



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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: Akron State: OH Zip Code:

4	4	3	1	2
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E-mail address: [REDACTED] @AKRONOHIO.GOV

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

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

Personal Information

Marital Status:		Highest Education Level completed:		
<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> 2-year College Degree	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> HS graduate or equivalent	<input type="checkbox"/> Bachelor's Level Degree	<input type="checkbox"/> Doctorate (Professional)
<input type="checkbox"/> Separated		<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	

In case of emergency please contact:

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

Street Address: [REDACTED]

City: WALTON State: OH Zip Code:

4	4	4	8	5
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Relationship to Employee: MOTHER

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 information may be grounds for dismissal.

Signature: [REDACTED] Date: 3-14-20

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

Revised 2/2017



DANIEL HORRIGAN, 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: 05/26/1990 Gender: Male Female

Contact Information

Street Address: [REDACTED]

City: Akron State: Ohio Zip Code:

4	4	3	1	2
---	---	---	---	---

E-mail address: [REDACTED]@akronohio.gov

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

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: Akron State: Ohio Zip Code:

4	4	4	8	5
---	---	---	---	---

Relationship to Employee: Mother

I hereby certify that the information provided on this Setup & Change Personal Information form is true and complete. I understand that providing false information may result in disciplinary actions up to and including termination without notice and without benefits.

Signature: [REDACTED] Date: 12/18/2019



DANIEL KORRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

RECEIVED
AKRON POLICE DEPT.
CHICAGO, ILL.

2017 DEC 13 AM 9:26

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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

Contact Information

Street Address: [REDACTED]

City: AKRON State: OH Zip Code: 44312

E-mail address: [REDACTED] @AKRON.GOV

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:

<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 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	

In case of emergency please contact:

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

Street Address: [REDACTED]

City: WILSON State: OH Zip Code: 44405

Relationship to Employee: Mother

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that [REDACTED] for dismissal.

Signature: [REDACTED] Date: 12/13/17

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

Revised 2/11

EMPLOYEE ID NO.
[REDACTED]

RECEIVED
AKRON POLICE DEPT.
HR/HRIS OFFICE

SETUP & CHANGE PERSONAL INFORMATION

2016 MAY 10 AM 8:59

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	CANTON, OH	44718

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College E-Technical School	F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code
WARREN, OH	[REDACTED]	1 Spouse 2 Child 3 Parent 4 Guardian 5 Other
		3

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: 5/4/2016

CITY OF AKRON SAFETY COMMUNICATIONS
CELL PHONE/PAGER PAGING AGREEMENT

Members of the City of Akron Safety Forces may now opt to have notification pages sent to their personal cell phones as well as their pagers. This county-wide system is an effort to deploy personnel and/or specialized units for emergency services only. The Daily Bulletin will be sent via a distribution list.

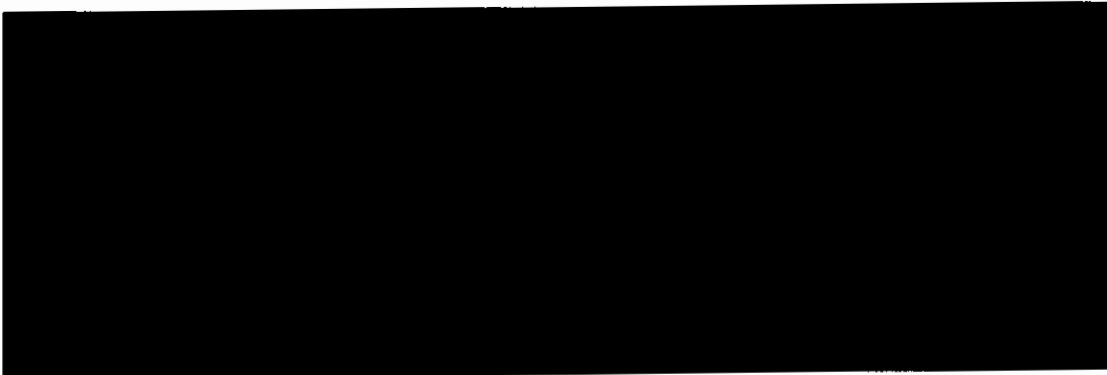
The following information and signed agreement must be received by Safetyforces Information Systems in order to receive the notifications on cellular devices. If you do not want to receive notifications sign and return without listing any groups.

NAME: [REDACTED] PAYROLL ID NO.: [REDACTED]

AGENCY/ASSIGNMENT: APD/_____

CELL PHONE/PAGER NUMBER(S)/E-MAIL ADDRESS YOU WOULD LIKE PAGED ON:
[REDACTED] [REDACTED] @ AKRON.GOV
(alpha pagers require us to know the provider)

CIRCLE ALL NOTIFICATION GROUPS APPLICABLE TO YOU (If a special unit is not listed, please mark it next to "Other"):



Office of Professional Standards and Accountability Other: _____

I, [REDACTED], UNDERSTAND THAT I MUST ASSUME RESPONSIBILITY FOR ALL CHARGES FROM MY CELLULAR CARRIER FOR ANY TEXT MESSAGING GENERATED BY THE SPECIAL OPERATIONS RESPONSE TEAM DISPATCH CENTER (i.e. Safety Communications).

MEMBER'S SIGNATURE: [REDACTED]

SUPERVISOR'S SIGNATURE: [Signature] #1042

DATE: 9 Nov 15

Return completed form with signatures to the Chief's Office.

Please note: If you "opt out" of the notification pages and are needed for any reason, you will still be contacted via phone. "Opting out" does not mean that you will not be called to report to duty. See Akron Police Department Rules and Regulations 1100.01, 1100.05, 1100.06a and 1100.06b.

Rev: 04/28/2014

2015 NOV 10 AM 11:27
AKRON POLICE DEPT
CHIEF'S OFFICE

EMPLOYEE ID NO.
[REDACTED]

SETUP & CHANGE PERSONAL INFORMATION

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.

16 JAN 2016
 KROR PLEASANT
 CHIEF OF POLICE

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	NORTH CANTON, OH	44700

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College E-Technical School	F-2-Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code
WILSON, OH	[REDACTED]	<input type="radio"/> 1 Spouse <input type="radio"/> 2 Child <input checked="" type="radio"/> 3 Parent <input type="radio"/> 4 Guardian <input type="radio"/> 5 Other

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 information provided may result in disciplinary action or dismissal.

SIGNATURE _____
 [REDACTED]

DATE 16 JAN 2016

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

CHIEF'S OFFICE

2021-CD-101

December 17, 2021

DIRECTIVE

Effective Monday, January 10, 2022, through Friday, February 4, 2022, the following officers will be temporarily assigned to the Training Bureau, Monday thru Friday, to serve as Taser instructors:

	<u>FROM</u>	<u>TO</u>
Officer [REDACTED] I.D. # [REDACTED]	Uniform Sub-Division Platoon 1 10:30PM-7AM	Services Sub-Division Training Bureau 8AM-4PM Temporary
Officer Ryan McPherson I.D. #1415	Uniform Sub-Division Platoon 5 11AM-7:30PM	Services Sub-Division Training Bureau 8AM-4PM Temporary

Stephen L. Mylett

Stephen L. Mylett
Chief of Police

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S ORDER

2015-CO-13

CHIEF'S OFFICE

September 16, 2015

ORDER

The following officers are ordered to work the Road Runner Akron Marathon Saturday, September 26, 2015:

[REDACTED]	1381 ELAM, CARL	1331 ROUSE, DAVID
1424 BRANDENBURG, ANTHONY	1380 SHMIGAL JR, TIMOTHY	1330 BERDYSZ, JEFFREY
1422 KING, BRANDON	1378 HARRISON, MICHAEL	1324 DETRICK, MICHAEL
1421 BARNES, PAUL	1374 HARDING, MARK	1323 CARSON, CHRISTOPHER
1420 SAUNIER, J. DEVLIN	1373 CRANSTON, ASHLEY	1322 SAMS, JASON
1419 WHITMIRE, MATTHEW	1371 HAY, JOSEPH	1321 DISALVO, MICHAEL
1417 LOWE, AMBER	1370 BOWER, ANTHONY	1320 MORRIS, WALTER
1416 CAMPBELL, ADAM	1369 SOSENKO, JEREMY	1319 TURNURE, JOHN
1412 TINNEY, FELICIA	1368 FANGMANN, JACOB	1315 MILSTEAD, NATHANIEL
1411 GUILMETTE, ADAM	1367 JACKSON, DERRICK	1314 REICHMANIS, ERIK
1410 PASTERNAK, MICHAEL	1365 PFOUTS, MATTHEW	1313 REED, DREW
1409 BRUYARNY III, MICHAEL	1364 RYBKA, KEVIN	1309 NEMETH, JOSEPH
1408 BAKER, AMANDA	1363 MCDOWELL, RYAN	1305 LEPA, CHRISTOPHER
1406 CULVER, WILLIAM	1362 MATHEWS, TREVA	1304 NORTHUP, MARK
1405 INGERSOLL, DANIEL	1361 TALCOTT, BRETT	1303 KUZNIK, RICHARD
1404 SCHWAN, CHRISTOPHER	1360 RILEY, TRUMAINE	1300 TERSIGNI, VINCENT
1403 LYTTLE, WALLACE	1359 WOLFE, SARAH	1299 MILLER, ROBERT
1402 WESTLAKE, RYAN	1357 MOSS, ANDREW	1298 BELACIC, JASON
1401 VARI, STEPHEN	1356 MUSTER, MARCUS	1297 MOENICH, GREGORY
1400 BOWMAN, ANDREW	1355 SEBASTIAN, MICHAEL	1296 HILL, PAUL
1399 SCHWARTING, CARL	1354 MANZO, NICK	1295 HILEMAN, JR., DAVID
1398 ABER, THOMAS	1353 WHITE, DAVID	1289 LEADBETTER, JAMES
[REDACTED]	1352 JOYCE, GREGORY	1288 MILES, MICHAEL
1396 SMITH, RYAN	1349 D'ANNUNZIO JR., DANNY	1286 TAYLOR, SEAN
1395 HUDNALL, THOMAS	1348 PARR JR., THOMAS	1283 MURPHY JR., MICHAEL
1393 BECK, JASON	1347 MYERS, SCOTT	1281 MORGAN, JON
1392 WOODIN, JOSEPH	1346 FARWELL, RICHARD	1279 CRAFT, JAMES
1391 SHAFFER, KYLE	1345 PETIT III, LOUIS	1277 KOUBEK, MICHAEL
1390 LANE, DEVIN	1344 WALTER, KYLE	1276 BODNAR, JOSEPH
1389 COLLINS, BRANDON	1343 CUNNINGHAM, KYLE	1271 URDIALES, BENJAMIN
1388 FREED, ASHLEY	1342 TASSONE, NATALIE	1267 DONEY JR., RICHARD
1387 WILLIAMS, KIMBERLY	1338 DAVIS JR., STANLEY	1266 MEECH, TROY
1386 CLAYTOR, AMITA	1336 SMITH, JOSEPH	1265 HADBAVNY, JAMES
1385 TIETZE, JOSHUA	1334 CHETTO, SHAWN	1264 MORRIS, JUSTIN
1384 LUCEY, BRIAN	1333 STUMP, TODD	1261 BICKETT, DANIEL

CITY OF AKRON, OHIO

DEPARTMENT
CHIEF'S OFFICE

CHIEF'S ORDER
2015-CO-09
June 29, 2015

ORDER

The following sergeants and officers are ordered to report for the Rib, White & Blue Festival on Saturday, July 4, 2015, and remain until the conclusion of the event. Instructions about roll call will be announced in a future Chief's Order.

Sergeants:

S-89 1185 Dugan, Patrick S-88 1324 Garrett, Gary S-82 1124 Yurick, Vince

Officers:

1415 Nan, Samnang	1398 Aber, Thomas	1369 Sosenko, Jeremy
1423 Hunt, Timothy	1391 Shaffer, Kyle	1367 Jackson, Derrick
1422 King, Brandon	1387 Williams, Kimberly	1350 DiFrancesco, Michael
1420 Saunier, J. Devlin	1381 Elam, Carl	1344 Walter, Kyle
1415 McPherson, Ryan	1377 Zelenka, David	1343 Cunningham, Kyle
1414 Forsch, Christy	1373 Cranston, Ashley	1342 Tassone, Natalie
1409 Bruvarny III, Michael	1370 Bower, Anthony	1339 Fendenheim, Erik

Personnel must wear their white dress uniform and summer uniform hat at all times as well as their fall duty leather, ballistic vest and fully charged flashlight.




James D. Nice
Chief of Police

CITY OF AKRON, OHIO**DEPARTMENT****CHIEF'S DIRECTIVE****CHIEF'S OFFICE****2015-CD-23****March 20, 2015****DIRECTIVE**

Upon receiving their Oath of Office on Friday, March 27, 2015 at 1:00 p.m. in City Council Chambers, the following seven (7) officers are transferred from the Services Sub-Division to the Uniform Sub-Division effective Monday, March 30, 2015:

<u>NAME</u>	<u>I.D.</u>	<u>BADGE</u>	<u>ASSIGNMENT</u>
Barnes, Paul	1421	431	Platoon #1
Brandenburg, Anthony	1424	434	Platoon #1
Hunt, Timothy	1423	483	Platoon #5
King, Brandon	1422	392	Platoon #5
Nan, Samnang	1425	425	Platoon #5
Saunier, J. Deylin	1420	480	Platoon #4
██████████	██████	██████	Platoon #1

All Akron Police personnel are welcome to attend the Oath of Office ceremony.



James D. Nice
Chief of Police

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

CHIEF'S OFFICE

2022-CD-34

March 24, 2022

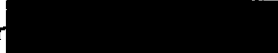
DIRECTIVE

National Police Week is May 11 through 16, 2022, and the City of Akron, along with Akron FOP Lodge 7, will be sending the below listed Honor Guard members to represent the Akron Police Department to pay respect to those officers who made the ultimate sacrifice. The dates of travel will be from May 13th through the 16th. Shift Commanders, please mark your respective details accordingly by placing these members on a Special Detail.

Sergeant Utomhin Okoh 1413

Officer Charles Artis 1135

Officer Patrick Mazzei 1327

Officer 

Stephen L. Mylett

Stephen L. Mylett

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S OFFICE

CHIEF'S DIRECTIVE

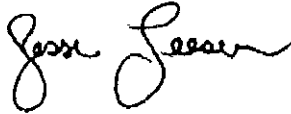
2021-CD-41

May 11, 2021

DIRECTIVE

Effective Monday, May 24, 2021, the following officer is to return to his regular duty assignment:

Officer

A handwritten signature in cursive script that reads "Jesse Leaser".

Jesse Leaser

Acting Chief of Police

CITY OF AKRON, OHIO

DEPARTMENT
CHIEF'S OFFICE

CHIEF'S ORDER
2021-CO-13
June 28, 2021

ORDER

The following sergeants and officers are ordered to report for the July 4th Fireworks on Sunday, July 4, 2021, and remain until the conclusion of the event. Roll call will be at 7 PM, location to be determined.

Sergeants:

1259 Gregory Kianos
1400 Andrew Bowman
1410 Michael Pasternak

Officers:

1409 Michael Bruvarny III	1460 Damber Subba	1511 Austin Mautz
1412 Felicia Behner	1465 Drew Fite	1513 Riley Jones
1420 J. Devlin Saunier	1466 Nicholas Smith	1520 Gavann Lockhart Jr
1421 Paul Barnes	1468 Daniel Henry	1525 Zacharia Oles
1423 Timothy Hunt	1472 Nicholas Film	1532 Ty Taylor
1424 Anthony Brandenburg	1478 Madison Hooper	
	1479 Orlando Romine	
1428 Justin Brumbaugh	1486 Aslea Williams	
1433 Brittany French	1492 Dylan Carmany	
1436 Michael Oesterle	1493 Paul Hood	
1439 Sarah Sapper	1499 Russell Kenney	
1441 Adem Hacimuezzin	1501 Cameron McGowan	
1442 Preston Arroyo	1504 Mason Hall	
1453 Adam Semchee	1507 Judd Bishop	
1454 Steven Orwick	1510 Truvonte Riley	



Michael J. Caprez
Acting Chief of Police

AKRON POLICE DEPARTMENT

This certificate is awarded to

OFFICER [REDACTED]

YOU ARE TO BE COMMENDED FOR THE OUTSTANDING EFFORT AND LEADERSHIP YOU DISPLAYED AT THE SCENE OF A HOUSE FIRE ON NOVEMBER 18, 2021.

UPON ARRIVAL AT 2164 11TH ST. SW, YOU, ALONG WITH SEVERAL OTHER OFFICERS ACTED IMMEDIATELY TO RESCUE RESIDENTS FROM A ROOFTOP AS THE HOUSE WAS ON FIRE. AN 8-YEAR-OLD CHILD REMAINED IN THE HOUSE, AND UPON AFD RECOVERING THE CHILD FROM INSIDE THE HOUSE, YOU DROVE THE MED UNIT AS OFFICER DEVIN LANE RENDERED CPR DURING THE TRANSPORT TO AKRON CHILDREN'S HOSPITAL WHICH ALLOWED AFD TO CONTINUE LIFE-SAVING EFFORTS ON THE CHILD.

YOUR ACTIONS ON THIS CALL ARE A REFLECTION OF YOUR COMPASSION AND COMMITMENT THAT YOU SHOW ON EVERY ASPECT OF YOUR WORK. YOUR DEDICATION SERVED THE POLICE DEPARTMENT, AND THE CITIZENS OF AKRON, FOR THIS YOU ARE BEING RECOGNIZED FOR OUTSTANDING WORK.

Stephen L. Mylott

Chief of Police

January 12, 2022

Date

AKRON POLICE DEPARTMENT

This Citation is awarded to

OFFICER [REDACTED]

in recognition of *YOUR ACTIONS ON February 26, 2019 AT STATE ROUTE 8 AND PORTAGE TRAIL*

CHIEF JACK DAVIS OF CUYAHOGA FALLS PD SENT A LETTER RECOGNIZING YOU FOR YOUR ACTIONS IN PROVIDING MEDICAL ASSISTANCE AT THE SCENE OF A CRASH. YOU WERE SENT TO INVESTIGATE A CRASH CAUSED BY A DRIVER OPERATING NORTHBOUND IN THE SOUTHBOUND LANE. YOU AND YOUR PARTNER LOCATED THE CRASH OUT OF OUR JURISDICTION BUT STOPPED TO PROVIDE AID. SHIANNE MCKINSTRY HAD A SEVERE GASH ON HER LEG. YOU STOPPED THE BLEEDING BY APPLYING A TOURNIQUETT. THE VICTIM WILL HAVE A CHANCE FOR A MORE SUCCESSFUL RECOVERY AS A RESULT. YOU AND YOUR PARTNER RESPONDED APPROPRIATLEY, ACTED DECISIVELY, AND REPRESENTED OUR DEPARTMENT WELL.

YOU ARE A CREDIT TO YOURSELF, YOUR UNIT AND THE AKRON POLICE DEPARTMENT. ON BEHALF OF THE UNIFORM SUB-DIVISION, THANK YOU AND CONGRATULATIONS ON A JOB WELL DONE.

Major Mike Lopez
Sub-Division Commander

3/13/19
Date

September 1, 2017

2017 SEP 11 AM 2:50

Akron Police Department
217 S. High Street
Akron, Ohio 44308

RE: Exemplary Service of [REDACTED] and Officer French

Dear Sir or Madam:

On August 27, 2017, I had to facilitate a court ordered custody exchange in Akron, Ohio.

I reside in New Jersey, and have temporary custody of my two grandchildren. We are in a custody dispute with the children's biological father, who resides in Princeton, Indiana. The half way point between is the Dunkin Donuts on East Market Street in Akron, Ohio.

