supervisor of Weapons Parts and Inventory, Weapons Maintenance, and Instructor Evaluations
  - Selected by Program Manager of Security Forces Training to implement the new Security Forces Shoot, Move, and Communicate program
  - Awarded Air Force Achievement Medal for development of comprehensive training program to instruct unit members in advanced marksmanship on seven different weapons platforms
  - Assisted in attaining over \$100,000 in new weapons parts, materials, and equipment over the past 2 years through unfunded requests to update and upgrade weapon systems and better equip unit members

**Honors & Awards**

- Air Force Achievement Medal
- Air Force Outstanding Unit Award
- Air Reserve Forces Meritorious Service Medal (2 Bronze Oakleaves)
- National Defense Service Medal
- Global War On Terrorism Expeditionary Medal
- Global War On Terrorism Service Medal
- Nuclear Deterrence Operations Service Medal
- AF Overseas Ribbon Short Tour
- Air Force Expeditionary Service Ribbon (Gold Border)
- AF Longevity Service (One Bronze Oakleaf)
- Armed Forces Reserve Medal (One Bronze Hourglass Device)
- Small Arms Expert Marksmanship Ribbon (One Bronze Star)
- AF Training Ribbon

- Ohio Faithful Service Ribbon (2 Devices)
- Ohio Special Service Ribbon (1 Device)
- Ohio Award of Merit (2 Devices)
- Ohio National Guard Basic Training Ribbon

**References**

Professional  
 [Redacted]  
 Major, 121st Security Forces Squadron  
 [Redacted]

Professional  
 [Redacted]  
 Captain, Logan Police Department  
 [Redacted]

Professional  
 [Redacted]  
 Master Sergeant (Retired), 121st Combat Arms  
 Training and Maintenance  
 [Redacted]

**Resume**

**Text Resume**

**Attachments**

Attachment	File Name	File Type	Created By
DD214 and NGB22.pdf	DD214 and NGB22.pdf	Other	Job Seeker
residency form 2019	[Redacted]	Other	Kris Rininger

**Agency-Wide Questions**



10/0/2010

1. Q: Applicants are eligible for Residency Preference Points in accordance with Section 106a of the Akron City Charter. A candidate who obtains a passing grade on an examination, shall have twenty percent (20%) of such grade added to the examination score provided the candidate has been a resident citizen within the corporate limits of the City of Akron continuously for at least one year immediately prior to the date of examination and remains a resident citizen of the City of Akron throughout the remainder of the selection process. Do you live within the corporate limits of the City of Akron?

A: No

2. Q: How many months have you continuously lived at your present address?

A: 28

3. Q: List all addresses where you have resided in the previous year including the dates you resided at each address.

A: [REDACTED]  
Cuyahoga Falls, OH [REDACTED]

4. Q: Indicate an alternate contact person and telephone number.

A: [REDACTED]

5. Q: Have you ever been employed by the City of Akron?

A: No

6. Q: Are you currently a permanent City of Akron employee in the classified service?

A: No

7. Q: If you were previously employed by the City of Akron, please indicate positions held and dates of employment.

A:

8. Q: Have you ever been terminated from a public agency?

A: No

9. Q: If you have been terminated from a public agency, please indicate the employer, date of termination and reason.

A:

10. Q: How did you hear about the position? Check all that apply.

A: Facebook

**Supplemental Questions**

1. Q: Did you graduate from an accredited high school or do you have a GED certificate?

A: Yes

2. Q: Applicants must be between the ages of 21 and 40 at the time of the written examination. What is your full date of birth? (MM/DD/YYYY)

A: [REDACTED]

3. Q: Will you be between the ages of 21 and 40 at the time of the examination?

A: Yes

4. Q: Select the category that defines your date of birth.

A: Born between May 10, 1978 and May 12, 1998.

5. Q: Do you possess a valid driver's license?

A: Yes

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6. Q: Is your driver's license currently suspended?

A: No

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7. Q: For the purpose of verifying my eligibility for positions requiring a valid driver's license, I authorize the City of Akron to obtain a consumer report from OPENonline to investigate my driving history for traffic violations and suspensions. I understand that I have a right to request disclosure of this consumer report under the Fair Credit Reporting Act. To print out a summary of your rights under the Fair Credit Reporting Act go to: <http://www.akronohio.gov/person.html>. Copies of the summary are also available from the City of Akron Department of Human Resources at 330-375-2720.

A: I consent

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8. Q: In order to be awarded additional education credit for course work completed at an accredited college or university, you must submit a copy of your official transcripts or degree. Will you be submitting or attaching your college transcripts or copy of your degree? If yes, you must scan and attach a copy of your official transcripts or degree, mail or hand deliver them to Room 102, Municipal Bldg., 166 S. High St, or email them to [krininger@akronohio.gov](mailto:krininger@akronohio.gov).

A: No

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9. Q: Are you currently on probation, parole or supervised release?

A: No

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10. Q: Are you prohibited by law from acquiring, having, carrying, or using firearms?

A: No

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11. Q: Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?

A: No

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12. Q: If you have received OPOTC certification, what are the dates of your most recent commission?

A:

CAUTION: NOT TO BE USED FOR  
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.  
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS  
RENDER FORM VOID



DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE

SERVICE-2

DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
NATIONAL GUARD BUREAU

**REPORT OF SEPARATION AND RECORD OF SERVICE**

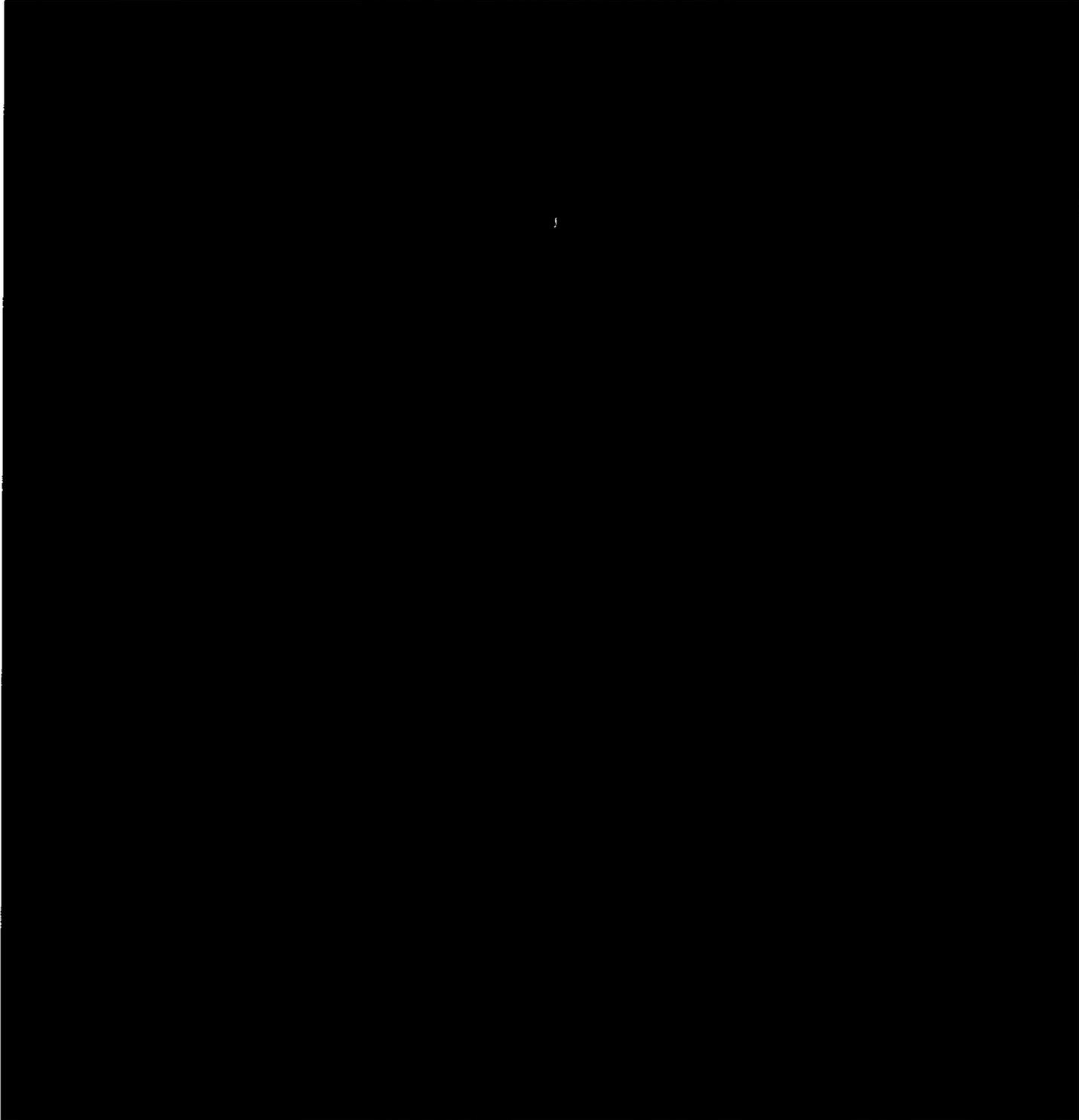
FOR USE OF THIS FORM, SEE NGR (AR) 600-200. THE PROPONENT AGENCY IS NGB-ARP-PE

REPORT OF SEPARATION

AND RECORD OF SERVICE IN THE 1 AIR

NATIONAL GUARD OF OHIO

AND AS A RESERVE OF THE 2 \_\_\_\_\_



NGB FORM 22 EF (Replaces NGB Form 22 dated 01 NOV 2009, which is obsolete)  
15 FEB 2013

STATE RECORD COPY-4

12/9



# HIRE/PERSONNEL ACTION FORM

[Redacted]

## Employee Information

Employee:

[Redacted]

Address 1:

Address 2:

City:

Cuyahoga Falls

State:

Ohio

Zip:

[Redacted]

Phone:

[Redacted]

## Hire Information

Person ID:

[Redacted]

Job Class #:

510S

Job Class:

Police Officer

Hire Date:

12/09/19

Pay Rate:

\$0.00

Department:

Public Safety Department

Division:

Police Uniformed Division - 751

Hire Req. #:

2019-00234

Job Term:

Permanent

Desired start date as listed above is not guaranteed. Employee must not work until final approval is received from Human Resources.:

NOTE: For Promotion, Transfer, or Demotion, the Hire Date above is the effective date:

This is a Hire

Enter the direct supervisor of this employee as of the start date::

Jerry Forney

Employee ID:

Pay Grade and Step:

80-3

Appointment Actions:

Employment

Change Actions:

Appointment Code:

Permanent Full-Time  
Probation New

Status Code:

Active

List Code:

Open

Position Number:

00001291

**SSN (DEPARTMENT OF HR USE ONLY):**

**Marital Status (DEPARTMENT OF HR USE ONLY):**

**Comments:** 10000130100

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<b>Approvers</b>		
Division Manager	BALL II, KENNETH	10/16/19 04:27 PM
Mayor	Akron, Mayor	10/17/19 08:37 AM

Printed on December 05, 2019



City of Akron Setup & Change Personal Information

Employee

[Redacted]

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual. Please complete entire form.