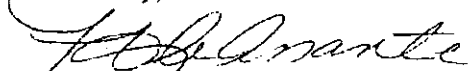
The court order stated I was to meet the biological father at the Dunkin Donuts on East Market Street in Akron at approximately 1pm on Sunday, August 27, 2017. I arrived at 12:37pm. I happened upon Officer [REDACTED] and Officer French in the parking lot upon my arrival. I explained why I was there and what was to happen, and the reason I was asking for a police escort for the exchange, but I didn't have an exact time of the exchange as the biological father kept delaying his arrival time.

I waited in the parking lot until 4:12 pm when the biological father finally arrived with my grandchildren. During that time period while I was waiting, both Officer French and Officer [REDACTED] checked on me in the parking lot multiple times on their rounds. It just so happened that as the biological father arrived, Officer French was pulling into the parking lot and was able to provide a police escort for the exchange.

I wanted to commend both officers on their exemplary performance. I believe they went above and beyond in their duty to ensure my safety. Both officers were extremely professional and sensitive to my situation.

I was only able to personally thank Officer French, but I am also extremely grateful to Officer [REDACTED] for what he did for me.

Sincerely,



Jennifer Assante
25 Mountain View Drive
Andover, NJ 07821
201.317.8405

OFFICER [REDACTED]
THANKS FOR HANDLING
SO PERSONALLY & SO WELL.
THIS TYPE OF SERVICE MAKES
OUR COMMUNITY A BETTER PLACE.
Bill Ray

EXHIBIT K116

AKRON POLICE DEPARTMENT
217 S. High St.
AKRON, OH 44308

great guy
great job
Nice

FILE # 28
CARS
BEN URDIALES



To Whom it May Concern,



Recently I accepted a job offer at the Horseshoe Casino, in Cleveland Ohio. I commute from Canton and have to be at work by 3:30 am. On Sat April 4 (the day before Easter), while on my way to work I got a blow out on a tire that was just purchased Feb 10, 2015. I was completely devastated & literally didn't know what to do. I couldn't call anybody from Massillon/Canton to come help, however, given the time (approx. 2:40 am) it may have taken quite a while for help to arrive.

Luckily, [redacted] & Ben, Car # [redacted] arrived, and helped me. They were both very kind and certainly went above and beyond the normal job description. Please extend my sincere appreciation for not only assisting me in a challenging situation but also for their kindness & positive attitude it means more than they may know.

Sincerely,
Nathan Cobb

EXHIBIT K1 17



CITY OF AKRON, OHIO

**DEPARTMENT
CHIEF'S OFFICE**

May 22, 2020

OFFICER
I.D. #



Your actions on April 7, 2020, whereby you failed to activate your BWC (Body Worn Camera) as required by P-2019-031, Section IV, B, 6, when on a call for service and likely to have citizen contact, caused you to violate the following rule of the Akron Police Department:

RULE 700.05(c) Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. For a violation of a procedure of the Division of Police, Section 700.05(c) is a minor offense of the first degree.

For violation of the above rule, you are hereby issued a WRITTEN REPRIMAND. This may be reflected in your next service rating.


CAPTAIN MELISSA SCHNEE
SHIFT COMMANDER


KENNETH R. BALL II
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.



5-22-20
DATE

Refused
F.O.P. REPRESENTATIVE

DATE

CITY OF AKRON, OHIO

**DEPARTMENT
CHIEF'S OFFICE**

May 22, 2020

OFFICER [REDACTED]
I.D. # [REDACTED]

Your actions on April 7, 2020, whereby you failed to activate your BWC (Body Worn Camera) as required by P-2019-031, Section IV, B, 6, when on a call for service and likely to have citizen contact, caused you to violate the following rule of the Akron Police Department:

RULE 700.05(c) Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. For a violation of a procedure of the Division of Police, Section 700.05(c) is a minor offense of the first degree.

For violation of the above rule, you are hereby issued a WRITTEN REPRIMAND. This may be reflected in your next service rating.

Capt M Schnee 5.21.20
CAPTAIN MELISSA SCHNEE
SHIFT COMMANDER

Kenneth R. Ball II
KENNETH R. BALL II
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

5-22-20
DATE

Refused
F.O.P. REPRESENTATIVE DATE

2020 MAY 28 PM 12:40
AKRON POLICE DEPT
CHIEF'S OFFICE

CITY OF AKRON, OHIO

**DEPARTMENT
UNIFORM SUB-DIVISION**

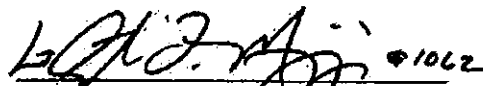
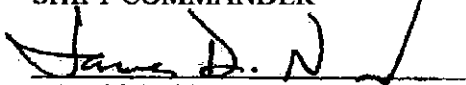
February 24, 2016

OFFICER [REDACTED]
I.D. # [REDACTED]


Your actions on January 19, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

RULE 900.01: Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For violation of Rule 900.01 you are hereby ordered to forfeit four (4) hours of accumulated time. This may be reflected in your next service rating


CAPTAIN CLARK WESTFALL
SHIFT COMMANDER

JAMES D. NICE
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED] _____ 2/24/2016
DATE
 1259 2/29/16
F.O.P. REPRESENTATIVE DATE

CITY OF AKRON, OHIO

DEPARTMENT AKRON POLICE, Uniform Subdivision

To: Maj. Calvaruso
From: Lt. Agostino Micozzi #1062
Ref: Off. [REDACTED] Missed Court Appearance

February 24, 2016

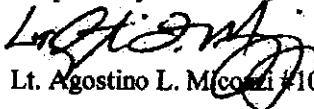
We received the notice that Officer [REDACTED] missed a court appearance on January 19, 2016. The attached sign off sheet indicates that he did sign for the notice.

On February 23, 2016 Sgt. Ross provided Officer [REDACTED] with an FOP representative and asked him to submit a written report in response. Officer [REDACTED] submitted his report on February 23, 2016. In his statement he acknowledged that he did miss the court appearance and took responsibility for failing to note the date in his calendar.

Based on the information available, Officer [REDACTED] did fail to appear for the court appearance and is in violation of Akron Police Rules and Regulations:


900.01 Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

Respectfully Submitted,


Lt. Agostino L. Micozzi #1062

cc: Cpt. Westfall

Capt. Westfall

We have received information that Officer  did not show up for court on 1/19/10 (See attached sheet). Can you please check with the officer to see if this is accurate, and if so, have them submit a written confidential as to the circumstances surrounding their missing court. Please then forward the confidential to Patrol Operations.

Thank you,

Capt. Trundle

Major Cal

SUBPOENAS SERVED ON POLICE OFFICERS PLATOON ONE

DATE RC'D:	OFFICER'S NAME:	DATE/TIME	CASE NUMBER	OFFICER SIGNATURE	DATE RC'D.
1/8	M. Deitrick	1/20 e 1p	15-09-2738	[Signature] 1324	1/10/16
	Sgt. Armstead	1/25 e 1p	15-09-2887	[Signature] 1157	1/10/16
	M. Bruvarny	1/28 e 12 ³⁰	15-11-3470	[Signature] #1409	1-9-16
	K. Cunningham	1/28 e 12 ³⁰	15-11-3470	[Signature] 1323	1-8-16
	M. Miles	1/13 e 1(A)	15-09-2990 (w/ty)	[Signature] 1200	1-10-16
	M. Miles	1/19 e 1p	15-09-2990	[Signature] 1200	1-10-16
	A. Brandenburg	1/13 e 1(A)	15-09-2990 (w/ty)	[Signature] 1424	1-11-16
	A. Brandenburg	1/19 e 1p	15-09-2990	[Signature] 1424	1-11-16
	J. Belacic	1/13 e 1(A)	15-09-2990 (w/ty)	[Signature] 1298	1-9-16
	J. Belacic	1/19 e 1p	15-09-2990	[Signature] 1298	1-9-16
	T. Aber	1/25 e 8 ³⁰	DL15-08-1665	[Signature] 1398	1/9/16
	S. Wolfe	1/25 e 8 ³⁰	DL15-08-1665	S. Wolfe 1359	1/12/16
	P. Barnes	2/1 e 1 ³⁰	15-08-2570	[Signature] 1421	1-9-16
	P. Barnes	2/3 e 1(A)	15-08-2536	[Signature] 1421	1-9-16
	M. Bruvarny	2/3 e 1(A)	15-08-2536	[Signature] #1409	1-9-16
1/12	J. Belacic	1/19 e 9 ³⁰	94705	[Signature] 1359	1-15-16
	B. Collins	1/19 e 8 ⁴⁰	15-12-4025	[Signature] 1359	1/12/16
	[Redacted]	1/19 e 10 ³⁰	[Redacted]	[Redacted]	1/14/16
	A. Brandenburg	1/15 e 2p	15-10-3173 (w/ty)	[Signature] 1424	1-12-16
	A. Brandenburg	2/1 e 12 ⁴⁵	15-10-3173	[Signature] 1424	1-12-16
	A. Freed	1/20 e 10A	15-06-1760	[Signature] 1359	1-18-16
	J. Belacic	1/20 e 10A	15-06-1760	[Signature] 1298	1-15-16
	M. Miles	1/20 e 10A	15-06-1760	[Signature] 1200	1-15-16
	S. Wolfe	1/14 e 1p	15-10-3195	S. Wolfe 1359	1/12/16
	D. Zarembka	1/14 e 1p	15-10-3195	DEUVOZD 1359	1/15/16
	B. Collins	1/14 e 1p	15-10-3195	[Signature] 1359	1/12/16
	J. Tietze	1/14 e 1p	15-10-3195	[Signature] #1325	1/12/16

CITY OF AKRON

DEPARTMENT
POLICE/ SERVICES

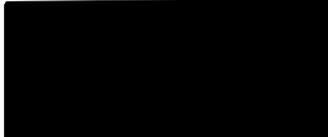
TO: ^{W.F. Micozzi} LT Micozzi, SGT Ross ^{SR 1145}

FROM: Ofr. 

RE: Missed Court Date 1/19/2016

Sirs,

I was scheduled for court on 1/19/2016, and forgot to attend for unacceptable reason. Normally, I place my court dates inside my FOP calendar as soon as I receive them as a reminder. I checked my calendar daily to remind myself of any upcoming court dates. However, I did not mark my calendar for the 19th, thus causing me to forget about it.



CITY OF AKRON, OHIO

**DEPARTMENT
UNIFORM SUB-DIVISION**

December 2, 2016

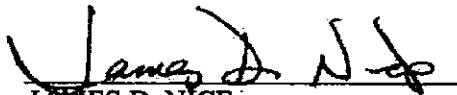
OFFICER [REDACTED]
I.D. # [REDACTED]

Your actions on August 23, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

RULE 900.01: Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For your second violation of Rule 900.01 you are hereby ordered to forfeit eight (8) hours of compensatory time. This may be reflected in your next service rating.


CAPTAIN CHIP WESTFALL
SHIFT COMMANDER


JAMES D. NICE
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

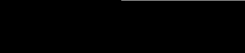
[REDACTED] 12/8/16
DATE

 1385 12/8/16
F.O.P. REPRESENTATIVE DATE

CITY OF AKRON, OHIO

DEPARTMENT
UNIFORM SUB-DIVISION

February 22, 2017

OFFICER 
I.D. #1426

Your actions on October 14, 2016, whereby you were involved in a chase and use of force incident, caused you to violate the following procedure and rule of the Akron Police Department:

²⁰¹⁰
P-2015-017 Vehicle Pursuit Procedure (III B 1) Activate both emergency lights and siren when engaged in a vehicle pursuit and continuously use both throughout the entire pursuit. Officers are reminded that the warning effect of the siren decreases rapidly as the speed of the vehicle increases.

Rule 700.05 Officers/employees shall maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Officers/employees shall perform their duties in a manner which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. Unsatisfactory performance shall include, but not be limited to the following: c) For violation of a procedure of the Division of Police. A violation of Section 700.05 (c) is a minor offense of the first degree.

For violation of the above rule, you are hereby served with this written reprimand. This may be reflected in your next service rating.



CAPTAIN TERRY PASKO
UNIT COMMANDER



CHIEF JAMES D. NICE
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.



3/1/17

DATE



3-1-17

DATE

CITY OF AKRON, OHIO

DEPARTMENT
POLICE/CHIEF'S OFFICE

February 22, 2017

To: Marlene Long
From: Lts. Allen Fite #865 and Brian Harding #1080
Ref: Officer [REDACTED] Procedure and Rules Violations

Sir,

After thorough review of investigative and administrative reports regarding a chase and use of force incident involving Officer Anthony Brandenburg #1424 and [REDACTED] on October 14th, 2016, the facts led us to determine Officer [REDACTED] violated Akron Police Department Rules and Regulations. Officer [REDACTED] also violated Akron Police Procedure P-²⁰¹⁵~~2016~~-017, Vehicle Pursuit Procedure.

(III B1)

700.05 Officers/employees shall maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. Unsatisfactory performance shall include, but not be limited to the following:

- a. For violation of a procedure of the Division of Police. A violation of Section 700.05 (c) is a minor offense of the first degree.

C?

Respectfully Submitted,

Lts. Allen Fite 865 and Brian Harding #1080

CITY OF AKRON, OHIO

**DEPARTMENT
UNIFORM SUB-DIVISION**

April 12, 2017

OFFICER [REDACTED]
I.D. # [REDACTED]

Your actions on February 21, 2017, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

RULE 900.01: Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For your third violation of Rule 900.01 you are hereby ordered to forfeit twelve (12) hours of compensatory time. This may be reflected in your next service rating.


CAPTAIN TERRY PASKO
SHIFT COMMANDER


JAMES D. NICE
CHIEF OF POLICE K2A

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED] _____
DATE 4/12/17

WAIVED _____
F.O.P. REPRESENTATIVE DATE 4/12/17

CITY OF AKRON

DEPARTMENT
POLICE/ SERVICES

TO: CPT Pasko

FROM: Ofc. 

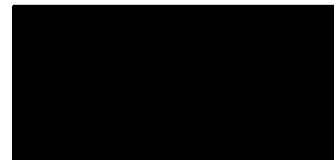
RE: Missing court 2-15-2017 & 2-21-2017

Sirs,

In reference to missing court on 2-15-2017 I had signed for on 2-13-2017. I had signed for the subpoena on 2-13-2017 after returning from military leave from 2-11-2017 thru 2-12-2017 at 18:00pm. With complete oversight, I failed to mark this date in my calendar to remind me of court that was schedule. I have also spoken to my supervisors about a conflict in military drill times ending later in the day not allowing me to have adequate rest before returning for my duty day that night at 22:30pm.

In reference to missing court on 2-21-2017, I failed to mark in my calendar that reminds me of upcoming court. Grand Jury for 2-21-2017 is rescheduled and I am set to testify on 3-9-2017 at 10:05am.

My current practice to remind myself I have court is to place the dates inside my calendar and place the subpoenas inside a folder at my residence. I check my calendar for upcoming court and take out the subpoenas needed for that day. With total oversight I failed to mark these dates into my regular calendar of reminder, therefor causing me to not check inside my folder for the subpoenas. To rectify this I have set up a cork board at home that allows my subpoenas to be hung up and visible in a common area, so that I am able to see the dates directly from the source along with placing the dates inside my regular calendar.



*Capt. B. Pasko
1102*

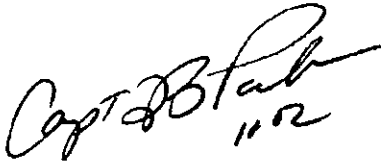
Major,

Although there are two instances of missed court cases by [REDACTED] Please consider only the second one. The 2/21/17 instance.

I am trying to resolve issues with the reservists on our shift, with drive time to various bases, and military release times varying on Sundays, those scheduled to work Mondays (Sunday night at 2230 hrs) are getting shafted occasionally. I believe I have a workable solution and will discuss it with the Sgt's and affected reservists on our shift.

This in no way excuses the missed court case on 2/21/17, and [REDACTED] acknowledges that. I believe it should be handled in the same manner as the precedent that you have already set on these cases. Again, I have made it clear on several occasions, not to miss court cases and not to miss range dates and to expect discipline for these unexcused absences.

Captain Pasko

Handwritten signature in cursive script, appearing to read "Capt Pasko" with "1102" written below it.

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S OFFICE

TO: Officer [REDACTED]
Uniform Sub-Division

FROM: Chief James D. Nice

DATE: October 27, 2016

SUBJ: Firearms Review Board

The Firearms Review Board has reviewed the circumstances surrounding the one (1) shot fired by you on October 8, 2016 at 208 West Waterloo Road, which you responded to an injured deer call.

After careful review of this incident, it is the opinion of the Firearms Review Board that your actions did not violate any Rule or Regulation of the Akron Police Department.

I concur with the recommendation of the Firearms Review Board.



James D. Nice
Chief of Police

JDN/mel

cc: Fraternal Order of Police

CITY OF AKRON, OHIO

DEPARTMENT

UNIFORM SUB DIVISION

OCTOBER 20, 2016

**TO: JAMES D. NICE
CHIEF OF POLICE**

RE: Findings and Recommendations of Firearms Review Board in the case of Officer [REDACTED] I.D. # [REDACTED]. This incident occurred on October 8, 2016 at 208 W. Waterloo Road.

Sir:

The Firearms Review Board met regarding the circumstances surrounding the shot fired by Officer [REDACTED] I.D. # [REDACTED]. Officer [REDACTED] fired one (1) shot from a Glock 17/GEN 4/9mm, shooting and killing an injured deer.

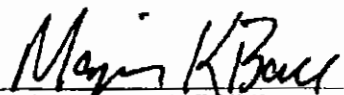
FINDINGS:

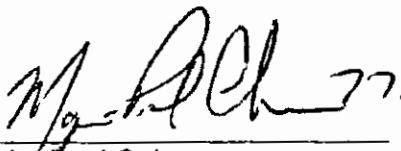
After careful review of the incident, it is our opinion that the actions of Officer [REDACTED] did not violate any Rule or Regulation of the Akron Police Department.

RECOMMENDATION:

It is the recommendation of the members of the Firearms Review Board that there is no basis for disciplinary action.

Respectfully,


Major Kenneth Ball II
Investigative Sub-Division


Major Paul Calvaruso
Uniform Sub-Division

DISCHARGE OF FIREARMS REPORT

OFFICER/ID#: [REDACTED]	NUMBER SHOTS FIRED: 1	DATE/TIME: 10/08/2016 12:14
SUB-DIVISION: Patrol Division	ON DUTY <input checked="" type="checkbox"/> OFF DUTY <input type="checkbox"/>	UNIFORM <input checked="" type="checkbox"/> PLAINCLOTHES <input type="checkbox"/>
GUN MAKE/MODEL/TYPER: Glock 17/GEN 4/9mm	SERIAL NUMBER [REDACTED]	
SUPERVISOR NOTIFIED: SGT C. Davis #961	DATE AND TIME: 10/08/2016 12:20	
LOCATION OF SHOOTING: 208 W Waterloo Rd	AUTHORIZED AMMO?: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DESCRIBE INCIDENT. BE SURE TO INCLUDE DIRECTION SHOTS FIRED AND OBJECTS HIT I was dispatched to 208 W Waterloo Rd (Millers Towing) reference an animal complaint. On scene, a deer was laying along the inside of the fence line, directing west of the lot. The deer appeared to have been hit by a car and his rear hind legs were mangled. The deer could not stand up. I discharged my duty pistol west bound, aiming at the deer's head.		
SIGNED: [REDACTED]		
DIAGRAM: [REDACTED] W)	SHOOTING IN ACCORDANCE W/RULES & REGULATIONS? WHICH SECTION APPLIES?	
W. Waterloo R.D.	<input type="checkbox"/> 300.03 <input checked="" type="checkbox"/> 300.06A <input type="checkbox"/> 300.06B <input type="checkbox"/> N/A	
	SHOOTING WAS: <input checked="" type="checkbox"/> INTENTIONAL	
	<input type="checkbox"/> UNINTENTIONAL FIRED AT: <input type="checkbox"/> HUMAN <input checked="" type="checkbox"/> ANIMAL <input type="checkbox"/> OTHER	
SUPERVISOR'S REVIEW: <u>JUSTIFY SHOOTING</u> - OR - RECOMMEND CORRECTIVE ACTION: THE DEER WAS BADLY INJURED AND POSED A RISK TO THE COMMUNITY. IT OBVIOUSLY WAS IN PAIN AND WAS GOING TO DIE. EUTHANIZING THE ANIMAL QUICKLY TO END IT'S SUFFERING WAS OPTIMAL.		
SIGNED: Sgt J. Davis #961		
SHIFT COMMANDER'S REVIEW: The only humane thing to do was to put the deer down. Off [REDACTED] discharged his firearm in a safe direction and killed the deer.		
SIGNED: [Signature] #835		

Chief's Office (Original)
Sub-Division Commander
Shift Commander

Major K. Bell
Page 1

see Officer Hankins' report (attached.)