Employee ID Number

Social Security Number

[Redacted]

First Name

[Redacted]

Middle

[Redacted]

Last Name

[Redacted]

Date of Birth

[Redacted]

Gender

- Male
- Female

\*If you have had a name change please submit a copy of your social security card with this form.

Street Address

[Redacted]

City

Cuyahoga Falls

State

Ohio

Zip Code

[Redacted]

E-mail Address

[Redacted]

Cell Phone Number

[Redacted]

Home Phone Number

Please check your preferred method of contact below:

- Phone
- Mail
- E-mail

**Marital Status**

- Single
- Married
- Separated
- Divorced
- Widowed

**Highest Education Level completed**

- Less Than HS Graduate
- HS Graduate or Equivalent
- Some College
- Technical School
- 2 Year College Degree
- Bachelor's Level Degree
- Some Graduate School
- Master's Level Degree
- Doctorate (Academic)
- Doctorate (Professional)
- Post Doctorate

**In case of emergency please contact:**

First Name

[REDACTED]

Last Name

[REDACTED]

Phone Number

[REDACTED]

Street Address

[REDACTED]

City

Cuyahoga Falls

State

Ohio

Zip Code

[REDACTED]

Relationship to Employee:

[REDACTED]

**I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.**

Signature

[REDACTED]

Date

10/29/2019

*Please submit completed original form to Department of Human Resources - Employee Records Office  
Revised 2/2017*



**DAVE YOST**  
OHIO ATTORNEY GENERAL

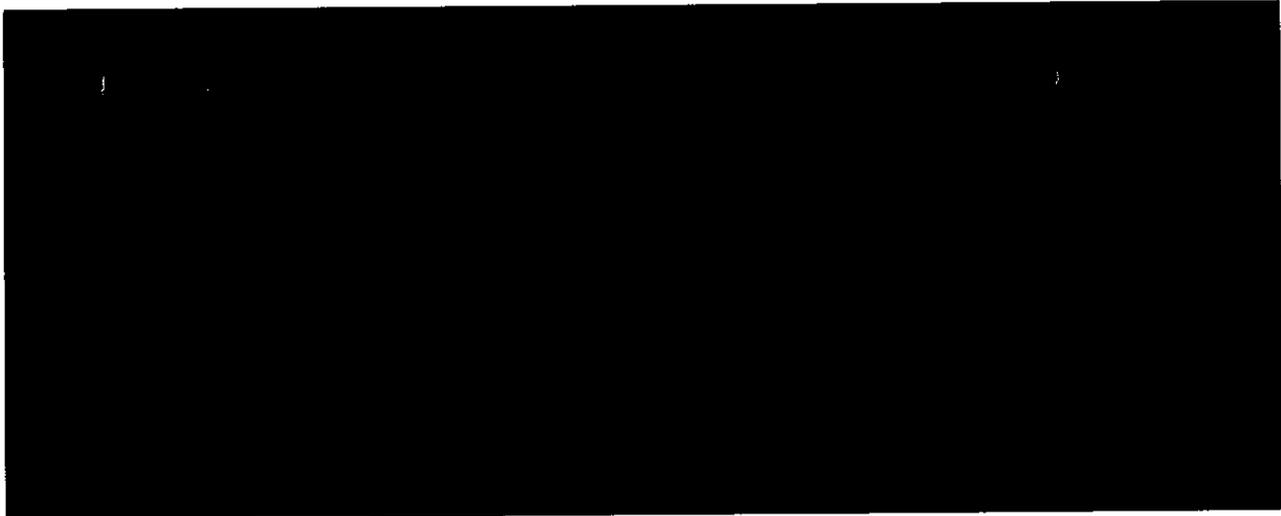


Civilian Identification  
Office 877-224-0043  
Fax 866-750-0214

P.O. Box 365  
London, OH 43140  
www.OhioAttorneyGeneral.gov

July 25, 2019

CITY OF AKRON DEPT OF H.R.  
KRIS RININGER  
166 SOUTH HIGH ST  
102 MUNIPAL BUILDING  
AKRON OH 44308

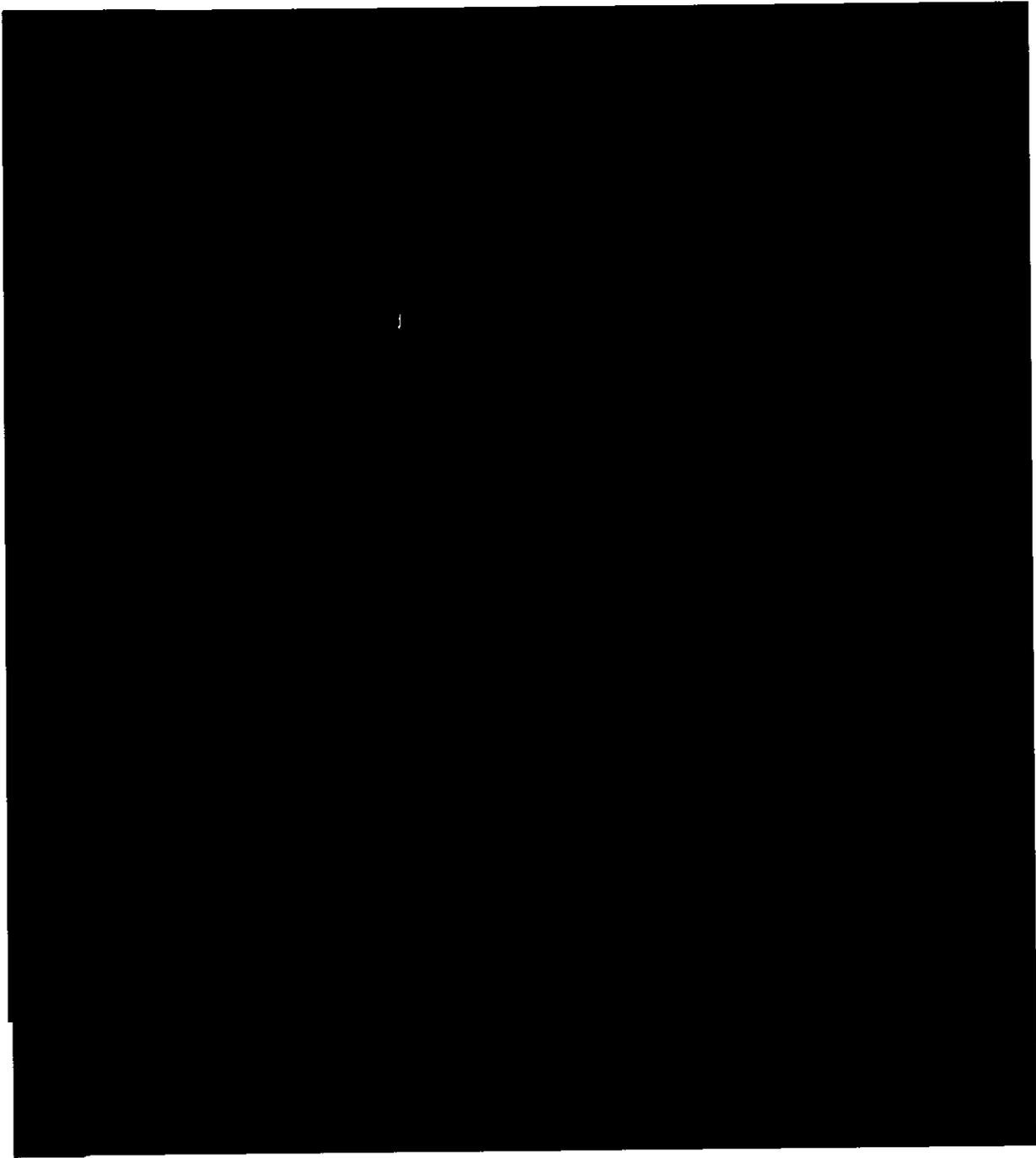


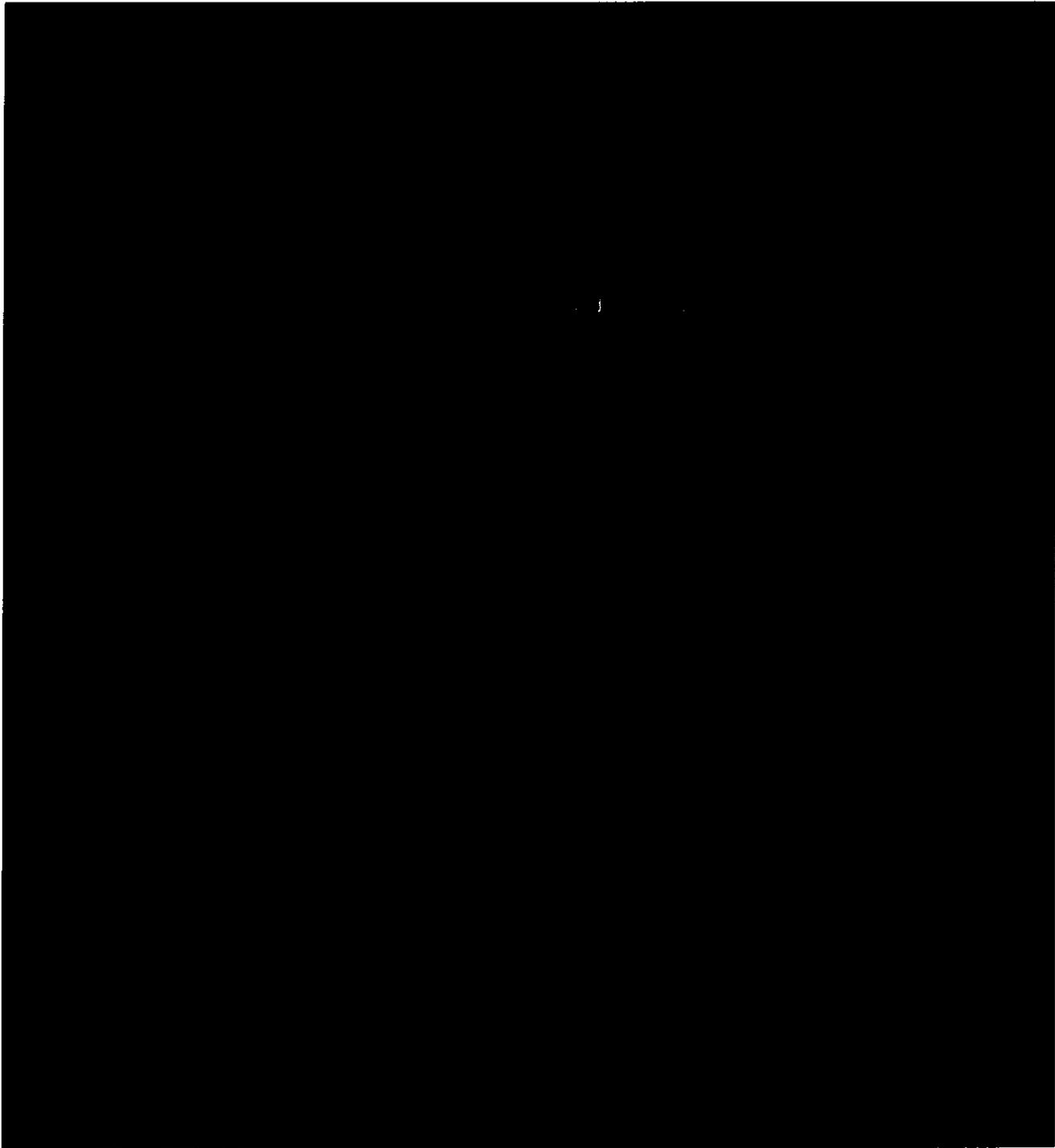
**Reason Fingerprinted: LAW**

Joseph A. Morbitzer, Superintendent  
Ohio Bureau of Criminal Investigation

*Pursuant to Ohio Revised Code section 109.57(E)(2), BCI is authorized to provide only information relating to criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication meets specific criteria listed in Ohio Revised Code section 109.57(E)(2) & (3).*

2019 JUL 29 PM 2:09  
CITY OF AKRON  
APPLICATIONS/TESTING





CITY OF AKRON  
APPLICATIONS/TESTING  
2019 JUL 29 PM 2: 09



101

101

Ohio Department of Public Safety - Government Access

Last Name: [REDACTED]

Driver Abstract

This Ohio driver abstract spans the previous **three-year** period.

Your License Status as of 11/20/2019: **Valid**

Endorsements: None

CDL Med Cert Not Certified

Restrictions: A: None

[REDACTED]

11/20/2019



**Fraternal Order of Police, Akron Lodge #7**

217 S. High Street, Suite 404

Akron, Ohio 44308

\_\_\_\_\_  
[Redacted] Form

**Election to Enroll in Employer [Redacted] Deductions**

[Redacted] I hereby "Voluntarily"  
agree to have [Redacted] withheld from my weekly pay benefits by the City of Akron.

\_\_\_\_\_  
[Redacted]

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Payroll ID Number



DANIEL HARRIGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

CITY OF AKRON  
EMPLOYEE RECORDS

2020 JUN 15 AM 9:18



As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

### Please complete entire form

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

\*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: [REDACTED] Gender:  Male  Female

### Contact Information

Street Address: [REDACTED]

City: Cuyahoga Falls State: Ohio Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED] Home Phone Number: [REDACTED]

Please check your preferred method of contact below:  
 Phone  Mail  E-mail

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:  