DISCHARGE OF FIREARMS REPORT

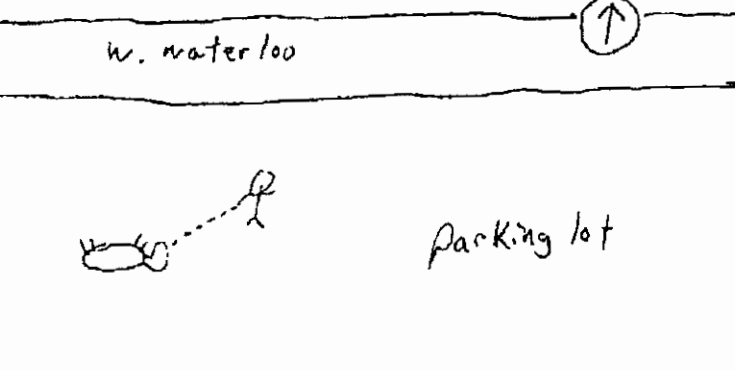
OFFICER/ID#: 1183	NUMBER SHOTS FIRED: 1	DATE/TIME: 10/8/16 1300
SUB-DIVISION: Patrol	ON DUTY <input checked="" type="checkbox"/> X OFF DUTY <input type="checkbox"/>	UNIFORM <input checked="" type="checkbox"/> X PLAINCLOTHES <input type="checkbox"/>
GUN MAKE/MODEL/TYPE: Mossberg 590	SERIAL NUMBER	

SUPERVISOR NOTIFIED: Sg. Goring	DATE AND TIME: 10/8/16 1300
LOCATION OF SHOOTING: 208 W. Waterloo	AUTHORIZED AMMO?: Yes <input checked="" type="checkbox"/> X No <input type="checkbox"/>

DESCRIBE INCIDENT. BE SURE TO INCLUDE DIRECTION SHOTS FIRED AND OBJECTS HIT
 A deer was injured after being struck by a car. The Radio room authorized officers to put the deer down. I was facing west, making sure the area was clear. My gun was pointed down approximately 45 degrees. I was approximately 5 feet away. One round went through the deer's left shoulder. The deer was then deceased.

SIGNED: *[Signature]* 1183

DIAGRAM OF SCENE (INDICATE NORTH WITH ARROW)



SHOOTING IN ACCORDANCE W/RULES & REGULATIONS? WHICH SECTION APPLIES?	
<input type="checkbox"/> 300.03	<input checked="" type="checkbox"/> X 300.06A
<input type="checkbox"/> 300.06B	<input type="checkbox"/> N/A
SHOOTING WAS:	<input checked="" type="checkbox"/> X INTENTIONAL
	<input type="checkbox"/> UNINTENTIONAL
FIRED AT:	<input type="checkbox"/> HUMAN
	<input checked="" type="checkbox"/> X ANIMAL
	<input type="checkbox"/> OTHER

SUPERVISOR'S REVIEW: JUSTIFY SHOOTING - OR - RECOMMEND CORRECTIVE ACTION:
 OFFICER HANKINS ASSISTED AFTER SEVERAL REQUESTS FOR A SHOTGUN OVER THE RADIO. CAR 17, [REDACTED] HAD DISCHARGED ONE 9MM ROUND INTO DEER'S HEAD BUT DEER CONTINUED TO STRUGGLE SUFFERING EVEN MORE. OFFICER HANKINS FOLLOWED TRAINING, RULES AND REGULATIONS BY PROPERLY DISCHARGING SHOTGUN TO DISPATCH ANIMAL. LT. ERWIN ON DUTY AT TIME.

SIGNED: *[Signature]* 757

SHIFT COMMANDER'S REVIEW:
 Officer Hankins discharged his shotgun in accordance to Rules, Regulations & Procedures.

SIGNED: *[Signature]* 769

Chief's Office (Original)
 Sub-Division Commander
 Shift Commander

[Signature] 771
[Signature] K. Bull

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

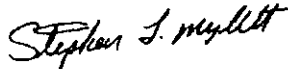
TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/19 TO 9/30/20		MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID 1830	[BUBBLES]															
	STD	EMPLOY PROBATION				SEASON TEMP	PROM TRANSFER		[BUBBLES]												
	INTERIM	45 DAY	90 DAY	180 DAY		270 DAY	45 DAY	90 DAY	FINAL	45 DAY	90 DAY	[BUBBLES]									
	6-MONTH	[]	[]	[]		[]	[]	[]	[]	[]	[]	[BUBBLES]									

ITEMS MO: [BUBBLES] FACTORS YR: [BUBBLES]

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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Ofc [REDACTED] handled 2,073 calls this period. He is highly motivated, handles his district, does proactive work when his district is clear, and is always the last officer in the station at the end of shift. He was commended by DB for finding multiple persons of reference a double homicide. His attention to detail and knowledge of his district later led him to arrest a suspect for other offenses that ended up giving a full confession to the double homicide. He volunteered to be and FTO this period. He has great relationships with his co-workers, supervisors, and the public.

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] EMPLOYEE ID #: [REDACTED] DATE: [REDACTED]

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: [REDACTED] DATE: [REDACTED]

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 10/1/20

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: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] EMPLOYEE ID #: 1380

SIGNATURE AND DATE: [Signature] DATE: 10-21-20

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 PERFORMANCE EVALUATION REPORT

CSC 1-00

CITY OF AKRON

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
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EVALUATION FROM 10/1/18 TO 3/31/19	MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/19
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PLEASE USE #2 PENCIL

E M P L O Y E E I D	TYPE OF EVALUATION	E V A L U A T O R I D	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
			0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8

ITEMS MO: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FACTORS YR: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																														
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Officer [REDACTED] is a highly active officer who answered 1022 calls for service with 300 of those being proactive stops. Officer [REDACTED] can be depended upon to answer his calls for service appropriately with professionalism and courtesy. Officer [REDACTED] was given a commendation for assisting Cuyahoga Falls Police. He aided DB in identifying a suspect in B&E of Dollar General. The Mayor's office received a letter of appreciation from a citizen for Officer [REDACTED] providing great customer service at the Civic Theater. The Chief recognized Officer [REDACTED] for this service. He had no call offs this grading period. Nothing to follow.

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] EVALUATOR 1 SIGNATURE	14158 EMPLOYEE ID #	4/19 DATE	[Signature] EVALUATOR 2 SIGNATURE	12061 EMPLOYEE ID #	4-16-19 DATE
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6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.	TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input type="checkbox"/> PROMOTION
[Signature] SIGNATURE OF REVIEWER	[Signature] SIGNATURE OF DEPARTMENT
11502 EMPLOYEE ID #	4/16/19 DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

[Signature] 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.
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[Signature] 5-1-19 DATE

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME: [REDACTED] DIVISION: Police Uniformed CLASS TITLE: Police Officer

EVALUATION FROM: 4/1/18 TO: 9/30/18 MERIT INCREASE DATE: 2/9/19 RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY: 10/31/18

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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
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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)

<p>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</p> <p><input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK</p>	<p>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</p> <p><input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION</p>	<p>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.</p>
<p><input checked="" type="checkbox"/> ACCURACY</p> <p><input checked="" type="checkbox"/> THOROUGHNESS</p> <p><input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT</p> <p><input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED</p> <p><input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE</p> <p><input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS</p> <p><input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE</p> <p><input checked="" type="checkbox"/> DILIGENCE, EFFORT</p> <p><input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES</p> <p><input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY</p> <p><input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION</p> <p><input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS</p> <p><input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING</p> <p><input type="checkbox"/> TRAINING & INSTRUCTING</p> <p><input type="checkbox"/> DISCIPLINARY CONTROL</p>	<p><input checked="" type="checkbox"/> JUDGEMENT</p> <p><input checked="" type="checkbox"/> WRITTEN EXPRESSION</p> <p><input checked="" type="checkbox"/> ORAL EXPRESSION</p> <p><input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT</p> <p><input type="checkbox"/> INITIATIVE</p> <p><input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL</p> <p><input type="checkbox"/> ORGANIZATION OF WORK</p> <p><input type="checkbox"/> CONDUCT WITH PUBLIC</p> <p><input type="checkbox"/> PERSONAL APPEARANCE & CARE</p> <p><input type="checkbox"/> EVALUATING PERFORMANCE</p> <p><input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP</p>	<p>60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING</p>
QUALITY OF WORK	EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
QUANTITY OF WORK	EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
ATTENDANCE	EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
WORK HABITS	EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
RELATIONSHIP WITH OTHERS	EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
SUPERVISORY SKILLS <small>(LEAVE BLANK IF NOT APPLICABLE)</small>	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.

Officer [REDACTED] is a very pro-active police officer on Platoon 1. He has handled 1,281 calls for service this grading period, 70 of which involved a gun. Officer [REDACTED] has done 90 reports and 48 FI cards this grading period. On September 3, he made a traffic stop on a vehicle which resulted in a gun being found search incident to tow, while doing an inventory of the motor. Officer [REDACTED] is always researching, trying to keep up with the problem areas in his districts and knowing who the known criminals are in the city of Akron. Officer [REDACTED] had one call off this grading period. *NOTHING TO FOLLOW - 1329 EFM*

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] EMPLOYEE ID #: 17478 DATE: 10/17/18

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 10-23-18

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11502 DATE: 10/24/18

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: 10-26-18

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] SIGNATURE

AND DATE: 10-26-18 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.

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/17 TO 3/31/18	MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/18

PLEASE USE #2 PENCIL

EMPLOYEE I.D.	TYPE OF EVALUATION				EVALUATOR 1 I.D.
	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	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

ITEMS MO: <input type="radio"/>	FACTORS YR: <input type="radio"/>
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
<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
<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	<input checked="" 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 <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP
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.	
QUALITY OF WORK EVALUATOR 1 EVALUATOR 2	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
ATTENDANCE EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
WORK HABITS EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	60 70 80 90 95
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.

Officer [REDACTED] is a very proactive officer who is highly knowledgeable about the problems that exist in his districts. For example, on one occasion Officer [REDACTED] identified known criminals and was able to prevent them from stealing cars in the Ellet area and on a second occasion he helped Auto Theft in identifying three criminals in a stolen credit card/auto theft case. Officer [REDACTED] answered 1099 calls for service, where 287 of them were self-initiated traffic stops or suspicious person stops, and completed 94 reports. Officer [REDACTED] continues to show a consistent presence in the high crime areas, such as 26 E. Tallmadge Ave, where the owner wrote a thank you letter for his hard work. Officer [REDACTED] did not have any call offs.

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] 11/58 EMPLOYEE ID # [REDACTED] DATE: 4-17-18 EVALUATOR 2 SIGNATURE: [Signature] 12061 EMPLOYEE ID # [REDACTED] DATE: 4-17-18

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

SIGNATURE OF REVIEWER: [Signature] 11/58 EMPLOYEE ID # [REDACTED] DATE: 4/17/18

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [REDACTED]

7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] 1033/11/58 4/21/18 AND DATE: [REDACTED]

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 NAME

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC 1-0

DIVISION
Police Uniformed

CLASS TITLE
Police Officer

EVALUATION FROM **4/1/17** TO **9/30/17**

MERIT INCREASE DATE **2/9/18**

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY **10/31/17**

EMPLOYEE ID

TYPE OF EVALUATION				
STD	EMPLOY PROBATION		SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY	90 DAY	45 DAY	45 DAY
6-MONTH	180 DAY	270 DAY	80 DAY	90 DAY
			FINAL	

EVALUATOR ID

PLEASE USE #2 PENCIL

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2																							
3																							
4																							
5																							
6																							
7																							
8																							

ITEMS MO: 00000000000000000000		FACTORS YR: 00000000000000000000				
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				
<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		<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" 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 <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP				
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				
QUALITY OF WORK EVALUATOR 1 EVALUATOR 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE EVALUATOR 1 EVALUATOR 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS EVALUATOR 1 EVALUATOR 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Officer [redacted] is a very enthusiastic officer who is a self-starter and highly proactive. Officer [redacted] is assigned as a fill officer for the east side jump car. Even though Officer [redacted] is not assigned to a steady district he is always aware of the problem areas in each district and takes action to resolve the problems. Officer [redacted] answered 1311 calls for service including 212 self-initiated suspicious person stops and 200 traffic stops. One of Officer [redacted] traffic stops started as a vehicle pursuit where the suspect was later apprehended and found to be a homicide suspect. Officer [redacted] displays a positive attitude towards his job and is always eager to learn more. Officer White did not have any call offs during this grading period.

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] EMPLOYEE ID #: 1158 DATE: 10/21/17
EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 10/21/17

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11509 DATE: 11/5/17

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: [Blank]

7. REPORT DISCUSSION 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.

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 10/23/17

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
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EVALUATION FROM 10/1/18 TO 3/31/17	MERIT INCREASE DATE 2/5/18	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/17
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EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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	

PLEASE USE #2 PENCIL

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3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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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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.

Officer [REDACTED] did an outstanding job conducting himself internally with regards to supervision and colleagues, and exceeds the standard in personal appearance and self-care. He called off only once, and has continued his reputation for embracing the proactive style of policing as evidenced by handling 1,358 total calls including 136 Sig-9 stops and 209 Sig-39s. His work habits were downgraded from being disciplined for violating procedure during a chase and for missing court appearances.

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] EMPLOYEE ID #: 17665 DATE: 4/12/2017

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 110211257 DATE: 4/12/17

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 5-1-17

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] 7/13/17 5/2/17

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 PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/16 TO 9/30/16	MERIT INCREASE DATE 2/9/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/16

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	FACTORS YR: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
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
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<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	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.	

Officer [REDACTED] has done well this evaluation period. He and his partner are very proactive officers evidenced by the 208 traffic stops, 125 "9" stops, 28 Park and Walks, and 51 CIP's. Officer [REDACTED] went to and successfully completed training for "Non-Lethal Weapons Instructor" at the National Guard, including TASER Instructor. He had an accident in a cruiser that was preventable. Officer [REDACTED] did not call off this evaluation period. OFFICER [REDACTED] IS RECALLED IN ENTIRE OFFICE.

HE DOES NOT CALL OFF THIS PERIOD

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] 1138 DATE: 10-25-16 EVALUATOR 2 SIGNATURE: [Signature] 10620 DATE: 10-25-16
6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.	TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON <input type="checkbox"/> ORIGINAL APPOINTMENT <input checked="" type="checkbox"/> PROMOTION
SIGNATURE OF REVIEWER: [Signature] 771 EMPLOYEE ID #: 771 DATE: 10/26/16	SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [REDACTED]
7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE: [Signature] 1145 AND DATE: [REDACTED]	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 PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME: [REDACTED] DIVISION: Police Uniformed CLASS TITLE: Police Officer

EVALUATION FROM: 10/1/15 TO 3/31/16 MERIT INCREASE DATE: 2/9/17 RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY: 4/30/16

EMPLOYEE ID: [REDACTED] TYPE OF EVALUATION: STD, EMPLOY PROBATION, SEASON TEMP, PROM TRANSFER. EVALUATOR 1 ID: [REDACTED]

ITEMS MO: [] FACTORS YR: []

1. MARK PERFORMANCE... 2. LINE OUT ITEMS... 3. EVALUATE PERFORMANCE BY... 60 = UNSATISFACTORY, 70 = IMPROVEMENT NEEDED, 80 = SATISFACTORY, 90 = VERY GOOD, 95 = OUTSTANDING. Includes categories like Quality of Work, Attendance, Work Habits, etc.

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.

Officer [REDACTED] is assigned to very busy districts; working both North Hill and the east side of the city. He is progressing as a young officer is expected to be. He answers a high volume of calls both dispatched and self-initiated. Officer [REDACTED] had no call-offs during this grading period.

5. SIGNATURE OF EVALUATOR: [Signature] 10791 4/16/16 [Signature] 10449 4/17/2016

6. REVIEWER: [Signature] 771 4-27-16 TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD...

7. REPORT DISCUSSION: REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] 4/27/16

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 2/9/15 TO 11/5/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/5/15

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

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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.

Off. [REDACTED] HAS SATISFACTORILY COMPLETED HIS PROBATIONARY PERIOD. HE HAS NOT CALLED OFF.

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] EMPLOYEE ID #: 10449 DATE: 11/4/2015
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12672 DATE: 11-5-15

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 11-5-15

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: [Blank]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 11/8/2015

SIGNATURE AND DATE: [Signature] #1062

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.

[REDACTED] DATE: [Blank]

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 2/9/15 TO 5/9/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 6/9/15

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]

TYPE OF EVALUATION			
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
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EVALUATOR ID [REDACTED]

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ITEMS MO: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FACTORS YR: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																											
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SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																							
<p><input checked="" type="checkbox"/> ACCURACY</p> <p><input checked="" type="checkbox"/> THOROUGHNESS</p> <p><input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT</p>	<p><input checked="" type="checkbox"/> JUDGEMENT</p> <p><input checked="" type="checkbox"/> WRITTEN EXPRESSION</p> <p><input checked="" type="checkbox"/> ORAL EXPRESSION</p>																																											
<p><input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED</p> <p><input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE</p>	<p><input type="checkbox"/> ADHERENCE TO WORKING HOURS</p> <p><input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE</p>	<p><input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT</p>																																										
<p><input checked="" type="checkbox"/> DILIGENCE, EFFORT</p> <p><input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES</p> <p><input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY</p> <p><input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION</p> <p><input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS</p>	<p><input checked="" type="checkbox"/> INITIATIVE</p> <p><input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL</p> <p><input checked="" type="checkbox"/> ORGANIZATION OF WORK</p>																																											
<p><input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING</p> <p><input type="checkbox"/> TRAINING & INSTRUCTING</p> <p><input type="checkbox"/> DISCIPLINARY CONTROL</p>	<p><input type="checkbox"/> EVALUATING PERFORMANCE</p> <p><input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP</p>																																											

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.

OFFICER [REDACTED] IS PROGRESSING WELL TO THIS POINT IN HIS PROBATIONARY PERIOD. HE HAD NO CALLOFFS DURING THIS TIME.

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] EMPLOYEE ID #: 12061 DATE: 5-9-15

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 835/12672 DATE: 5-20-15

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 5-21-15

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 AUTHORITY: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE: [Signature] AND DATE: 6-7-15

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.

DATE: 6/7/15

CITY OF AKRON, OHIO

DEPARTMENT

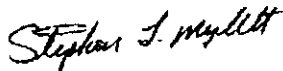
POLICE

TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: January 4, 2022

Effective January 4, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.



Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

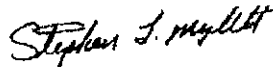
TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

EMPLOYEE ACKNOWLEDGMENT

This procedure may be amended or revised as the need arises. Users will be provided with copies of amendments and revisions.

This policy is not intended to, and does not grant, any contractual rights.

I have read the above policy on the use of computer resources and agree to abide by it. I understand that violation of any of the above policies may result in disciplinary actions.

I have read the City of Akron Safety Division Computer Network's computer resources procedure. I am fully aware of the policies and agree to abide by those policies.

[Redacted Signature]

[Redacted ID No.]

I.D. No.

17-Feb-2015
Date

BOWLING, BROTHERHOOD AT PJ&E EVENT AT STONEHEDGE

Normally, on a warm weekend evening in May, time is spent at the baseball field or the backyard barbeque. But for over 130 Akron residents and a dozen Akron Police Department representatives, it was bowling that provided the backdrop for an evening of fun and fellowship.

The unique event was part of the Peace, Justice & Equality Committee's ongoing mission to bring together the community's youth and law enforcement members at a facility where they can share common ground and hopefully, from that experience, foster understanding. On May 15th, Stonehedge Entertainment Center on Akron's North Hill offered that site.

"In September of last year, we held a basketball event at East Community Learning Center," said Keysha Myers, who co-chairs the PJ&E Committee with Ken Jones. "The event was a success. We drew over 200 people, but we looked for a way for everyone to participate and bowling seemed to provide that opportunity."

The PJ&E Committee found a willing partner at Stonehedge. The venue offered 20 lanes of open bowling for three hours and the PJ&E Committee set about the task of getting out the word. The committee cobbled together a list of 40 names of youth who contacted the committee to indicate they would attend. Not bad. Myers and committee member Brittany Neal pitched the idea to local law enforcement. Then, the night of the event, 6pm rolled around, and a crowd began to roll in, and they kept coming. By the time everyone checked in, signed the PJ&E Peace Pledge, got their bowling shoes and found a suitable bowling ball, over 100 kids hit the lanes. For many of the younger ones, it was their first time bowling. It didn't matter. Nor did their score. They were having a ball, no pun intended.



Akron Police Department Det. Gary Shadie provides some instruction.



Akron Police Lt. Roger Erwin awards his trophy for high score to 11 year old Reggie Boyer, who rolled a 148.

So were the police officers. Capt. Sylvia Trundle moved to different lanes to interact with the kids. Detective Gary Shadie provided lessons and a lot of encouragement for the little ones trying to heave the ball down the lane. Prizes were given out if bowlers knocked down a certain amount of pins. During the 7pm hour, the bowler with the highest score received an actual bowling pin with the PJ&E logo applied to it.

The high score was rolled by Lieutenant Roger Erwin with an impressive game of 232. He immediately awarded the prize to 11-year old Reggie Boyer, who was pretty impressive himself, rolling a 148.

An announcement was made explaining what just happened: "That's what this event is about, that gesture by Roger Erwin." The rest of the assembled bowlers agreed, stopping their own activity to acknowledge Lt. Erwin and Reggie and giving them a round of applause.

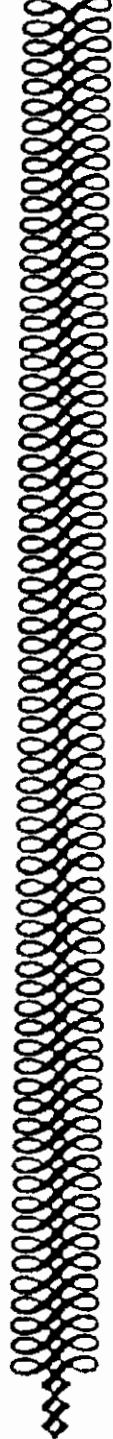
Joining Lt. Erwin, Det. Shadie and Capt. Trundle were the following Akron Police Department officers: Ofc. Paul Barnes, Ofc. Rodney Brock, Det. Clay Cozart, Ofc. James Conley, Ofc. Michael Gould, Sgt. Brian Harding, Ofc. Michael Kulick, Det. Tony Sutton and [REDACTED]

"Words can't describe how grateful we are to the police officers who took time out of their schedules to contribute to the success of this event," said Myers. "Their presence made all the difference."



Capt. Sylvia Trundle with some of the youngest bowlers who were at the PJ&E bowling event.

Making a difference is the goal of the Peace, Justice & Equality Committee. To learn more about PJ&E, you are encouraged to contact committee representatives at PJE@cpcourt.summitoh.net or go to the PJ&E Facebook page at www.facebook.com/peacejusticeequality.



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 27TH DAY OF MARCH, 2015.


DONALD L. PLUSQUELLIC, MAYOR

*Gary's appointment with the Akron Police Department began on 02/09/2015 but he was not sworn in as a police officer until 03/27/2015.



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

1. Within ten days of the appointment or status change, 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.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) (First) (Middle)	2. Social Security Number
3. Alias (Last) (First) (Middle)		N/A	
4. Birth date (mm/dd/yyyy)	5. Email Address	6. Phone Number	
	N/A		
7. Home Mailing Address (#/Street/PO Box)		(City)	(State) (Zip Code) (County Name)
		Warren	OH 44485 Trumbull
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)			
(Only complete if this is the officer's first appointment or OSP) Kent State University Police Academy BAS-14-085		09/08/2014-01/17/2015	

AGENCY INFORMATION		9. Agency Name	
		Akron Police Department	
10. Agency Email Address		11. Agency Phone Number	
MLong@akronohio.gov (contact person)		330-375-2244	
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code) (County Name)
217 South High Street		Akron	44308 Summit


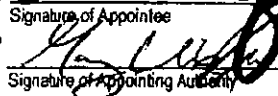
APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
		*03/27/2015	/ /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
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)	

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority	18. Name and Title	19. Date	
<i>James D. Nice</i>	James D. Nice, Chief of Police	03/27/2015	
NOTARY			
Sworn to and subscribed before me this <u>27th</u> day of <u>March</u> , 20 <u>15</u> in the county of <u>Summit</u> , Ohio.			
<i>Martene E. Long</i> Signature of Notary		My commission expires <u>April 18, 2017</u>	

Officer Name (Last) (First) (Middle) Social Security Number

20. 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

Donald L. Plusquellic
 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.

21. Appointed By (Agency Name and County): Akron Police Department Summit	22. From(mm/dd/yyyy): *03 / 27 / 2014	To(mm/dd/yyyy): / /
23. 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		

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		



This is to certify that



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

Companion Animal Encounters

Completed on: 11/23/2016 10:50:42 PM

This is to Certify that

OFFICER [REDACTED]

Has Successfully Completed the 14 Hour Course of Instruction
Attended from 4/18/2016 to 4/19/2016

2016 In-Service

Constitutional Use of Force, Defensive Tactics, Body Worn Cameras, Nuisance Calls, Human Trafficking, Heroin Investigations, Drug Enforcement Issues & Techniques, De-Escalation, Mobile Field Force



James D. Nice

James D. Nice
Chief of Police

Lt. Michael Yohe

Lt. Michael Yohe
Director of Training

--
Instructor

This is to Certify that

OFFICER [REDACTED]

Has Successfully Completed the 14 Hour Course of Instruction
Attended from 10/12/2015 to 10/13/2015

2015 In-Service

Vicarious Trauma, Critical Incident Response, Range Do's & Don'ts, CCW/Language Line/Ease@Work, Procedural Justice, Rules & Regulations Update, CPR & AED, Domestic Violence, Use of Force, Defensive Tactics



James D. Nice

James D. Nice
Chief of Police

Sgt. Jeff R. Mullins

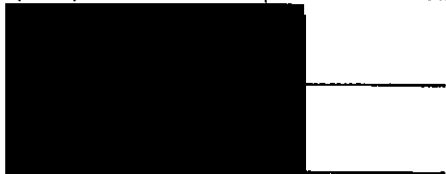
Sgt. Jeff R. Mullins
Director of Training

--
Instructor

[print this page](#)
[close this window to return](#)

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

I acknowledge that on Friday, March 06, 2015, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.



Please print your name

POLICE OFFICERS

Title

PUBLIC SAFETY / POLICE

Department/Division

6 March 2015

Date



Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



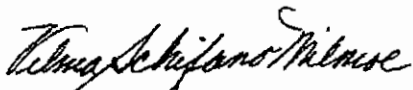
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.LEb

**Introduction to the Incident Command System
(ICS 100) for Law Enforcement**

Issued this 18th Day of March, 2011




Vilma Schifano Milmo
Superintendent (Acting)
Emergency Management Institute

0.3 IACET CEU

EXHIBIT K1 58

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



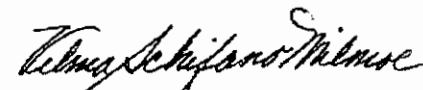
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200.b

**ICS for Single Resources and
Initial Action Incident, ICS-200**

Issued this 7th Day of March, 2011




Vilmra Schifano Milmo
Superintendent (Acting)
Emergency Management Institute

0.3 IACET CEU

EXHIBIT K1 59

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

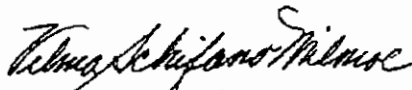
IS-00700.a

National Incident Management System (NIMS)

An Introduction

Issued this 7th Day of March, 2011




Vilma Schifano Milmo
Superintendent (Acting)
Emergency Management Institute

0.3 IACET CEU

EXHIBIT K1 60

AKRON POLICE DEPARTMENT

SPECIAL WEAPONS AND TACTICS

This certificate is awarded to:

Officer [REDACTED]

for successful completion of the

Akron Police Department's 40 Hour SWAT Basic Course

1975

MAY 17TH - 18TH, 2021

Capt. Michael Yohe

**CAPT. MICHAEL YOHE
SWAT COMMANDER**



**COMMAND
PRESENCE**

TRANSFORMING GOOD OFFICERS INTO GREAT ONES

Certificate of Training

Presented to

For successfully completing

**Leading Without Rank: Leadership for the Line Officer
8 Hrs**

Completed on August 4, 2021

**John Bostain
President**

**Michael Warren
Director of Training**

12/9



HIRE/PERSONNEL ACTION FORM

[Redacted]

Employee Information

Employee: [Redacted]
 Address 1: [Redacted]
 Address 2:
 City: Akron State: Ohio Zip: 44312
 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:: Gerald 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: 00001349

SSN (DEPARTMENT OF HR USE ONLY):

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000-130100

Approvers		
Division Manager	BALL II, KENNETH	10/29/19 02:23 PM
Mayor	Akron, Mayor	10/29/19 04:42 PM

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

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

akron

State

OH

Zip Code

44312

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

akron

State

OH

Zip Code

44312

Relationship to Employee:

Domestic Partner

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

10/21/2019

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

*ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER
FOR THE POSITION OF POLICE OFFICER*


Do not resign from your current job in anticipation of employment

I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

1. I must meet and maintain the requirements of a background investigation, including a criminal background check;
2. Physical fitness testing;
3. A complete medical examination;
4. A psychological evaluation;
5. Drug screening;
6. That a budgeted position for Police Officer is available;
7. That funding is dedicated to fill the vacant position at the time I am hired;
8. If conditions one through seven are met, I understand that I must also become certified through the Ohio Peace Officer Training Commission ("OPOTC"). If required by the City, I will attend and must successfully complete a Peace Officer Basic Training Academy, which academy may be selected by the City of Akron. OPOTA curriculum and training requirements are subject to change; however it usually includes passing physical fitness requirements, skill assessments and a written examination, and completing a required amount of hours of training. If I am currently certified by OPOTC, I must maintain my certification. I also understand that I must attend and successfully complete any additional training that may be required by the City of Akron.

OPOTA training and certification process must be successfully completed by or before June 20th 2020.

I understand that this offer is conditional subject to all the requirements listed above being met. This offer may be withdrawn if any of the conditions listed above are not satisfied or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of hiring, which includes, but is not limited to, a valid Ohio driver's license, no felony convictions, and no restrictions on my ability to carry and use a firearm.

Applicant's Initials: 

I understand that this is not a guarantee of employment. I understand that if I am sworn in to the position of Police Officer, I will be subject to a probationary period as required by the City of Akron and subject to all rules, policies and procedures of the City of Akron related to the probationary period and otherwise.

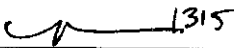
I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.

I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein and a separate agreement regarding the property and equipment issued to me by the City of Akron.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT IF THE CONDITIONS OF THIS JOB OFFER ARE MET, MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD UPON BEING SWORN AS A POLICE OFFICER.

Sgt Nate Milstead #1315
Akron Police Department Witness (Print)


Applicant (Print)

 1315
Witness (Signature)


Applicant (Signature)


Address

Akron, OH 44312

Date: 09-10-2019

AGREEMENT

I, [REDACTED], am scheduled to be enrolled in an Ohio Peace Officer training academy starting Nov. / Dec. 2019 to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training.

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.

[REDACTED]
Applicant (Print)

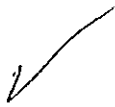
[REDACTED]
Signature

09-10-2019
Date

Sgt. Nate Milstead 1315
Witness (Print)

[Signature] 1315
Witness (Signature/Date)

[print this page](#)
[close this window to return](#)



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

I acknowledge that on Friday, January 10, 2020, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

[Redacted Signature]

Signature

[Redacted Name]

Please print your name

Police Recruit

Title

Uniformed Division

Department/Division

01-10-2020

Date

2020 JAN 22 PM 3: 24

[Redacted Footer]

[print this page](#)
[close this window to return](#)

TRAINING EVALUATION
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING

Your assessment of this program can help us improve future computer-based training courses. Please express your candid opinions by rating each item with the answer that best describes your reaction. Upon completion, return evaluation to Myra Snipes, Training/EEO Division, Suite 100 - CitiCenter.

1. The computer based Training course I am evaluating is
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
2. Before taking this computer-based training (CBT) course, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
3. Approximately, how long did it take you to complete the CBT course?
 Less than 30 minutes
 30 - 55 minutes
 1 - 2 hours
 3 - 4 hours
4. The quality of sound is
 Excellent
 Good
 Average
 Below average
5. After taking this computer-based training, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
6. The computer-based training course is
 Very user-friendly
 Moderately user-friendly
 Not very user-friendly
 No opinion

Additional Comments:



Fraternal Order of Police, Akron Lodge #7
217 S. High Street, Suite 404
Akron, Ohio 44308

Union Dues Election Form

Election to Enroll in Employer Dues Deductions

As a member of the Fraternal Order of Police, Akron Lodge #7, I hereby "Voluntarily" agree to have my union dues withheld from my weekly pay benefits by the City of Akron.

[Redacted]

[Redacted]

Printed Name

[Redacted]

Payroll ID Number

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/07/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
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

PLEASE USE #2 PENCIL

EVALUATOR ID	1	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
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ITEMS MO: [REDACTED]	FACTORS YR: [REDACTED]																																																																																				
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RECRUIT [REDACTED] IS PERFORMING AS EXPECTED ^{OF} 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] EMPLOYEE ID #: 10791 DATE: 3/12/20
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 3/11/20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 3/12/2020

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: 3/13/20

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: [Signature] AND DATE: 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.

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/9/19 TO 04/30/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 05/31/20

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
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

PLEASE USE #2 PENCIL

EVALUATOR 1 ID
[REDACTED]

ITEMS MO: [REDACTED]	FACTORS YR: [REDACTED]																																								
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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] EMPLOYEE ID #: 10791 DATE: 5/20/20
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 5/20/20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 6/30/2020

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [REDACTED]

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

PERSONNEL COPY

EXHIBIT K2 12

RE AND DATE: 05-21-20

CITY OF AKRON
EMPLOYEE RECORDS

31228 JUN 22 PM 2: 37

CITY OF AKRON
EMPLOYEE RECORDS

31228 JUN 22 PM 2: 50



EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM 08-29-20 TO 11-4-20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
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

PLEASE USE #2 PENCIL

EVALUATOR ID
[REDACTED]

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																																																
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Progressing as expected.

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 SIGNATURE: [Signature] EMPLOYEE ID #: 139718647 DATE: 12/5/20 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 12-6-20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 10/10/20

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: [Blank]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE: [Signature] AND DATE: 5/21/20 1380

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: [Signature] 1506 12/13/20

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

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
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

PLEASE USE #2 PENCIL

EVALUATOR ID	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	32	33	34	35	36	37	38	39	40
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

ITEMS	MO:	FACTORS	YR:						
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	60	70	80	90	95
<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	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <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 <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" 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 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 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.

OFC [REDACTED] is progressing as expected and is eager to continue learning. OFC [REDACTED] had 2 call offs this period. 5/29/20

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] EMPLOYEE ID #: 118530 DATE: 6/10/21
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 101806 DATE: 6/10/21

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 118502 DATE: 6/10/21

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 6/10/21

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE: [Signature] AND DATE: 5/27/21

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.

EMPLOYEE RECORDS

9/21 JUL 13 AM 10:39



AKRON POLICE DEPARTMENT

Harold K. Stubbs Justice Center
217 South High Street
Akron, Ohio 44308-1682

Stephen L. Mylett, *Chief of Police*

CITY OF AKRON, OHIO

TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: FEBRUARY 22, 2022

Effective February 22, 2022, you are hereby placed on Administrative Leave with pay per procedure following a critical incident.

Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

www.akroncops.org
Fax: (330) 375-2135 Phone: (330) 375-2244
Address all correspondence to the Chief of Police



EXHIBIT K2 17



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]

SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 07/21/2014

Appointed: 07/21/2014 OPOTC: 07/21/2014 Sworn In: 07/17/2014 Separation: [REDACTED]

PROMOTIONS

Sgt: 11/17/2020

NOTES

[REDACTED]

ASSIGNMENTS

01-22-2021 UNIFORM, PLATOON 1 10:30PM-7AM
 06-04-2018 UNIFORM, PLATOON 1 10:30PM-7AM
 03-30-2015 UNIFORM, PLATOON 3 2:30PM-11PM
 09-08-2014 UNIFORM, PLATOON 5 11AM-7:30PM
 07-21-2014 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

10-24-2021 IS-00800.D NATIONAL RESPONSE FRAMEWORK, AN INTRODUCTION
 02-15-2019 ELECTRONIC CONTROL DEVICE USER
 10-18-2018 LEGAL UPDATES
 10-18-2018 BODY WORN CAMERAS BWC
 10-18-2018 IMPROVING PERFORMANCE THROUGH ANALYSIS
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 11-02-2017 CPR/FIRST AID KIT/NARCAN
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 10-03-2017 PRACTICAL APPLICATIONS OF FORCE
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AKRON POLICE DEPARTMENT

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10-31-2016	DRIVING
10-31-2016	CSU
10-31-2016	LEGAL UPDATES
10-31-2016	COUNTER AMBUSH
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10-12-2015	CPR & AED
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10-12-2015	USE OF FORCE - PROCEDURE REVIEW
10-12-2015	USE OF FORCE - INCIDENT ANALYSES
10-12-2015	DEFENSIVE TACTICS
12-12-2014	MOBILE FIELD FORCE
09-16-2014	FINDING WORDS
07-21-2014	RECRUIT SCHOOL/POLICE ACADEMY - FAST TRACK ACADEMY SESSION
02-03-2014	PEACE OFFICER BASIC TRAINING PROGRAM

COMPLAINTS

COMPLAINT#: 17-C-052

DATE: 7/20/2017

COMPLAINANT(S):

WELCH, SANITHIA K.