 Less than HS graduate  HS graduate or equivalent  Some College  Technical School  
 2-year College Degree  Bachelor's Level Degree  Some Graduate School  Master's Level Degree  
 Doctorate (Academic)  Doctorate (Professional)  Post-Doctorate

### In case of emergency please contact:

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: Cuyahoga Falls State: Ohio Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

Signature: [REDACTED] Date: 06/15/2020

Please submit completed original form to Department of Human Resources - Employee Records Office

Revised 2/2017

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

POLICE DIVISION

2022-CD-67

June 27, 2022

DIRECTIVE

Effective Monday, June 27, 2022, the following officers are placed on Administrative Leave with pay per procedure following a critical incident:

- Officer [REDACTED]

*Stephen L. Mylett*

Stephen L. Mylett  
Chief Of Police

print this page  
close this window to return



**Acknowledgement of**  
**SEXUAL HARASSMENT AWARENESS (SHA) TRAINING**  
**Computer Based Training**

I acknowledge that on Friday, December 20, 2019, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.



Please print your name

POLICE RECRUIT

Title

POLICE DEPARTMENT

Department/Division

1/2/2020

Date

2020 JAN 22 PM 3:25

10/00/2019



DANIEL HORENAN, MAYOR

### CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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Please complete entire form

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

\*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: [REDACTED] Gender:  Male  Female

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Home Phone Number: [REDACTED]

Please check your preferred method of contact below:  
 Phone  Mail  E-mail

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:

<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> 2-year College Degree	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> HS graduate or equivalent	<input type="checkbox"/> Bachelor's Level Degree	<input type="checkbox"/> Doctorate (Professional)
<input checked="" type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

Signature: [REDACTED] Date: 05/21/2020

Please submit completed original form to Department of Human Resources - Employee Records Office