1377 MASSILLON DR. AKRON, OH 44306

3304694316

COMPLAINT(S):

1. OFFICER WAS RUDE AND NASTY TOWARD COMPLAINANT; AND IS THEREFORE A DANGER TO THE COMMUNITY



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

Found UNFOUNDED on 9/12/2017

2. OFFICER REFUSED TO LOOK AT WITNESS VIDEO AND PHOTOGRAPH AS EVIDENCE

Found EXONERATED on 9/12/2017

3. OFFICER LIED ABOUT STATEMENTS MADE BY THE COMPLAINANT'S SON

Found UNSUBSTANTIATED on 9/12/2017

COMPLAINT#: 16-C-017 **DATE:** 3/15/2016

COMPLAINANT(S):

PETO, CATHERINE L. 859 CLIFFORD AVE. AKRON, OH 44306

COMPLAINT(S):

1. OFFICERS IMPROPERLY HANDLED COMPLAINANT'S CALL FOR SERVICE, REFERRED HER TO THE PROSECUTOR'S OFFICE AND FAILED TO MAKE AN ARREST

Found WITHDRAWN on 4/22/2016

COMPLAINT#: 15-C-091 **DATE:** 9/21/2015

COMPLAINANT(S):

RIDDICK, CHRISTINE 569 MULL AVE. AKRON, OH 44313 3305249162

COMPLAINT(S):

1. OFFICERS YELLED AT COMPLAINANT AND WERE DISRESPECTFUL TOWARD HER

Found EXONERATED on 9/15/2015

COMPLAINT#: 15-C-099 **DATE:** 8/22/2015

COMPLAINANT(S):

HUMPHREY, ROY A. 1296 HARMON AVE. AKRON, OH 44307 3303792112

COMPLAINT(S):

1. OFFICER WAS ABRASIVE AND RUDE TOWARD COMPLAINANT AND FAILED TO BE CORDIAL

Found UNFOUNDED on 9/18/2015

2. OFFICERS CITED COMPLAINANT FOR NOT HAVING A FRONT BRACKET

Found ADJUDICATED IN COURT on 9/18/2015

3. OFFICER WROTE COMPLAINANT A CITATION BECAUSE HE ASKED FOR HIS NAME

Found EXONERATED on 9/18/2015

COMPLAINT#: 15-C-019 **DATE:** 2/25/2015

COMPLAINANT(S):

RUMPH, ANTHONY D. 20641 BOWLING GREEN RD. MAPLE HEIGH

COMPLAINT(S):

1. OFFICERS USED RACIAL BIAS AGAINST COMPLAINANT TO HARRASS HIM, PULL HIM OVER AND ISSUE HIM A CITATION

Found EXONERATED on 4/1/2015

DISCIPLINES

FILE REVIEWS



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

SHOTS FIRED

AWARDS

SPECIAL UNITS



AKRON POLICE DEPARTMENT

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3304694316

COMPLAINT(S):

1. OFFICER WAS RUDE AND NASTY TOWARD COMPLAINANT; AND IS THEREFORE A DANGER TO THE COMMUNITY



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

Found UNFOUNDED on 9/12/2017

2. OFFICER REFUSED TO LOOK AT WITNESS VIDEO AND PHOTOGRAPH AS EVIDENCE

Found EXONERATED on 9/12/2017

3. OFFICER LIED ABOUT STATEMENTS MADE BY THE COMPLAINANT'S SON

Found UNSUBSTANTIATED on 9/12/2017

COMPLAINT#: 16-C-017 **DATE:** 3/15/2016

COMPLAINANT(S):

PETO, CATHERINE L. 859 CLIFFORD AVE. AKRON, OH 44306

COMPLAINT(S):

1. OFFICERS IMPROPERLY HANDLED COMPLAINANT'S CALL FOR SERVICE, REFERRED HER TO THE PROSECUTOR'S OFFICE AND FAILED TO MAKE AN ARREST

Found WITHDRAWN on 4/22/2016

COMPLAINT#: 15-C-091 **DATE:** 9/21/2015

COMPLAINANT(S):

RIDDICK, CHRISTINE 569 MULL AVE. AKRON, OH 44313 3305249162

COMPLAINT(S):

1. OFFICERS YELLED AT COMPLAINANT AND WERE DISRESPECTFUL TOWARD HER

Found EXONERATED on 9/15/2015

COMPLAINT#: 15-C-099 **DATE:** 8/22/2015

COMPLAINANT(S):

HUMPHREY, ROY A. 1296 HARMON AVE. AKRON, OH 44307 3303792112

COMPLAINT(S):

1. OFFICER WAS ABRASIVE AND RUDE TOWARD COMPLAINANT AND FAILED TO BE CORDIAL

Found UNFOUNDED on 9/18/2015

2. OFFICERS CITED COMPLAINANT FOR NOT HAVING A FRONT BRACKET

Found ADJUDICATED IN COURT on 9/18/2015

3. OFFICER WROTE COMPLAINANT A CITATION BECAUSE HE ASKED FOR HIS NAME

Found EXONERATED on 9/18/2015

COMPLAINT#: 15-C-019 **DATE:** 2/25/2015

COMPLAINANT(S):

RUMPH, ANTHONY D. 20641 BOWLING GREEN RD. MAPLE HEIGH

COMPLAINT(S):

1. OFFICERS USED RACIAL BIAS AGAINST COMPLAINANT TO HARRASS HIM, PULL HIM OVER AND ISSUE HIM A CITATION

Found EXONERATED on 4/1/2015

DISCIPLINES

FILE REVIEWS



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

SHOTS FIRED

AWARDS

SPECIAL UNITS

2/9



HIRE/PERSONNEL ACTION FORM

18822

LP

Employee Information

Employee: [REDACTED]
 Address 1: [REDACTED]
 Address 2:
 City: Warren State: Ohio Zip: 44485
 Phone: [REDACTED]

Hire Information

Person ID: [REDACTED]
 Job Class #: 510S Job Class: Police Officer
 Hire Date: 02/09/15 Pay Rate: \$0.00
 Department: Public Safety Department
 Division: Police Uniformed Division - 751
 Hire Req. #: 2013-00242 Job Term: Permanent

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

Employee ID: [REDACTED]
 Pay Grade and Step: 86-1
 Appointment Actions: Employment
 Change Actions:
 Appointment Code: Permanent Full-Time
 Probation New
 Status Code: Active
 List Code: Open
 Position Number: 00001570
 SSN (PERSONNEL DEPARTMENT USE ONLY): [REDACTED]

90 5-9-15
EXHIBIT K5.1

Marital Status (PERSONNEL DEPARTMENT USE ONLY):

Single

Comments: 10000-130100

Approvers

Division Manager	Nice, James	02/02/15 01:04 PM
Mayor	Plusquellic, Mayor	02/03/15 09:29 AM

Printed on February 06, 2015

EMPLOYEE ID NO.

SETUP & CHANGE PERSONAL INFORMATION

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	CANTON, OH	44706

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes No	CELL [REDACTED] HOME: [REDACTED]	1. Single 2. Married 3. Separated 4. Divorced 5. Widowed	[REDACTED]	MALE FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College E-Technical School	F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
WALTON, OH	[REDACTED]	1 Spouse 2 Child	3 Parent 4 Guardian 5 Other

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 16 JULY 2014

2013-O-2-510 - Police Officer

Contact Information -- Person ID: [REDACTED]

Name: [REDACTED] Address: [REDACTED] CANTON, Ohio 44706 US
 Home Phone: [REDACTED] Alternate Phone:
 Email: [REDACTED] Notification Preference: Email
 Former Last Name: [REDACTED] Month and Day of Birth:

Personal Information

Driver's License: Yes, Ohio [REDACTED], Class D
 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

Objective

My objectives are to one day become a sucessfull Police Officer, that is both firm and fair, and does not discriminate against any citizen. My objective is to fulfill my passion to help others in need of a Police Officer, and everything in my power to provide a great and honorable service to citizens that I may come across.

Education

High School Did you graduate: Yes
 Warren G Harding HS Degree Received: High School Diploma
 8/2004 - 6/2008
 Warren, Ohio

Work Experience

HRF Logistic and Supply Hours worked per week: 40
 10/2011 - Present Monthly Salary: \$33,000.00
 Name of Supervisor: SFC Troy P. Cihan - Readiness
 Army National Guard 583rd Military Police NCO
 Company May we contact this employer? Yes
 5990 West Airport Dr
 Canton, Ohio 44720
 (614) 336-6738

Duties

Serve as a first responder and responded to chemical and biological, terrorist, domestic, or natural disaster. Serve as a security force and provide security at incident site for teams such as Decon and Search RECON while they perform their own mission.

Military Police Officer

11/2008 - Present Hours worked per week: 40
 Monthly Salary: \$33,000.00
 Name of Supervisor: SFC Troy P. Cihan - Readiness
 583rd Military Police Company NCO
 5990 West Airport Dr May we contact this employer? Yes
 Canton, Ohio 44720
 (314) 336-6817

Duties

Uphold the code of the UCMJ. To assist protect and defend this nation when called to respond.

Intelligence Analyst

7/2011 - 10/2011

Counter Drug Task Force
 984 Keynote Circle
 Brooklyn Heights, Ohio 44131-1828
 (216) 739-3019

Hours worked per week: 40
 Monthly Salary: \$33,000.00
 # of Employees Supervised: 3
 Name of Supervisor: SSG Lauren C. Pirchner - Team Leader
 May we contact this employer? Yes

Duties

Provide analytical support to federal and local law enforcement and drug agencies using systems such as BCI, Lexis-Nexis, I2 etc.

Reason for Leaving

Budget Cuts

Certificates and Licenses

Skills

Office Skills
 Typing:
 Data Entry:

Additional Information

References

Resume

Text Resume

Attachments

Attachment	File Name	File Type	Created By
cert of residency Police	SCAN8178_000	Other	Kris Rininger

Agency-Wide Questions

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: 3

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

A: ██████████ Canton, OH 44706
 Aug 2012 - Present

██████████ Warren, OH 44485

Jan 2005 - July 2012

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: Conviction(s) of a crime is(are) not an automatic disqualification; however, certain convictions will disqualify you from consideration for certain positions. You will be fingerprinted prior to appointment and your complete conviction record reviewed. NOTE: Failure to disclose a conviction may be sufficient cause for disqualification or termination of employment. Have you ever been convicted of a felony?

A: No

Supplemental Questions

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

A: Yes

2. Q: Applicants must be between the ages of 21 and 31 at the time of the written examination. What is your full date of birth (MM/DD/YYYY)?

A: [REDACTED]

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

A: No

4. Q: Have you ever been convicted of the crime of Domestic Violence?

A: No

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

A: Yes

6. 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. View and print a summary of your rights under the Fair Credit Reporting Act at: <http://www.akronohio.gov/person.html>. Copies of the summary are also available from the City of Akron Personnel Department at 330-375-2720.

A: I consent

7. 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 to your application, mail or hand deliver them to Suite 130, Citicenter Bldg., 146 S. High St, email them to krininger@akronohio.gov, or submit them at the written examination.

A: No

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

A: No

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

A:

ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER
FOR THE POSITION OF POLICE OFFICER

Do not resign from your current job in anticipation of employment


I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

1. All components of a background investigation, including polygraph;
2. A physical fitness test;
3. A complete medical examination;
4. A psychological evaluation;
5. A drug screening;
6. That a budgeted position for Police Officer is available;
7. That funding is dedicated to fill the vacant position at the time of my appointment;
8. Successfully completing the Ohio Peace Officer Training Program including passing the final examination certified by the Ohio Peace Officer Training Commission (OPOTC) and Office of the Attorney General, unless candidate is currently certified by OPOTC, prior to my appointment. If I am currently certified by OPOTC, I must maintain my certification.

OPOTA training and certification process must be successfully completed by or before September 7, 2014, unless otherwise agreed to.

I understand that I will be disqualified and the offer withdrawn if any of the conditions listed above are not satisfied, or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of appointment, but is not limited to, a valid Ohio driver's license, no felony convictions, no domestic violence convictions, and no pending criminal charges.

I understand that I will not be an employee of the City of Akron until I am appointed to the position of Police Officer and that upon appointment, I will be a probationary employee. I have had explained to me and fully understand the provisions of the City of Akron Charter Section 106 (12) and Akron Civil Service Commission Rule 7. Copies of these sections are attached to this document.

Applicant's Initials: 

Appointed to the
Police Division's
(12) and Akron Civil
Service Commission

I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.

Before I am appointed, I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD AFTER MY APPOINTMENT TO THE POSITION OF POLICE OFFICER.

Sgt Allen Fite
Akron Police Department Witness (Print)

all Fite
Witness (Signature)

[REDACTED]
Applicant (Print)

[REDACTED]
Applicant (Signature)

[REDACTED]
Address

CANTON, OH 44706

12 July 2014
Date

Personnel Department
City of Akron
January 1999
Revised January 2007
Revised January 2012
Revised July 2013

AGREEMENT

I, [REDACTED], am scheduled to be enrolled in an Ohio Peace Officer training academy starting TBD to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training.

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.

[REDACTED]
Applicant (Print)

[REDACTED]

16 July 2014
Date

Sgt Allen Fite
Witness (Print)

all Sgt 7/16/14
Witness (Signature/Date)

[REDACTED]



Authorization for Release of Information for Employment



As part of the employment process, the City of Akron, Ohio may obtain a consumer report and/or Investigative Consumer Report from an external Consumer Reporting Agency to be generated for employment, promotion, reassignment or retention as an employee. As an applicant or an employee, you are considered a "consumer" under the Fair Credit Reporting Act. The Fair Credit Reporting Act requires that we advise you that for the purposes of employment, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics and/or mode of living. An investigative consumer report involves personal interviews with sources such as employers, associates, educators, etc. A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the City of Akron obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which has been given to you. You can access this summary directly at: www.consumerfinance.gov/learnmore.

AUTHORIZATION AND RELEASE:

During the application process and at any time during any subsequent employment, I, [REDACTED], hereby authorize the City of Akron to obtain "consumer reports" and "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, the City of Akron or an agent acting on its behalf to procure information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, employment and other experiences. This report may be compiled with information from but not limited to credit bureaus, court record repositories, military records, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, any public domain, insurance company, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, facsimile (fax), or copy form. Furthermore, if I am offered employment or am already employed by the City of Akron, I further authorize the City to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

[REDACTED] _____
Applicant's Signature

16 July 2014
Date

[REDACTED] _____
Social Security Number



Authorization for Release of Information for Employment



The following information is required by law enforcement agencies and other entities for accuracy in identification when checking records. It is confidential and will not be used for any other purpose.

(Please Print Clearly)

[REDACTED]		[REDACTED]		[REDACTED]	
Last Name		First Name		Middle Name	
Please list any alias you may have:					
[REDACTED]		CANTON		OH	
Address (include apartment number)		City		State	
[REDACTED]		OH		44706	
Driver's License Number		Issuing State		[REDACTED]	
Other License		Number		Issuing State	
Please list other states in which you have held a license:					
I understand that I must provide my date of birth in order to confirm my identity for purposes of completing an accurate background investigation. It is not provided to the hiring official for any purpose in connection with consideration of your application for employment.				Date of Birth: 05/26/1990 07/16/2014 (MM/DD/YYYY)	

I acknowledge receipt of the FCRA CONSUMER RIGHTS NOTICE, "A Summary of Your Rights under the Fair Credit Reporting Act."

[REDACTED Signature]

16 July 2014
Date





APPLICATION AFFIDAVIT

I, [REDACTED] certify that as of 16 July 2014
(Your name) (today's date)

all information on my application is updated and current, including my education and employment history, and my conviction record.

I further understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.

State of Ohio
Summit County
Sworn to and subscribed in my presence

[REDACTED]
This 16 Day of July 2014

16 July 2014
Date

Sandy Moss
Notary Public/Examiner



**CITY OF AKRON
ANTI-HARASSMENT/SEXUAL HARASSMENT POLICY
ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I have been provided a copy of "The City of Akron's Anti-Harassment/Sexual Harassment Policy (Executive Order #6-2009)." I further agree to read and follow the policy.

Print name

Signature

AKRON POLICE DEPARTMENT
Department

16 JULY 2014
Date

Revised 7/09



Acknowledgement of Receipt of City and 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 that the City of Akron has provided you information about the City of Akron fraud hotline and email and 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 have read the information provided by the City of Akron regarding the fraud reporting system operated by the City and the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

[Redacted Signature]

16 JULY 2014
Date

[Redacted Name]

Print Name

POLICE OFFICER
Title

AKRON POLICE DEPARTMENT
Department

**CITY OF AKRON ETHICS ACKNOWLEDGEMENT
FORM**

**ETHICS POLICY &
OHIO ETHICS LAW AND RELATED STATUTES**

I hereby acknowledge the receipt of the *Ohio Ethics Law and Related Statutes* published by the Ohio Ethics Commission, dated February 2013, which contains Ohio Revised Code Chapter 102 and related statutes in Ohio Revised Code Section 2921. I understand that it is my responsibility to read and adhere to these provisions.


Employee Name (Print)


Employee Signature

16 July 2014
Date

**State of Ohio
New Hire Reporting Form 7048**

Effective October 1, 1997, all Ohio employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the employee's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by e-mail, electronic tape or floppy diskette. *Call 1-888-872-1490 to obtain information on submitting new hire reports electronically.* Reports must be made within 20 calendar days of date of hire.

To ensure accuracy, please print (or type) neatly in upper-case letters and numbers using a dark ballpoint pen.

MANDATORY INFORMATION

EMPLOYEE INFORMATION:

Social Security Number: [REDACTED]

State of Hire: Ohio

Name: [REDACTED] [REDACTED] [REDACTED]

First

Middle

Last

Address 1: [REDACTED] CANTON, OH 44706

Address 2: _____

Address 3: _____

City/State/Zip: CANTON / OH / 44706

Employee Date of Hire: 2/9/2015 Date of Birth: 05/26/1990

EMPLOYER INFORMATION:

Employer Federal EIN: 34-6000020

Employer Name: City of Akron

Payroll Address: Citicenter Building Suite 110, 146 South High Street

Address 2: _____

Address 3: _____

City/State/Zip: Akron, Ohio 44308

REPORTS WILL NOT BE PROCESSED WITHOUT MANDATORY INFORMATION

Send Reports to:
Ohio New Hire Reporting Program
P.O. Box 15309
Columbus, Ohio 43215-0309
Fax: (614) 221-7088 or (888) 872-1611



Products Review/Retrieve Reports Utilities Customer Support New Settings Logout

Ohio Driving Records Detail

SSN: [REDACTED]

Date/Time Searched: 02/03/2015 09:59 AM

Record Detail

Name	[REDACTED]	License #	[REDACTED]	Deceased	
DOB	[REDACTED]	Age		Weight	[REDACTED]
SSN	[REDACTED]	Height	[REDACTED]	Eyes	[REDACTED]
Gender	MALE	Hair	[REDACTED]	AKA	
Race		County		Type	
As Of	N/A				
Address	[REDACTED] CANTON, OH 44706-5161				

Orig Issue Date Non-Res Military State

License and Permit Information

License #	[REDACTED]	License Type	Status	VALID	
Status Date	02/03/2015	Issue Date	09/06/2012	Expire Date	05/26/2015
Class	OPERATOR	Class Description	N/A	CDL Status	
Commercial DL		CDL Disqualified		Probation	
Limited Priv		Cond Rest		Org Issue Date	
Endorsements	NONE				
Restrictions	NONE				
Total Points					

Driving Record Detail

CONVICTION DETAILS

Record Type	IN-STATE CONVICTION		
Modified Date			
State	County		
Court Case #	[REDACTED]	Court Name	WARREN MUNICIPAL COURT
Offense Details	OPERATING UNSAFE VEHICLE	Offense Date	11/12/2014
Convicted Date	11/21/2014	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	00	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed		Actual Speed	

CONVICTION DETAILS

Record Type	IN-STATE CONVICTION		
Modified Date			
State	County		
Court Case #	[REDACTED]	Court Name	NORTH OLMSTED MAYOR CRT
Offense Details	EQUIPMENT MISUSE	Offense Date	08/30/2014
Convicted Date	09/10/2014	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	00	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed		Actual Speed	

CONVICTION DETAILS

Record Type	IN-STATE CONVICTION		
Modified Date			
State	County		
Court Case #	[REDACTED]	Court Name	CANTON MUNICIPAL COURT
Offense Details	SPEED 4511.21D	Offense Date	11/22/2013
Convicted Date	12/06/2013	Accident Date	

Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	02	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed	55	Actual Speed	077

CONVICTION DETAILS

Record Type IN-STATE CONVICTION
Modified Date

State		County	
Court Case #	██████████	Court Name	ROCKY RIVER MUNI COURT
Offense Details	SPEED	Offense Date	05/14/2012
Convicted Date	05/30/2012	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	02	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed	60	Actual Speed	082

CONVICTION DETAILS

Record Type IN-STATE CONVICTION
Modified Date

State		County	
Court Case #	██████████	Court Name	BROOK PARK MAYORS COURT
Offense Details	SPEED	Offense Date	01/30/2012
Convicted Date	02/24/2012	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	02	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed	60	Actual Speed	081

MESSAGE

END OF DRIVER RECORDS

OPENonline cannot warrant or guarantee the accuracy or completeness of data. By accepting this transmission, users certify that they are in compliance with the FCRA and any other applicable federal, state and local laws. Users are responsible for the proper use of this account as stated in the notification of use and the Terms of Service Agreement. Any violation is grounds for termination and submission to the FTC or other appropriate agency.

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A13

EMPLOYMENT TRANSACTIONS AND LEAVE REPORT CITY OF AKRON, OHIO

EMPLID or SSN [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]	Initial
-----------------------------	-------------------------	--------------------------	---------

Effective Date 03/30/15	Division Number 751	Hours
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PLEASE REFER TO YOUR MANUAL FOR DEFINITIONS, PROCEDURES ON COMPLETING THIS FORM AND INSTRUCTIONS CONCERNING ACTIONS WHICH REQUIRE ADDITIONAL AUTHORIZING DOCUMENTS

<p>A APPOINTMENT ACTIONS</p> <p>01 <input type="checkbox"/> EMPLOYMENT</p> <p>02 <input type="checkbox"/> EMPLOYMENT RESTORATION</p> <p>03 <input type="checkbox"/> REEMPLOYMENT</p> <p>04 <input type="checkbox"/> MILITARY RESTORATION</p> <p>05 <input type="checkbox"/> RETURN FROM LEAVE WITHOUT PAY</p> <p>06 <input type="checkbox"/></p> <p>07 <input type="checkbox"/></p> <p>08 <input type="checkbox"/></p>	<p>C CORRECTION ACTION</p> <p>24 <input type="checkbox"/> CHANGE PREVIOUS ACTION</p> <p>D CHANGE ACTIONS</p> <p>25 <input type="checkbox"/> PROMOTION</p> <p>26 <input type="checkbox"/> DEMOTION-VOLUNTARY</p> <p>27 <input type="checkbox"/> DEMOTION-DISCIPLINARY</p> <p>28 <input type="checkbox"/> DEMOTION-FAILED PROBATION</p> <p>29 <input type="checkbox"/> DEMOTION-IN LIEU OF LAYOFF</p> <p>30 <input type="checkbox"/> TRANSFER - POSITION</p> <p>31 <input type="checkbox"/> TRANSFER - DIVISION</p> <p>32 <input type="checkbox"/> TRANSFER - CLASS</p> <p>33 <input type="checkbox"/> SERVICE RATING INCREASE</p> <p>34 <input type="checkbox"/> REALLOCATION</p> <p>35 <input type="checkbox"/> CHANGE APPOINTMENT CODE</p> <p>36 <input type="checkbox"/> CHANGE STATUS CODE</p> <p>37 <input type="checkbox"/> CHANGE SRI DATE</p> <p>38 <input type="checkbox"/> CHANGE SERVICE DATE</p> <p>39 <input type="checkbox"/> TEMPORARY CLASS CHANGE</p> <p>40 <input type="checkbox"/> PAY CHANGE CODE</p> <p>41 <input type="checkbox"/> SPECIAL PROGRAM PROMOTION</p> <p>42 <input type="checkbox"/> SPECIAL EMPLOYMENT APPOINTMENT</p> <p>43 <input type="checkbox"/> RETURN TO FORMER POSITION</p> <p>44 <input type="checkbox"/> CHANGE FF CODE</p>	<p>E PAID ABSENCE</p> <p>45 <input type="checkbox"/> SICK LEAVE</p> <p>46 <input type="checkbox"/> ANNUAL LEAVE</p> <p>47 <input type="checkbox"/> ANNUAL LEAVE PREPAID</p> <p>48 <input type="checkbox"/> TERMINAL LEAVE SICK</p> <p>49 <input type="checkbox"/> TERMINAL LEAVE ANNUAL</p> <p>50 <input type="checkbox"/> INJURY LEAVE</p> <p>51 <input type="checkbox"/> JURY LEAVE</p> <p>52 <input type="checkbox"/> COURT LEAVE</p> <p>53 <input type="checkbox"/> MILITARY RES. TRAINING LEAVE</p> <p>54 <input type="checkbox"/> PERSONAL DAY</p> <p>55 <input type="checkbox"/> TERMINAL PAID LEAVE</p> <p>56 <input type="checkbox"/></p> <p>F UNPAID ABSENCE</p> <p>57 <input type="checkbox"/> SICK LEAVE WITHOUT PAY</p> <p>58 <input type="checkbox"/> PERSONAL LEAVE W/O PAY</p> <p>59 <input type="checkbox"/></p> <p>60 <input type="checkbox"/> WORKERS' COMPENSATION</p> <p>61 <input type="checkbox"/> SUSPENSION</p> <p>62 <input type="checkbox"/> ABSENCE WITHOUT LEAVE*</p> <p>63 <input type="checkbox"/> ABSENCE NO REPORT*</p> <p>64 <input type="checkbox"/></p> <p>65 <input type="checkbox"/></p> <p>G CORRECT LEAVE HOURS</p> <p>66 <input type="checkbox"/> ADD TO SICK LEAVE BALANCE</p> <p>67 <input type="checkbox"/> ADD TO ANNUAL LEAVE BALANCE</p> <p>68 <input type="checkbox"/> ADD TO PAID LEAVE BALANCE</p> <p>69 <input type="checkbox"/> DEDUCT PAID LEAVE BALANCE</p> <p>L PAID LEAVE PROGRAM</p> <p>70 <input type="checkbox"/></p> <p>71 <input type="checkbox"/> PRE-APPROVED-ANNUAL</p> <p>72 <input type="checkbox"/> PRE-APPROVED SICK LEAVE</p> <p>73 <input type="checkbox"/> PRE-APPROVED-*</p> <p>74 <input type="checkbox"/> PAID LEAVE SICK</p> <p>75 <input type="checkbox"/> PAID LEAVE-*</p> <p>76 <input type="checkbox"/> PREPAID PREAPPROVED ANNUAL</p> <p>77 <input type="checkbox"/></p>																		
<p>H APPOINTMENT CODE</p> <table style="width: 100%;"> <tr> <td>01 <input type="checkbox"/> PERMANENT FULL-TIME PROBATION NEW</td> <td>07 <input type="checkbox"/> SEASONAL PART-TIME</td> <td>13 <input type="checkbox"/> PROBATIONARY</td> </tr> <tr> <td>02 <input checked="" type="checkbox"/> PERMANENT FULL-TIME</td> <td>08 <input type="checkbox"/> TEMPORARY FULL-TIME</td> <td>14 <input type="checkbox"/></td> </tr> <tr> <td>03 <input type="checkbox"/> PERMANENT PART-TIME PROBATION NEW</td> <td>09 <input type="checkbox"/> TEMPORARY PART-TIME</td> <td>15 <input type="checkbox"/></td> </tr> <tr> <td>04 <input type="checkbox"/> PERMANENT PART-TIME</td> <td>10 <input type="checkbox"/> PROVISIONAL</td> <td>16 <input type="checkbox"/></td> </tr> <tr> <td>05 <input type="checkbox"/> PERMANENT-NO LEAVE ACCUM.</td> <td>11 <input type="checkbox"/> UNCLASSIFIED</td> <td>17 <input type="checkbox"/></td> </tr> <tr> <td>06 <input type="checkbox"/> SEASONAL FULL-TIME</td> <td>12 <input type="checkbox"/> CO-OP</td> <td>18 <input type="checkbox"/></td> </tr> </table>			01 <input type="checkbox"/> PERMANENT FULL-TIME PROBATION NEW	07 <input type="checkbox"/> SEASONAL PART-TIME	13 <input type="checkbox"/> PROBATIONARY	02 <input checked="" type="checkbox"/> PERMANENT FULL-TIME	08 <input type="checkbox"/> TEMPORARY FULL-TIME	14 <input type="checkbox"/>	03 <input type="checkbox"/> PERMANENT PART-TIME PROBATION NEW	09 <input type="checkbox"/> TEMPORARY PART-TIME	15 <input type="checkbox"/>	04 <input type="checkbox"/> PERMANENT PART-TIME	10 <input type="checkbox"/> PROVISIONAL	16 <input type="checkbox"/>	05 <input type="checkbox"/> PERMANENT-NO LEAVE ACCUM.	11 <input type="checkbox"/> UNCLASSIFIED	17 <input type="checkbox"/>	06 <input type="checkbox"/> SEASONAL FULL-TIME	12 <input type="checkbox"/> CO-OP	18 <input type="checkbox"/>
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<p>*EXPLANATION REQUIRED</p> <p>Officer Finished Training Effective 03/30/15. From: 86/1 to 80/3</p>																				
<p>PAID LEAVE APPROVAL</p> <p>DATE: _____ TIME: _____ A.M. / P.M.</p>																				
<p>J STATUS CODE</p> <p>01 <input type="checkbox"/> ACTIVE</p> <p>02 <input type="checkbox"/> INACTIVE</p> <p>03 <input type="checkbox"/></p> <p>04 <input type="checkbox"/></p>		<p>K LIST CODE</p> <p>01 <input type="checkbox"/> OPEN</p> <p>02 <input type="checkbox"/> PROMOTIONAL</p> <p>03 <input type="checkbox"/> NONE</p>																		

CITY OF AKRON
 CIVIL SERVICE COMMISSION
 03/24/15 1:38

Prepared By WENDY LESLIE	Title ADMINISTRATIVE ASSISTANT II	Date 03/24/15
Approved By <i>James D. Nye</i>	Title CHIEF OF POLICE	Date 03/24/15
Approved By	Title	Date



2/9/2015

OFFER PROCESSING CHECKLIST

Name: [REDACTED]		Job Title: Police Officer
Employment Status: <input checked="" type="checkbox"/> Permanent FT <input type="checkbox"/> Permanent PT <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Hiring Dept.: Public Safety	Contact: Chief Nice	Date of Selection: 5/16/14.

	DATE	INITIAL	COMMENTS
PRE-EMPLOYMENT:	7-16-14	DM	
<input checked="" type="checkbox"/> Conditional Job Offer			Given by Police at interview. File with paperwork.
<input checked="" type="checkbox"/> PCRA Release			
<input checked="" type="checkbox"/> Application Affidavit			
<input checked="" type="checkbox"/> Federal I-9 Form	8/11/14	JC	will bring in doc.
<input checked="" type="checkbox"/> Anti-Harassment Acknowledgement			
<input checked="" type="checkbox"/> Executive Order #3-89			
<input checked="" type="checkbox"/> Policy on Alcohol Use/Possession			
<input checked="" type="checkbox"/> Fraud-Reporting system information			
<input checked="" type="checkbox"/> Ethics Acknowledgement Form			
<input checked="" type="checkbox"/> Ohio Form 7048			
<input checked="" type="checkbox"/> Tax Forms			
<input checked="" type="checkbox"/> Health Ins Mrkpl Acknowledgement			
<input checked="" type="checkbox"/> Auth. for Automatic Deposit	8/11/14	JC	will bring in doc.
<input checked="" type="checkbox"/> Set-up Information Form	7-16-14	DM	
<input type="checkbox"/> National WebCheck Release	2013		Completed after fitness test
<input checked="" type="checkbox"/> BWC HIPAA Release	7-16-14	DM	mailed 5/17/14
<input checked="" type="checkbox"/> Drivers' License Points	2/3/15	JC	valid - 6pts - 4pts in 2012
<input type="checkbox"/> ID Photograph			

MEDICAL EXAMINATION:			
<input checked="" type="checkbox"/> Medical Exam Scheduled			7-30-14 at 10:00 starts 8/1/14
<input checked="" type="checkbox"/> Medical Results Returned	8/19/14	KR	
<input checked="" type="checkbox"/> Medical Exam Reviewed			recommended
<input checked="" type="checkbox"/> Worker's Comp History	7/29/14	KR	[REDACTED]

DRUG SCREEN:			
<input checked="" type="checkbox"/> Drug Screen Data base reviewed	11/2/15	KR	O.K.

PSYCHOLOGICAL EVALUATION:			
<input checked="" type="checkbox"/> Psychological Release Form	7-16-14	DM	scheduled 7-18-3:00
<input checked="" type="checkbox"/> SPA Instruction Forms (2)	7-16-14	DM	e-mailed 5/17/14
<input type="checkbox"/> Additional Record Release Form	N/A		If candidate answers yes to questions on SPA Instruction form, this release must be completed.
<input checked="" type="checkbox"/> Psychological Exam Scheduled			
<input checked="" type="checkbox"/> Psych. Exam Results Returned	8/4/14	KR	
<input checked="" type="checkbox"/> Psych. Exam Reviewed			recommended

APPROVAL:			
<input checked="" type="checkbox"/> Approval Slip Completed	2/6/15	JC	
<input type="checkbox"/> Approval E-mailed to Hiring Dept.			
<input type="checkbox"/> Employee Records Set-up			
<input type="checkbox"/> ID Badge Delivered			

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 2/9/15 TO 5/9/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 6/9/15

EMPLOYEE ID	[REDACTED]	TYPE OF EVALUATION				EVALUATOR ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
		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														
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]														

ITEMS	MO: [REDACTED]	FACTORS	YR: [REDACTED]															
<p>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</p> <p><input checked="" type="checkbox"/> = STRONG</p> <p><input checked="" type="checkbox"/> = STANDARD</p> <p><input type="checkbox"/> = WEAK</p>	<p>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</p>	<p>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.</p>	<p>60 = UNSATISFACTORY</p> <p>70 = IMPROVEMENT NEEDED</p> <p>80 = SATISFACTORY</p> <p>90 = VERY GOOD</p> <p>95 = OUTSTANDING</p>															
<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	<p>QUALITY OF WORK</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p>	<table border="1" style="width:100%; text-align: center;"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	<p>ATTENDANCE</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p>	<table border="1" style="width:100%; text-align: center;"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<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 WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	<p>WORK HABITS</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p>	<table border="1" style="width:100%; text-align: center;"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<p>RELATIONSHIP WITH OTHERS</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p>	<table border="1" style="width:100%; text-align: center;"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<p>EVALUATOR 1</p> <p>EVALUATOR 2</p>	<table border="1" style="width:100%; text-align: center;"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

OFFICER [REDACTED] IS PROGRESSING WELL TO THIS POINT IN HIS PROBATIONARY PERIOD. HE HAD NO CALLOFFS DURING THIS TIME.

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] 12061 5-9-15 *[Signature]* 835/12672 5-2015

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] 771 5-21-15

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] [REDACTED]

SIGNATURE OF DEPARTMENT HEAD DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE *[Signature]* 1119 6-7-15

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] 6/7/15

SIGNATURE AND DATE

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 2/9/15 TO 11/5/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/5/15

PLEASE USE #2 PENCIL

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
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

EVALUATOR ID	1	[REDACTED]
	0	[REDACTED]
	4	[REDACTED]
	9	[REDACTED]

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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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] HAS SATISFACTORILY COMPLETED HIS PROBATIONARY PERIOD. HE HAS NOT CALLED OFF.

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] EMPLOYEE ID #: 10449 DATE: 11/4/2015
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12622 DATE: 11-5-15

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 11-3-15

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 11/3/2015

SIGNATURE AND DATE: [Signature] 11/3/15

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: [REDACTED] 11/3/15

Personal Information Form

1/10/15

The Chief's Office is updating database files on sworn, civilian and safety communications employees as well as Reserve Officers. The required information is **bolded**. All other information is optional. Cross off any information listed below that is incorrect and neatly print the correct information on the line provided.

Rule and Regulation 600.01: Officers/employees of the Police Division are required to have a telephone at their place of residence, and shall submit a report of their address and telephone number to their commanding officer.

- a. All changes of address or telephone number shall be reported to the officer's/employee's commanding officer within twenty-four (24) hours after such change.
- b. This rule shall be complied with by all officers/employees of the Police Division whether such officer/employee is working or on leave.

This signed form is due in the Chief's Office by Monday, September 14, 2015.

ID# [redacted] Badge# [redacted] DB Badge# _____

Last: [redacted] _____

First: [redacted] _____

Middle: [redacted] _____

Address [redacted] [redacted] _____

City: ~~WARREN~~ N. Canton Zip: ~~44485~~ 44720

Phone #1: [redacted] _____

Phone #2: _____

Spouse/Significant Other: _____

College Degree(s): *Example - B.S. in Political Science; Assoc. in Criminal Justice*

Emergency Contact Information:

Name: [redacted] _____

Relationship: Mother _____

Phone #1: [redacted] Phone #2: _____

Employee's Signature: [redacted] Date: 3 SEP 15

Supervisor's Signature: [Signature] 835

1119

EMPLOYEE ID NO.
[REDACTED]

SETUP & CHANGE PERSONAL INFORMATION

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	NORTH CANTON, OH	44720

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes No	CELL: [REDACTED] HOME:	1. Single 2. Married 3. Separated 4. Divorced 5. Widowed	[REDACTED]	MALE FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College E-Technical School	F-2-Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
WILLOW, OH	[REDACTED]	1 Spouse 2 Child	3 Parent 4 Guardian 5 Other

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 result in my suspension or dismissal.

SIGNATURE: _____

[REDACTED SIGNATURE]

DATE 15 JAN 2016

EMPLOYEE ID NO.
[REDACTED]

CITY OF AKRON
EMPLOYEE RECORDS

SETUP & CHANGE PERSONAL INFORMATION

FORM NO. TK001 (April/2008)

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	W. Lakewood Akron, OH	44720

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes No	CELL: [REDACTED] HOME:	1. Single 2. Married 3. Separated 4. Divorced 5. Widowed	[REDACTED]	MALE FEMALE

Education (Circle response below)		
B-Less Than HS Graduate	F-2- Year College Degree	J-Doctorate (Academic)
C-HS Graduate or Equivalent	G-Bachelor's Level Degree	K-Doctorate (Professional)
D-Some College	H-Some Graduate School	L-Post-Doctorate
E-Technical School	I-Master's Level Degree	

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
Lakewood, OH	[REDACTED]	1 Spouse 2 Child 3 Parent 4 Guardian	5 Other

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: 12 Feb 2016

CITY OF AKRON, OHIO

DEPARTMENT
UNIFORM SUB-DIVISION

February 24, 2016

OFFICER [REDACTED]
I.D. # [REDACTED]

Your actions on January 19, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

RULE 900.01: Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For violation of Rule 900.01 you are hereby ordered to forfeit four (4) hours of accumulated time. This may be reflected in your next service rating

Clark Westfall #1062
 CAPTAIN CLARK WESTFALL
 SHIFT COMMANDER

James D. Nice
 JAMES D. NICE
 CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

Clark Westfall
DATE

[Signature]
F.O.P. REPRESENTATIVE

1289 *2/29/16*
DATE

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/15	TO 3/31/16	MERIT INCREASE DATE 2/9/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/16

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
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

PLEASE USE #2 PENCIL

EVALUATOR 1 ID
[REDACTED]

ITEMS MO: [REDACTED]	FACTORS YR: [REDACTED]																																																																														
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																																																																														
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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.																																																																															
<table border="1"> <tr> <th></th> <th>60</th> <th>70</th> <th>80</th> <th>90</th> <th>95</th> </tr> <tr> <td>QUALITY OF WORK</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ATTENDANCE</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>WORK HABITS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		60	70	80	90	95	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING
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Officer [REDACTED] is assigned to very busy districts; working both North Hill and the east side of the city. He is progressing as a young officer is expected to be. He answers a high volume of calls both dispatched and self-initiated. Officer [REDACTED] had no call-offs during this grading period.

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] EMPLOYEE ID #: 10791 DATE: 4/16/16
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10449 DATE: 4/17/2016

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 711 DATE: 4-27-16

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] 4/28/16

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.

DATE: 4/27/2016

EMPLOYEE ID NO.
[REDACTED]

2016 MAY 10 AM 9:59
 AKRON PUBLIC REPT.
 HR/PAY OFFICE

SETUP & CHANGE PERSONAL INFORMATION

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	CANTON, OH	44718

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College E-Technical School	F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
Warren, OH	[REDACTED]	1 Spouse 2 Child	<input checked="" type="radio"/> 3 Parent 4 Guardian 5 Other 3

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]

2575 ...
 5070922 ...