Revised 2/2017

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**POLICE DIVISION**

**2022-CD-67**

**June 27, 2022**

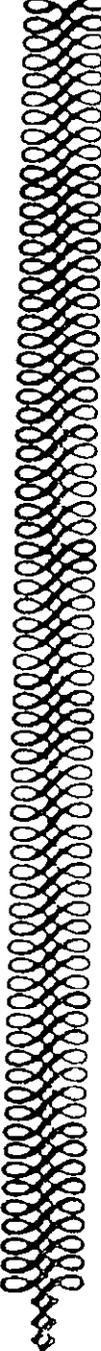
**DIRECTIVE**

**Effective Monday, June 27, 2022, the following officers are placed on Administrative Leave with pay per procedure following a critical incident:**

Officer	[REDACTED]

*Stephen L. Mylett*

**Stephen L. Mylett  
Chief Of Police**



I, [REDACTED] DO SOLEMNLY PLEDGE

UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY DISCHARGE AND PERFORM THE DUTIES OF A POLICE OFFICER TO THE BEST OF MY ABILITY.

I DO SO PLEDGE.

[REDACTED]

Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE

THIS [REDACTED]

A handwritten signature in black ink, appearing to read "D. Horrigan".

DANIEL HORRIGAN, MAJ OR



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box If:  Correction to Record  Name Change

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)	(First)	(Middle)	2. Social Security Number
3. Previous Name(s) or Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address			6. Phone Number	
7. Home Mailing Address (#Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Date of Training)	Summit

<b>AGENCY INFORMATION</b>		9. Agency Name			
		Akron Police Department			
10. Reporting Authority's Email Address		11. Agency Phone Number			
chiefsaide@akronohio.gov		330-375-2244			
12. Agency Mailing Address (#Street/PO Box)		(City)	(Zip Code)	(County Name)	
217 S. High Street		Akron	44308	Summit	

<b>APPOINTMENT INFORMATION</b>		(Complete Date, Status and ORC)	13. New Appointment Date	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"/>
<input type="checkbox"/>	Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/>	Village Auxiliary/Reserve (737.161)	<input type="checkbox"/>
<input type="checkbox"/>	Township Police Officer (505.49)	<input type="checkbox"/>	Township Constable (509.01)	<input type="checkbox"/>
<input type="checkbox"/>	Other - List ORC/Charter	<input type="checkbox"/>	Deputy Sheriff (311.04)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	City Chief (737.02)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Village Chief (737.15)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Other Chief - List ORC/Charter	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Sheriff (311.01)	<input type="checkbox"/>

<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	19. Date	
<i>K. Ball</i>	Kenneth R. Ball, Chief of Police	[Redacted]	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
<i>C.A. Brown</i>	Charles A. Brown	[Redacted]	

SF400edm  
Page 1 of 2  
Effective 02/05/2019

This form may be emailed to: SF400@ohioattorneygeneral.gov

Officer Name (Last)

[Redacted]

(First)

[Redacted]

(Middle)

[Redacted]

Social Security Number

[Redacted]

**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.

[Redacted Signature] \_\_\_\_\_  
Signature of Appointing Authority

**Daniel Horrigan**

Name of Appointing Authority (Typed or Printed Legibly)

**Mayor - City of Akron**

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):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
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 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		

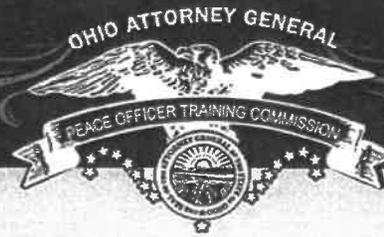
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <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		

SF400edm  
Page 2 of 2  
Effective 02/05/2019

This form may be emailed to: [SF400@ohioattorneygeneral.gov](mailto:SF400@ohioattorneygeneral.gov)



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

This is to certify that

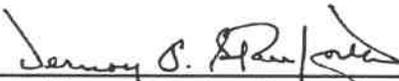


has completed the Ohio  
Peace Officer Basic Training Program

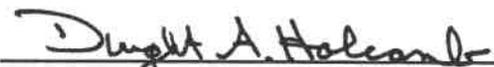
Conducted by  
Akron Police Department

Awarded On  
May 29, 2020

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

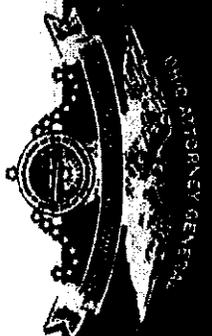
  
\_\_\_\_\_  
Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



  
\_\_\_\_\_  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

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

**BAS19-090 200546**



# OHIO PEACE OFFICER TRAINING COMMISSION

## THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

[Redacted Name]

has completed the Ohio  
Peace Officer Basic Training Program  
Conducted by  
Akron Police Department

Awarded On

[Redacted Date]

*Dave Post*  
Dave Post  
Attorney General

*Vernon P. Staforth*  
Vernon P. Staforth, Chairman  
Ohio Peace Officer Training Commission



*Dwight A. Holcomb*  
Dwight A. Holcomb, Executive Director  
Ohio Peace Officer Training Commission

*St. Bernard E. Fanning*  
School Commander  
[Redacted Name]

OHIO ATTORNEY GENERAL  
RECOGNITION OF COMPLETION AWARD

*This certificate of completion is awarded to*

[Redacted Name]

For successfully completing the Webcast course

**OHLEG Security Training**

Issued on

[Redacted Date]