DATE 5/4/2016

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME ██████████	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/1/15 TO 9/30/16	MERIT INCREASE DATE 2/9/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/16

PLEASE USE #2 PENCIL

EMPLOYEE ID ██████████	TYPE OF EVALUATION				EVALUATOR 1 ██████████	
	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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS YR: 0 1 2 3 4 5 6 7 8 9																																																																														
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3. EVALUATE PERFORMANCE BY 60 = UNSATISFACTORY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																																																															
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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.

Officer ██████████ has done well this evaluation period. He and his partner are very proactive officers evidenced by the 208 traffic stops, 125 "9" stops, 28 Park and Walks, and 51 CIP's. Officer ██████████ went to and successfully completed training for "Non-Lethal Weapons Instructor" at the National Guard, including TASER Instructor. He had an accident in a cruiser that was preventable. Officer ██████████ did not call off this evaluation period. *OFFICER ██████████ IS REGULAR IN ATTENDANCE. HE TAKES PRIDE IN HIS JOB. 11/15*

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]* EMPLOYEE ID #: 1138 DATE: 10-25-16
 EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 10699 DATE: 10-25-16

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 771 DATE: 10/26/16
 AUTHORIZED REPRESENTATIVE: *[Signature]* DATE: 10/27/16

7. REPORT DISCUSSION TO THE EMPLOYEE SHOWS THAT YOU OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

SIGNATURE AND DATE: *[Signature]* 11/5

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Division	CLASS TITLE Police Officer
EVALUATION FROM 10/1/16	TO 12/31/17	MERIT INCREASE DATE 1-1-18	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 1/3/18

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
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:	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"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK			

			60	70	80	90	95
<input checked="" type="checkbox"/> ACCURACY	<input type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION		EVALUATOR 2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED	<input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		EVALUATOR 2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> ADHERENCE TO WORKING HOURS	<input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	ATTENDANCE	EVALUATOR 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> DILIGENCE, EFFORT	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT		EVALUATOR 2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	WORK HABITS	EVALUATOR 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS		EVALUATOR 2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> TRAINING & INSTRUCTING	RELATIONSHIP WITH OTHERS	EVALUATOR 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> DISCIPLINARY CONTROL		EVALUATOR 2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> SUPERVISING	<input type="checkbox"/> EVALUATING PERFORMANCE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP		EVALUATOR 2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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.

Officer [REDACTED] did an outstanding job conducting himself internally with regards to supervision and colleagues, and exceeds the

standard in personal appearance and self-care. He called off only once, and has continued his reputation for embracing the proactive style of policing as evidenced by handling 1,358 total calls including 136 Sig-9 stops and 209 Sig-39s. His work habits were downgraded from being disciplined for violating procedure during a chase and for missing court appearances.

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] 17665 4/12/2017 *[Signature]* 1102/10757 4/12/17

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

[Signature] 771 5-1-17

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 OR PROMOTION.

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE *[Signature]* 71521 5/2/17

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 EMPLOYMENT TRANSACTION FORM

Form to be completed by Payroll Clerk

Employee ID #: [REDACTED]
Employee Name: [REDACTED]
Department/Division: 751 - Police Uniformed
Effective date: October 2, 2017

Change Actions

- | | |
|---|--|
| <input type="checkbox"/> Change service rating increase date | <input type="checkbox"/> Reallocation - contact Employee Records |
| <input type="checkbox"/> Change service date | <input type="checkbox"/> Return from leave without pay Number of days on unpaid leave _____ |
| <input type="checkbox"/> End of Provisional appointment | <input type="checkbox"/> Service Rating Increase Pay Range _____ Pay Step _____ |
| <input type="checkbox"/> No leave accumulation Unpaid leave type _____ | <input type="checkbox"/> Other _____ Prior Hourly _____ New Hourly _____ |

Leave Actions

- | | | |
|---|---|-----------------------|
| <input type="checkbox"/> Absence without Leave (AWOL) | <input type="checkbox"/> Suspension | Amount of hours _____ |
| <input type="checkbox"/> Administrative Leave without Pay | <input checked="" type="checkbox"/> Administrative Leave with Pay | |

Appointment Actions - to be used for Unclassified positions only

- | | | | |
|--|------------------------------------|------------------|---------------------------------|
| <input type="checkbox"/> New hire | <input type="checkbox"/> Promotion | Position # _____ | Fund/Account Code _____ |
| <input type="checkbox"/> Re-employment | <input type="checkbox"/> Transfer | Pay Range _____ | Pay Step _____ Class Code _____ |

Separation Actions - attach resignation letter/documentation

- | | |
|--|--|
| <input type="checkbox"/> Resignation - Good standing | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Resignation - Bad standing | <input type="checkbox"/> Disability Retirement |
| <input type="checkbox"/> Lay off | <input type="checkbox"/> Death |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Medical Separation | <input type="checkbox"/> Other _____ |

Last day of compensation: _____

Additional comments:

CITY OF AKRON
EMPLOYEE RECORDS
2017 OCT 11 AM 8:17

Upon separation of employment, list all leave hour accumulation including the following:

Vacation _____	Bonus Sick Leave _____	Paid Leave _____
Vacation Next Year _____	Compensatory Time _____	Frozen Paid Leave _____
Sick Leave _____	Old Compensatory Time _____	Other please specify: _____
Frozen Sick Leave _____	Banked Vacation _____	

Prepared by: Wendy Leslie Title: Administrative Assistant III Date: Oct 3, 2017
 Manager/Supervisor Signature: *K Ball* Employee ID #: 883/10704 Date: Oct 3, 2017

Please submit completed original form to Employee Records

Revised 1/2016

EXHIBIT K5 32

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM [REDACTED] TO [REDACTED]		MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS YR: 1 2 3 4 5 6 7 8 9																																																																														
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Officer [REDACTED] is a very enthusiastic officer who is a self-starter and highly proactive. Officer [REDACTED] is assigned as a fill officer for the east side jump car. Even though Officer [REDACTED] is not assigned to a steady district he is always aware of the problem areas in each district and takes action to resolve the problems. Officer [REDACTED] answered 1311 calls for service including 212 self-initiated suspicious person stops and 200 traffic stops. One of Officer [REDACTED] traffic stops started as a vehicle pursuit where the suspect was later apprehended and found to be a homicide suspect. Officer [REDACTED] displays a positive attitude towards his job and is always eager to learn more. Officer [REDACTED] did not have any call offs during this grading period.

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] EMPLOYEE ID #: 16158 DATE: 10-9-17
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 10-21-17

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11802 DATE: 11/8/17

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] 1233

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

[REDACTED]



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

RECEIVED
AKRON POLICE DEPT.
CHIEF OF POLICE

2017 DEC 13 AM 9:07

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: AKRON State: OH Zip Code: 44310

E-mail address: [REDACTED] @ AKRON.GOV

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

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:

<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 type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctoral
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

2017 DEC 14 PM 2:38
CITY OF AKRON
EMPLOYEE RECORDS

In case of emergency please contact:

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

Street Address: [REDACTED]

City: AKRON State: OH Zip Code: 44405

Relationship to Employee: Mother

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 answers may result in disciplinary action or dismissal.

Signature: [REDACTED] Date: 12/13/17

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

Revised 2/2017

EXHIBIT K5 34

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME ██████████		DIVISION ██████████	CLASS TITLE ██████████
EVALUATION FROM ██████████ TO ██████████		MERIT INCREASE DATE ██████████	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY ██████████

EMPLOYEE ID ██████████	TYPE OF EVALUATION				EVALUATOR ID ██████████
	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: 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

FACTORS YR: 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED, WITH:
 = STRONG
 = STANDARD
 = 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

			60	70	80	90	95	
<input type="checkbox"/> ACCURACY	<input type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> THOROUGHNESS	<input type="checkbox"/> WRITTEN EXPRESSION			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NEATNESS OF WORK PRODUCT	<input type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ADHERENCE TO WORKING HOURS	<input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DILIGENCE, EFFORT	<input type="checkbox"/> INITIATIVE	WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> ORGANIZATION OF WORK	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input type="checkbox"/> CONDUCT WITH PUBLIC			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> PERSONAL APPEARANCE & CARE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DISCIPLINARY CONTROL				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

Officer ██████ is a very proactive officer who is highly knowledgeable about the problems that exist in his districts. For example, on one occasion Officer ██████ identified known criminals and was able to prevent them from stealing cars in the Ellet area and on a second occasion he helped Auto Theft in identifying three criminals in a stolen credit card/auto theft case. Officer ██████ answered 1099 calls for service, where 287 of them were self-initiated traffic stops or suspicious person stops, and completed 94 reports. Officer ██████ continues to show a consistent presence in the high crime areas, such as 26 E. Tallmadge Ave, where the owner wrote a thank you letter for his hard work. Officer ██████ did not have any call offs.

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]* EMPLOYEE ID #: 112158 DATE: 4-14-18
 EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 12061 DATE: 4-17-18

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11800 DATE: 4/17/18

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: _____ DATE: _____

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: *[Signature]* 1033/16158 4/17/18

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 PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/18 TO 9/30/18		MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/18

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: [REDACTED] FACTORS YR: [REDACTED]

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
 = STRONG
 = STANDARD
 = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

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60 = UNSATISFACTORY
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 95 = OUTSTANDING

FACTORS	EVALUATOR 1	EVALUATOR 2	60	70	80	90	95
ACCURACY THOROUGHNESS NEATNESS OF WORK PRODUCT	JUDGEMENT WRITTEN EXPRESSION ORAL EXPRESSION	QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AMOUNT OF WORK ACCOMPLISHED COMPLETION OF WORK ON SCHEDULE		QUANTITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ADHERENCE TO WORKING HOURS DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DILIGENCE, EFFORT COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES OBSERVANCE OF WORK RULES, SAFETY	INITIATIVE CARE OF EQUIPMENT, MATERIAL ORGANIZATION OF WORK	WORK HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CONDUCT & COOPERATION WITH SUPERVISION CONDUCT & COOPERATION WITH CO-WORKERS	CONDUCT WITH PUBLIC PERSONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLANNING, ORGANIZING, ASSIGNING TRAINING & INSTRUCTING DISCIPLINARY CONTROL	EVALUATING PERFORMANCE FAIRNESS, IMPARTIALITY, LEADERSHIP	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Officer [REDACTED] is a very pro-active police officer on Platoon 1. He has handled 1,281 calls for service this grading period, 70 of which involved a gun. Officer [REDACTED] has done 90 reports and 48 FI cards this grading period. On September 3, he made a traffic stop on a vehicle which resulted in a gun being found search incident to tow, while doing an inventory of the motor. Officer [REDACTED] is always researching, trying to keep up with the problem areas in his districts and knowing who the known criminals are in the city of Akron. Officer [REDACTED] had one call off this grading period. *NOTHING TO FOLLOW - 1329 EDM*

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] 17478 10/17/18
 EVALUATOR 2 SIGNATURE: [Signature] 12061 10-22-18

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

SIGNATURE OF REVIEWER: [Signature] 11802 10/24/18

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: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: [Signature] 1705 10-26-18

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.

[REDACTED] 10-26-18

SOIL MO 18 1981

EMULSION

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/18 TO 5/31/19	MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/19

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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: [REDACTED]	FACTORS YR: [REDACTED]																																																																																				
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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.

Officer [REDACTED] is a highly active officer who answered 1022 calls for service with 300 of those being proactive stops. Officer [REDACTED] can be depended upon to answer his calls for service appropriately with professionalism and courtesy. Officer [REDACTED] was given a commendation for assisting Cuyahoga Falls Police. He aided DB in identifying a suspect in B&E of Dollar General. The Mayor's office received a letter of appreciation from a citizen for Officer [REDACTED] providing great customer service at the Civic Theater. The Chief recognized Officer [REDACTED] for this service. He had no call offs this grading period. Nothing to follow.

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] 16158 4-12-19
 EMPLOYEE ID # DATE
 EVALUATOR 2 SIGNATURE: [Signature] 12061 4-16-19
 EMPLOYEE ID # DATE

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

SIGNATURE OF REVIEWER: [Signature] 11802 4/28/19
 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 OR PROMOTION.

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] 16158 4-30-19

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: [Signature] DATE: 5-1-19

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/19	TO 9/30/19	MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/19

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	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED <input type="checkbox"/> ACCURACY <input type="checkbox"/> THOROUGHNESS <input type="checkbox"/> NEATNESS OF WORK PRODUCT <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	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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Officer [REDACTED] is a very active officer who handled 1239 calls for service with 356 of those calls being proactive stops.

Officer [REDACTED] is highly knowledgeable about the problem areas in his districts and who the known criminals are. Officer [REDACTED] maintains a constant presence in these high crime areas to improve the quality of life for the community. Capt. Gilbride of the University of Akron sent an email commending his professionalism and initiative to assist them with a sudden death of a student. Officer [REDACTED] had one call off this grading period. Nothing to follow. DM *M*

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]* EMPLOYEE ID #: 16158 DATE: 10-16-19

EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 12061 DATE: 10-22-19

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11802 DATE: 10/23/19

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: *[Signature]* 16158

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: [REDACTED] DATE: 10/23/19



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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: Akron State: Ohio Zip Code:

4	4	3	1	2
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E-mail address: [REDACTED]@akronohio.gov

Cell Phone Number: [REDACTED] Please check your preferred method of contact below:
 Phone Mail E-mail

Home Phone Number: _____

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: Akron State: Ohio Zip Code:

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Relationship to Employee: [REDACTED]

I hereby certify that my statement & Change Personal Information form is true and complete. I understand that [REDACTED] for dismissal.

Signature: [REDACTED] Date: 12/18/2019

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

Revised 2/2017

EXHIBIT K5 40



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

CITY OF AKRON
EMPLOYEE RECORDS

2020 MAR 18 AM 9:33

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: AKRON State: OH Zip Code:

4	4	3	1	2
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E-mail address: [REDACTED] @AKRONOhio.Gov

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: WALTON State: OH Zip Code:

4	4	4	6	5
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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: _____

Date: _____

3-14-20

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

EXHIBIT K5 41 ✓

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police District	CLASS TITLE Police Officer
EVALUATION FROM 10/1/20	TO 10/31/20	MERIT INCREASE DATE 10/1/20
		RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/1/20

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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
	PLEASE USE #2 PENCIL					

ITEMS	MO: 10 11 12 1 2 3 4 5 6 7 8 9	FACTORS	YR: 0 1 2 3 4 5 6 7 8 9
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		SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1 EVALUATOR 2

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Of [REDACTED] handled 2,073 calls this period. He is highly motivated, handles his district, does proactive work where his district is clear, and is always the last officer in the station at the end of shift. He was commended by DB for finding multiple persons of reference a double homicide. His attention to detail and knowledge of his district later led him to arrest a suspect for other offenses that ended up giving a full confession to the double homicide. He volunteered to be and FTO this period. He has great relationships with his co-workers, supervisors, and the public. *JSS No CALL OFFS. etc JSS 1380*

5. SIGNATURE OF EVALUATOR

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

Sgt. [Signature] 1380 10-11-20 *[Signature]* 12061 10-18-20

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] 11802 10/11/20

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] 10-22-20

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE *Sgt. [Signature]* 1380

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.

10-22-20

RE AND DATE

CITY OF ARBOR
EMPLOYEE RECORDS
999 OCT 28 PM 1:49

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

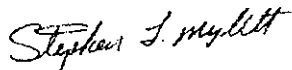
TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

*change of address and phone number



DANIEL HARRIGAN, 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

Confidential Information:

Street Address: [REDACTED]

City: Cuyahoga Falls State: Ohio Zip Code: 44221

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

In case of emergency, please contact:

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

Street Address: [REDACTED]

City: New York State: New York Zip Code: 10005

Relationship to Employee: Father

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]

61 8 44 6-330 0002

Date: 12/04/2020

AKRON POLICE DEPT. CHIEF OF POLICE

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

Revised 2/2017



DANIEL MORRISAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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

Street Address: [REDACTED]

City: Akron State: Ohio Zip Code: 44311

E-mail address: [REDACTED]@akronohio.gov

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

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

Street Address: [REDACTED]

City: New York City State: New York Zip Code: 10005

Relationship to Employee: Father of Employee

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

EMPLOYEE ID NO.
[REDACTED]

SETUP & CHANGE PERSONAL INFORMATION

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name
[REDACTED]			

Street Address	City and State	Zip Code
[REDACTED]	Cuyahoga Falls, OH	44221

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes <input checked="" type="radio"/> No <input type="radio"/>	CELL: [REDACTED] HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College E-Technical School	<input checked="" type="radio"/> F-2-Year College Degree <input type="radio"/> G-Bachelor's Level Degree <input type="radio"/> H-Some Graduate School <input type="radio"/> I-Master's Level Degree	<input type="radio"/> J-Doctorate (Academic) <input type="radio"/> K-Doctorate (Professional) <input type="radio"/> L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	

City and State	Phone Number	Relationship Code	
New York, New York	[REDACTED]	1 Spouse 2 Child	<input checked="" type="radio"/> 3 Parent <input type="radio"/> 4 Guardian 5 Other

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: 09/14/2021

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

CHIEF'S OFFICE

2020-CD-56

October 12, 2020

DIRECTIVE

Effective Monday, October 12, 2020, the following transfers* are made in the Akron Police Department:

Officer [REDACTED] ✓ I.D. # [REDACTED]	Uniform Sub-Division Platoon #5 11:00AM-7:30PM	Uniform Sub-Division Platoon #1 10:30PM-7:00AM
Officer Dylan Thompson I.D. #1518	Uniform Sub-Division Platoon #5 11:00AM-7:30PM	Uniform Sub-Division Platoon #3 2:30PM-11:00PM

***Based on 2-year rule.**


Kenneth R. Ball II
Chief of Police

Akron Police Department Awards And Commendations Report

Incident Entered By: CAPTAIN Melissa Schnee - 10180

Incident Details

Date Received	Date of Occurrence	Time of Occurrence
1/14/2022	12/24/2021	02:23
Record ID #	SCAD	Tracking #
7455	21-163461	
Date/Time Entered		
1/14/2022 02:12		

Incident Summary

Breaking & Entering: 840 Brittain Rd. (Walgreen's). Car 3, Officers Cunningham 1343 and Massengill 1538, along with multiple other units, responded to this location reference someone breaking into the pharmacy at this location. On scene, officers observed a broken W/S door window. The key holder provided the passcode to the video surveillance cameras which showed footage of two males wearing black enter through the door on the W/S of the building. One of the males used a crowbar to pry open the door. The males ran through the pharmacy with handbags taking unknown types of pharmaceutical medications. The males then exited through the point of entry and fled the scene. DB notified; Sgt. Mara and CSU on scene. Officers continued to canvass the area and recovered mail addressed to a Kia Tarver at 1120 Marysville, a CD, and disposable gloves believed to belong to the suspects. At 0442 hrs. Officers went to 1120 Marysville and located a vehicle that had a crowbar visible in the backseat. As officers were attempting to make contact at the Marysville address, two males ran from this location. One male was quickly apprehended. Car 25, Officer Barnes 1421 with K9 Officer Bruno, began a track at 0509 hours. Officer Cunningham reported to officers that the male they were tracking was not from this area and was only here because he is dating a female resident at 1120 Marysville. Officer Cunningham also reported that most/all the items taken in the B & E had been recovered. Officers continued to search the large area between Eastwood/Hazel/RR tracks, which contains a quarry/sandpit until approximately 0630 hrs. At that point, several officers returned to 1120 Marysville to assist Car 3 with the juvenile male who had been arrested. Officers then hung back in the area out of sight of the address, and within a few minutes, the female resident at 1120 Marysville came outside and began shouting a male's name. The male the officers had been searching for came into sight and was quickly apprehended.