Expires in 2 years

*Joseph A. Morbitzer*

Joseph A. Morbitzer, BCI SUPERINTENDENT

\* No CPT Hours





## Akron Police Department Weapons Training Report

Range Course Results  
Type: Any  
Officers filtered: 1

7 results returned

ID	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
		02/23/2022 10:00	Rifle	Rifle	Colt			Passed	
		12/29/2021 19:30	Low Light	Semi-Automatic Pistol	Glock	G5-17		Passed	
		08/09/2021 13:00	Rifle	Rifle	Colt			Passed	
		03/31/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G5-17		Passed	
		12/21/2020 21:30	Low Light	Semi-Automatic Pistol	Glock	G5-17		Passed	
		12/21/2020 21:30	Low Light	Semi-Automatic Pistol	Glock	G5-17		Passed	
		05/07/2020 08:00	Rifle	Rifle	Colt			Passed	



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 02/29/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

EMPLOYEE ID



TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	45 DAY	45 DAY
6-MONTH	90 DAY	90 DAY	90 DAY
	180 DAY	FINAL	
	270 DAY		

EVALUATOR ID

PLEASE USE #2 PENCIL

1	0	7	9	1
0	1	2	3	4
2	3	4	5	6
3	4	5	6	7
4	5	6	7	8
5	6	7	8	9
6	7	8	9	0
7	8	9	0	1
8	9	0	1	2
9	0	1	2	3

ITEMS MO: 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS YR: 01 02 03 04 05 06 07 08 09 10 11 12																																																						
<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b>																																																						
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<b>3. EVALUATE PERFORMANCE BY</b> BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.																																																							
<table border="1"> <tr> <td></td> <td>60 = UNSATISFACTORY</td> <td>70 = IMPROVEMENT NEEDED</td> <td>80 = SATISFACTORY</td> <td>90 = VERY GOOD</td> <td>95 = OUTSTANDING</td> </tr> <tr> <td>QUALITY OF WORK</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td>60</td> <td>70</td> <td>80</td> <td>90</td> <td>95</td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ATTENDANCE</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WORK HABITS</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			60 = UNSATISFACTORY	70 = IMPROVEMENT NEEDED	80 = SATISFACTORY	90 = VERY GOOD	95 = OUTSTANDING	QUALITY OF WORK	EVALUATOR 1	EVALUATOR 2	60	70	80	90	95	QUANTITY OF WORK	EVALUATOR 1	EVALUATOR 2						ATTENDANCE	EVALUATOR 1	EVALUATOR 2						WORK HABITS	EVALUATOR 1	EVALUATOR 2						RELATIONSHIP WITH OTHERS	EVALUATOR 1	EVALUATOR 2						SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	EVALUATOR 2					
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4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

RECRUIT [REDACTED] IS PERFORMING AS EXPECTED <sup>OF</sup> FOR AN EMPLOYEE AT THIS POINT IN HIS TRAINING

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 10791 3/12/20

EVALUATOR 2 SIGNATURE: [Signature] 10948 3/11/20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER: [Signature] 10449 3/12/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] 3/13/2020

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: [Signature] 1154 3/13/20

AND DATE: [Signature] 1154 3/13/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

CITY OF AKRON  
EMPLOYEE RECORDS  
2020 MAR 18 AM 9:40

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 04/30/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 05/31/20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	

ITEMS	MO: 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS	YR: 01 02 03 04 05 06 07 08 09
<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b> <input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<b>3. EVALUATE PERFORMANCE BY</b> BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. QUALITY OF WORK QUANTITY OF WORK ATTENDANCE WORK HABITS RELATIONSHIP WITH OTHERS SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
			60 70 80 90 95

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Recruit [REDACTED] is performing as expected of an employee at this point. Recruit [REDACTED] has successfully passed all required testing to this point.

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 10791 5/20/20  
 EVALUATOR 2 SIGNATURE: [Signature] 10448 5/20/20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 10449 4/30/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] 5/21/2020

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: [Signature] 5/21/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU, IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE: [Signature] 5/21/2020

CITY OF AKRON  
EMPLOYEE RECORDS

2020 JUN 22 PM 2: 38

CITY OF AKRON  
EMPLOYEE RECORDS

2020 JUN 30 PM 2: 48

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Division	CLASS TITLE Police Officer
EVALUATION FROM 05/29/20 TO 10/27/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	

ITEMS	MO: 00 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS	YR: 00 01 02 03 04 05 06 07 08 09
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
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<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	ATTENDANCE EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	WORK HABITS EVALUATOR 1 EVALUATOR 2	
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	
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off [REDACTED] is progressing as expected off [REDACTED] had zero call-offs during this period.

CITY OF AKRON  
 EMPLOYEE RECORDS  
 2020 DEC 29 PM 3:22

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

[Signature] 1315      17297/1715      12/13      Capt [Signature] 11507      12-1-20  
 EVALUATOR 1 SIGNATURE      EMPLOYEE ID #      DATE      EVALUATOR 2 SIGNATURE      EMPLOYEE ID #      DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

[Signature] 11507      10/9/20  
 SIGNATURE OF REVIEWER      EMPLOYEE ID #      DATE

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT  PROMOTION

[Signature]      12/10/20  
 SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE      DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

[Signature] 12-28-20  
 SIGNATURE AND DATE

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

[Signature] 12/10/20  
 EMPLOYEE'S SIGNATURE AND DATE



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE UNIFORM	CLASS TITLE POLICE OFFICER
EVALUATION FROM 5/29/20 TO 5/29/21	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	45 DAY	45 DAY	45 DAY	
	6-MONTH	90 DAY	90 DAY	90 DAY	
		180 DAY	FINAL		
		270 DAY			

ITEMS	MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS	YR: 1 2 3 4 5 6 7 8 9 10
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
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<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	WORK HABITS EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

OFF. [REDACTED] IS PROGRESSING WELL AND MEETS STANDARDS,  
[REDACTED] HAS (2) CALL DRES THIS MORNING PERIOD, 7:05

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

[Signature] 10672 6-8-21 Capt. [Signature] 11807 6-8-21

EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY

[Signature] 11802 7/11/21

SIGNATURE OF REVIEWER EMPLOYEE ID # DATE

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT  PROMOTION

[Signature] Acting 7/11/21

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:  
SIGNATURE [Signature] AND DATE 7/11/21

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

[Signature] AND DATE 7/11/21

OFFICE OF THE  
ATTORNEY GENERAL

2021 JUL 22 AM 11:06

CITY OF AKRON  
EMPLOYEE RECORDS  
2020 MAR 18 AM 9:40

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 04/30/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 05/31/20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	

ITEMS	MO: 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS	YR: 01 02 03 04 05 06 07 08 09					
<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b>						
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL		<b>3. EVALUATE PERFORMANCE BY</b> BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. 60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING						
<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input type="checkbox"/> ORGANIZATION OF WORK <input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP		QUALITY OF WORK QUANTITY OF WORK ATTENDANCE WORK HABITS RELATIONSHIP WITH OTHERS SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)						
		EVALUATOR 1	EVALUATOR 2	60	70	80	90	95

**4. COMMENT** HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Recruit [REDACTED] is performing as expected of an employee at this point. Recruit [REDACTED] has successfully passed all required testing to this point.

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 10791 5/20/20  
 EVALUATOR 2 SIGNATURE: [Signature] 10448 5/20/20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 10449 4/30/2020

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT  PROMOTION

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: [Signature] 5/21/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU, IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE: [Signature] 5/21/2020

CITY OF AKRON  
EMPLOYEE RECORDS

2020 JUN 22 PM 2: 38

CITY OF AKRON  
EMPLOYEE RECORDS

2020 JUN 30 PM 2: 48

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Bureau	CLASS TITLE Police Officer
EVALUATION FROM 05/29/20 TO 10/27/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	6-MONTH				

ITEMS	MO: 00 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS	YR: 00 01 02 03 04 05 06 07 08 09
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	WORK HABITS EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

off [REDACTED] is progressing as expected off [REDACTED] had zero call-offs during this period.

CITY OF AKRON  
EMPLOYEE RECORDS  
2020 DEC 29 PM 3:22

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 1315      EMPLOYEE ID #: 17297/1315      DATE: 12/13      EVALUATOR 2 SIGNATURE: Capt. [Signature] 11507      EMPLOYEE ID #: 11507      DATE: 12-14-20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 11507      EMPLOYEE ID #: 11507      DATE: 10/9/20

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON:  
 ORIGINAL APPOINTMENT     PROMOTION

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature]      DATE: 12/10/20

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:  
SIGNATURE AND DATE: Capt. [Signature] 12-28-20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE: [Signature] 12/10/20



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE UNIFORM	CLASS TITLE POLICE OFFICER
EVALUATION FROM 5/29/20 TO 5/29/21	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	

ITEMS	MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS	YR: 1 2 3 4 5 6 7 8 9 10
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
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<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	ATTENDANCE EVALUATOR 1 EVALUATOR 2	
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> PERSONAL APPEARANCE & CARE	WORK HABITS EVALUATOR 1 EVALUATOR 2	
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	
		SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

OFF. [REDACTED] IS PROGRESSING WELL AND MEETS STANDARDS,  
[REDACTED] HAS (2) CALL DRES THIS MORNING PERIOD, 7:05

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

[Signature] 10672 6-8-21 Capt. [Signature] 11807 6-8-21

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY

[Signature] 11802 7/11/21 [Signature] Acting 7/11/21

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] 1300 7/11/21

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

OFFICE OF THE  
ATTORNEY GENERAL

2021 JUL 22 AM 11:06



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

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Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]  
SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 12/09/2019  
Appointed: 12/09/2019 OPOTC: Sworn In: 05/29/2020 Separation:

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### PROMOTIONS

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### NOTES

[REDACTED] PHONE- [REDACTED]

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### ASSIGNMENTS

06-01-2020 UNIFORM, PLATOON 4 7PM-3:30AM  
12-09-2019 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

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### TRAINING

05-05-2020 OHLEG SECURITY TRAINING

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### COMPLAINTS

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### DISCIPLINES

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### FILE REVIEWS

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### SHOTS FIRED

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### AWARDS

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### SPECIAL UNITS

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Basic Training

School Number ( Facility Name (School Facility) (Facility)	From Date (Scho To Date (School)	Exam Date	Certificate Num:	Certificate Date
BAS19-090 Akron Police Department	12/11/2019	4/30/2020	5/18/2020	5/29/2020

██████████ Employment History

Officer Name (Officer) (Officer)	Agency Name (Agency) (Agency)	Start Date	Employment Dat	End Date	Employment Dat	Emp. Status (Em
██████████	Akron Police Department	5/29/2020	Appointment			Full-time