The officers involved showed diligence and tenacity in their handling of this incident. In their initial search of the area, they discovered evidence that led them to a possible suspect location where they observed additional evidence further tying that location to the crime. Officers then searched a large area with rough terrain in cold temperatures for over an hour ceasing only as the end of the shift approached. Still unwilling to give up, they made one more attempt by causing the resident to believe the coast was clear, and they were able to finally apprehend the suspect. This was a great example of teamwork, dedication, and performance that was well above what would be considered a satisfactory level.

I am recommending a Captain's Commendation for the following officers: KS Cunningham 1343, RM Massengill 1538, DT Henry 1468, VM Mokodean 1555, ZO Oles 1525, [REDACTED] NE Film 1472, JC Bowers 1552, DJ Luke 1497, GR Parker 1523, TB Hunt 1423, DE Morgan 1549, and PM Barnes 1421 for their roles in this incident.

Incident Location

• 840 Brittain Road, Akron, OH 44310 - Location of Occurrence: Summit - Precinct: District 3

Involved Employees

OFFICER Paul Barnes - Payroll ID: 18826 - Badge Number: 1421

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER John Bowers - Payroll ID: 20516 - Badge Number: 1552

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER Kyle Cunningham - Payroll ID: 18053 - Badge Number: 1343

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER Nicholas Film - Payroll ID: 19613 - Badge Number: 1472

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER Daniel Henry - Payroll ID: 19616 - Badge Number: 1468

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER Timothy Hunt - Payroll ID: 18821 - Badge Number: 1423

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

OFFICER David Luke - Payroll ID: 20048 - Badge Number: 1497

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER Ronnell Massengill - Payroll ID: 20273 - Badge Number: 1538

Assignment at time of incident: Title: Recruit Patrol Bureau/Platoon 1/10:30PM-7AM/Recruit

Video Footage: [No Response]

Role
•

OFFICER [REDACTED] - Payroll ID: [REDACTED] - Badge Number: [REDACTED]

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER Vladislav Mokodean - Payroll ID: 20526 - Badge Number: 1555

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role
•

OFFICER Donald Morgan - Payroll ID: 20275 - Badge Number: 1549

Assignment at time of incident: Title: Recruit Patrol Bureau/Platoon 1/10:30PM-7AM/Recruit

Video Footage: [No Response]

Role

OFFICER Geoffrey Parker - Payroll ID: 20053 - Badge Number: 1523

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: (No Response)

Role

Tasks

No tasks to show

Running Sheet Entries

No running sheet entries to show

Attachments

No attachments

Assignment History

Sent Dt

From

To

Chain of Command History

Routing #1

Sent From: CAPTAIN Melissa Schnee
Sent To: DEPUTY CHIEF Jesse Leaser
CC: (none)
Sent Date/Time: 1/14/2022 2:51 AM

Instructions from CAPTAIN Melissa Schnee to DEPUTY CHIEF Jesse Leaser:

For your review. I am requesting a Captain's Commendation.

Comments/Response from DEPUTY CHIEF Jesse Leaser:

Comments:

Great work by all involved. This incident demonstrates fantastic team work that led to the apprehension of a breaking and entering suspect. I concur with Capt. Schnee that these officers deserve a captain level commendation or their outstanding effort. They are a credit to the department and to the city.

Routing #2

Sent From: DEPUTY CHIEF Jesse Leaser
Sent To: SERGEANT Angela Falcone
CC: CAPTAIN Melissa Schnee
Sent Date/Time: 1/19/2022 8:26 AM

Instructions from DEPUTY CHIEF Jesse Leeser to SERGEANT Angela Falcone:

Captain level commendation is to be awarded to the officers listed. Outstanding effort and a credit to the police department.

Comments/Response from SERGEANT Angela Falcone:

Comments:

[Forward to OPSA by SERGEANT Angela Falcone]

Author Signature Line

CAPTAIN Melissa Schnee - 10180

Chain of Command Signature Lines

DEPUTY CHIEF Jesse Leeser

SERGEANT Angela Falcone

AKRON POLICE DEPARTMENT

This Citation is awarded to

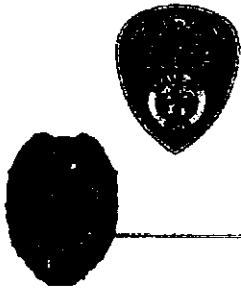
Officer 

in recognition of

Your role in the handling of the Breaking and Entering at the Walgreen's Pharmacy at 840 Brittain Rd. on 12/24/21. You and the other officers involved showed diligence and tenacity in your handling of this incident that led to the arrest of two suspects and the recovery of the stolen property. This was a great example of teamwork, dedication, and performance that was well above what would be considered a satisfactory level.

Captain Melissa Schnee #914 
Shift / Unit Commander

January 14, 2022
Date



AKRON POLICE DEPARTMENT

Harold K. Stubbs Justice Center
217 South High Street
Akron, Ohio 44308-1682

Stephen L. Mylett, *Chief of Police*

TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: March 10, 2022

Effective March 10, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.

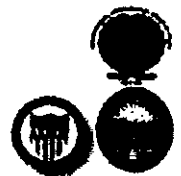
Stephen L. Mylett

Stephen L. Mylett
Chief of Police

SLM/sjn

**cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll**

www.akroncops.org
Fax: (330) 375-2135 Phone: (330) 375-2244
Address all correspondence to the Chief of Police



EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 05/29/20 TO 10/29/20		MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20 11/27/20

PLEASE USE #2 PENCIL

EMPLOYEE ID	TYPE OF EVALUATION				EVALUATOR ID
	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: 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS	YR: 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																																								
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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.

Progressing as expected.

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 SIGNATURE: [Signature] EMPLOYEE ID #: 1397118647 DATE: 12/5/20 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 12-6-20

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

REVIEWER SIGNATURE: [Signature] EMPLOYEE ID #: 11808 DATE: 12/10/20

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: _____ DATE: _____

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: _____

SIGNATURE: _____ 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.

EMPLOYEE'S SIGNATURE AND DATE: _____

CITY OF AKRON
EMPLOYEE NAME

EMPLOYEE PERFORMANCE EVALUATION REPORT

DIVISION
Police Uniformed

CLASS TITLE
Police Officer

EVALUATION FROM
12/9/19 TO 03/07/20

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY **04/07/20**

PLEASE USE #2 PENCIL

EMPLOYEE ID

TYPE OF EVALUATION							
STD	EMPLOY PROBATION			SEASON TEMP		FROM TRANSFER	
INTERIM	6-MONTH	45 DAY	90 DAY	180 DAY	270 DAY	45 DAY	90 DAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR ID

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS	MO:	FACTORS	YR:					
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<input type="checkbox"/>	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"/> 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		<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <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 <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" 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 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 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.

Police Recruit is performing as expected of an employee at this point in their 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] EMPLOYEE ID #: 16177 DATE: 3/4/20 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 3/10

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY. 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 REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 3/12/2020 SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [Blank]

7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] AND DATE: 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. [Signature] AND DATE: 03/11/20

REVISED DATE - MAY 2005

DIVISION COPY

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

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID 18689
	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																																																						
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<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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OFC. [REDACTED] IS PROGRESSING SATISFACTORILY. OFC. [REDACTED] HAD ONE CALL OFFS DURING THIS PERIOD. MP 1410

5. SIGNATURE OF EVALUATOR

T-19 REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: *Michael W...* EMPLOYEE ID #: 18689 DATE: 6-13-21 EVALUATOR 2 SIGNATURE: *CRANF...* EMPLOYEE ID #: 914 10180 DATE: 6-18-21

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11808 DATE: 6/22/21

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: *[Signature]* DATE: 6/22/21

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE. SIGNATURE: *[Signature]* AND DATE: 1410 7-1-21

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: [REDACTED] 07/01/2021



DAVE YOST

OHIO ATTORNEY GENERAL

Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

User Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE

Printed Name: _____

Date: 04/29/2020

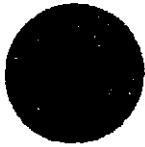
Signature: _____

OAI/ORI #: _____

Agency Name: Akron Police Department

Agency Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I also state that I am responsible for the users that are assigned to my charge and will adhere to these directives and that failure to do so may constitute a security violation resulting in denial of access to BCI/OHLEG information resources as well as other products and services provided by the AGO. I agree to cooperate with any OHLEG investigation and provide whatever information may be necessary for an OHLEG administrative review. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system



Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

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Printed Name: _____ Date: 04/29/2020
Title: Police Officer
Signature: _____ OAI/ORI #: _____



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@ohioattomeygeneral.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.

OFFICER INFORMATION		1. Name (Last)	(First)	(Middle)	2. Peace Officer 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	
	@akronohio.gov				
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
		Akron	Ohio	44311	Summit
8. Basic Training Academy (Academy Name)		(Academy Number)		(Dates of Training)	
Akron Police Department				12/11/2019 - 5/1/2020	

AGENCY INFORMATION		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	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
		05 / 29 / 2020	/ /
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 (506.49)	<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)	

ATTESTATION OF REPORTING AUTHORITY		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	05 / 21 / 2020	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
<i>C.A. Brown</i>	Charles A. Brown	05 / 21 / 2020	

Officer Name (Last) _____ (First) _____ (Middle) _____ Social Security Number _____

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

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		

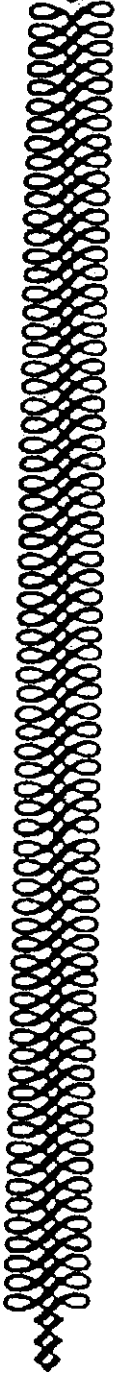
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <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		



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.

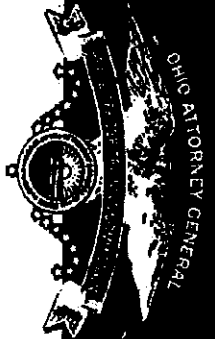
I DO SO PLEDGE.

[REDACTED SIGNATURE]

Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE
THIS 29th DAY OF MAY, 2020.


DANIEL HORRIGAN, MAYOR



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

David J. Foster
David J. Foster
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission



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

Rt. Edward S. Tenney
Rt. Edward S. Tenney
School Commander

BAS19-090



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
May 06, 2020
Expires in 2 years

J A Morbitzer

Joseph A. Morbitzer, BCI SUPERINTENDENT

* No CPT Hours
01205567315ad1e09384139ed7ca2406c866



CERTIFICATE OF ATTENDANCE

This is to certify that



Has attended

The Gun Game (1 Day Presentation)

June 23 2021

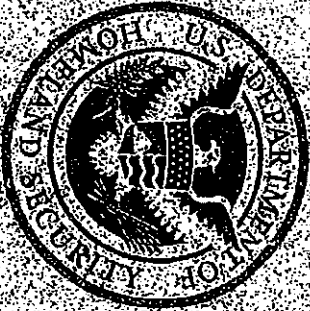
A handwritten signature in black ink, appearing to read 'Tommy Brooks', written over a horizontal line.

Tommy Brooks
Presenter

A handwritten signature in black ink, appearing to read 'Dennis Benigno', written over a horizontal line.

Dennis Benigno
Founder, Instructor

Center for Domestic Preparedness



FFEMA

This is to certify that

[Redacted Name]

successfully completed the

Field Force Operations

Akron, OH

(24 Continuing Education Units/24.00 Contact Hours)

Issued this 18th day of August, 2021



The Center for Domestic Preparedness is accredited by the International Association for Continuing Education and Training (IACET). The CDP complies with the ANSI/IACET Standard, which is recognized nationally as a standard of excellence in instructional practices. As a result of this accreditation, the CDP is accredited to issue the IACET CEU.

2045-000702671-0001483327-0407-3

Tony Russell
Superintendent
Center for Domestic Preparedness
Federal Emergency Management Agency
U.S. Department of Homeland Security

EMPLOYEE ID NO.

SETUP & CHANGE PERSONAL INFORMATION

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	Leesville OH	44639

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes <input type="radio"/> No <input checked="" type="radio"/>	CELL: [REDACTED] HOME: [REDACTED]	1. Single <input checked="" type="radio"/> 2. Married 3. Separated 4. Divorced 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE FEMALE <input type="radio"/>

Education (Circle response, below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College E-Technical School	F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
Leesville OH	[REDACTED]	1 Spouse 2 Child	<input checked="" type="radio"/> 3 Parent 4 Guardian 5 Other

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 incorrect information may be grounds for dismissal.

SIGNATURE: _____
[REDACTED]

DATE 1/6/2014



Records Home | Vehicle Records | Reports | DMV Services | Payment Support | Help & Support | My Account | Logout

Ohio Driving Records Detail

SSN [REDACTED]

Date/Time Searched: 07/01/2014 08:30 AM

Record Detail

Name	[REDACTED]	License #	[REDACTED]		
DOB	[REDACTED]	Age	[REDACTED]	Deceased	
SSN	[REDACTED]	Height	[REDACTED]	Weight	[REDACTED]
Gender	MALE	Hair	[REDACTED]	Eyes	[REDACTED]
Race	[REDACTED]	AKA	[REDACTED]		
As Of	N/A	County	[REDACTED]	Type	[REDACTED]
Address	[REDACTED]				
	LEESVILLE, OH 44039				
Org Issue Date		Non-Res Military		State	

License and Permit Information

License #	[REDACTED]	License Type		Status	VALID
Status Date	07/01/2014	Issue Date	10/23/2012	Expire Date	12/31/2016
Class	OPERATOR	Class Description	N/A	CDL Status	
Commercial Dr		CDL Licensed		Probation	
Limited Priv		Cond Rest		Org Issue Date	
Endorsements	NONE				
Restrictions	NONE				
Total Points					

Driving Record Detail

CONVICTION DETAILS

Record Type	IN-STATE CONVICTION		
Modificn Date			
State		County	
Court Case #	[REDACTED]	Court Name	NEW PHILADELPHIA MUN CRT
Offense Details	SPEED 4511.21D	Offense Date	[REDACTED]
Convicted Date	01/13/2014	Accident Date	
Suspended Start		Suspended End	
FHA Start		FHA End	
Points Assessed	02	BEAV Case #	
Conviction Details		Withdrawal Details	
Posted Speed	55	Actual Speed	069

MESSAGE

END OF DRIVER RECORDS

OPENonline.com is a service provided by the Ohio Department of Public Safety. It is not intended to be used for legal purposes. It is not a substitute for a lawyer. It is not a substitute for a court order. It is not a substitute for a license. It is not a substitute for a permit. It is not a substitute for a certificate. It is not a substitute for a diploma. It is not a substitute for a degree. It is not a substitute for a certificate of completion. It is not a substitute for a certificate of achievement. It is not a substitute for a certificate of merit. It is not a substitute for a certificate of appreciation. It is not a substitute for a certificate of honor. It is not a substitute for a certificate of recognition. It is not a substitute for a certificate of commendation. It is not a substitute for a certificate of congratulations. It is not a substitute for a certificate of thanks. It is not a substitute for a certificate of appreciation. It is not a substitute for a certificate of honor. It is not a substitute for a certificate of recognition. It is not a substitute for a certificate of commendation. It is not a substitute for a certificate of congratulations. It is not a substitute for a certificate of thanks.

*ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER
FOR THE POSITION OF POLICE OFFICER*

Do not resign from your current job in anticipation of employment


I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

1. All components of a background investigation, including polygraph;
2. A physical fitness test;
3. A complete medical examination;
4. A psychological evaluation;
5. A drug screening;
6. That a budgeted position for Police Officer is available;
7. That funding is dedicated to fill the vacant position at the time of my appointment;
8. Successfully completing the Ohio Peace Officer Training Program including passing the final examination certified by the Ohio Peace Officer Training Commission (OPOTC) and Office of the Attorney General, unless candidate is currently certified by OPOTC, prior to my appointment. If I am currently certified by OPOTC, I must maintain my certification.

OPOTA training and certification process must be successfully completed by or before September 7, 2014, unless otherwise agreed to.

I understand that I will be disqualified and the offer withdrawn if any of the conditions listed above are not satisfied, or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of appointment, which includes, but is not limited to, a valid Ohio driver's license, no felony convictions, and no restrictions on my ability to carry and use a firearm.

I understand that I will not be an employee of the City of Akron until I am appointed to the position of Police Officer and that upon appointment, I will be a probationary employee. I have had explained to me and fully understand the provisions of the City of Akron Police Division's probationary period as outlined within Akron City Charter Section 106 (12) and Akron Civil Service Commission Rule 7. Copies of these sections are attached to this form.

Applicant's Initials:  _____

Page 1 of 2

I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.

Before I am appointed, I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD AFTER MY APPOINTMENT TO THE POSITION OF POLICE OFFICER.

Sgt Allen Fitch
Akron Police Department Witness (Print)

Sgt Allen Fitch
Witness (Signature)

[REDACTED]
Applicant (Print)

[REDACTED]
Applicant (Signature)

[REDACTED]
Address

Leesville OH 44639

1/6/2014
Date

Personnel Department
City of Akron
January 1999
Revised January 2007
Revised January 2012
Revised July 2013

AGREEMENT

I, [REDACTED], am scheduled to be enrolled in an Ohio Peace Officer training academy starting T&D to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training.

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.

[REDACTED]
Applicant (Print)

[REDACTED]
Signature

1/6/2014
Date

Sgt Allen Fite
Witness (Print)

Sgt Allen Fite 1/6/14
Witness (Signature/Date)



Authorization for Release of Information for Employment



As part of the employment process, the City of Akron, Ohio may obtain a consumer report and/or Investigative Consumer Report from an external Consumer Reporting Agency to be generated for employment, promotion, reassignment or retention as an employee. As an applicant or an employee, you are considered a "consumer" under the Fair Credit Reporting Act. The Fair Credit Reporting Act requires that we advise you that for the purposes of employment, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics and/or mode of living. An investigative consumer report involves personal interviews with sources such as employers, associates, educators, etc. A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the City of Akron obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which has been given to you. You can access this summary directly at: www.consumerfinance.gov/learnmore.

AUTHORIZATION AND RELEASE:

During the application process and at any time during any subsequent employment, I, police officer, hereby authorize the City of Akron to obtain "consumer reports" and "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, the City of Akron or an agent acting on its behalf to procure information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, employment and other experiences. This report may be compiled with information from but not limited to credit bureaus, court record repositories, military records, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, any public domain, insurance company, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, facsimile (fax), or copy form. Furthermore, if I am offered employment or am already employed by the City of Akron, I further authorize the City to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

 Applicant's Signature 1/6/2014
Date

 Social Security Number



Authorization for Release of Information for Employment



The following information is required by law enforcement agencies and other entities for accuracy in identification when checking records. It is confidential and will not be used for any other purpose.

(Please Print Clearly)

Last Name [REDACTED]		First Name [REDACTED]	Middle Name [REDACTED]
Please list any alias you may have:			
Address (include apartment number) [REDACTED]		City Leesville	State OH
Driver's License Number [REDACTED]		Issuing State OH	Zip Code 44639
Other License		Number	Issuing State
Please list other states in which you have held a license:			
I understand that I must provide my date of birth in order to confirm my identity for purposes of completing an accurate background investigation. It is not provided to the hiring official for any purpose in connection with consideration of your application for employment.			Date of Birth: 12 / 31 / 1987 (MM/DD/YYYY)

I acknowledge receipt of the FCRA CONSUMER RIGHTS NOTICE, "A Summary of Your Rights under the Fair Credit Reporting Act."

 [REDACTED] Applicant's Signature

 1/6/2014 Date





APPLICATION AFFIDAVIT

I, [REDACTED] certify that as of 1/6/2014
(Your name) (today's date)

all information on my application is updated and current, including my education and employment history, and my conviction record.

I further understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.

State of Ohio
Summit County
Sworn to and subscribed in my presence

[REDACTED]
Signature

This 6th Day of jan 20 14

1/6/2014
Date

Sandy Moss
Notary Public/Examiner

7/21

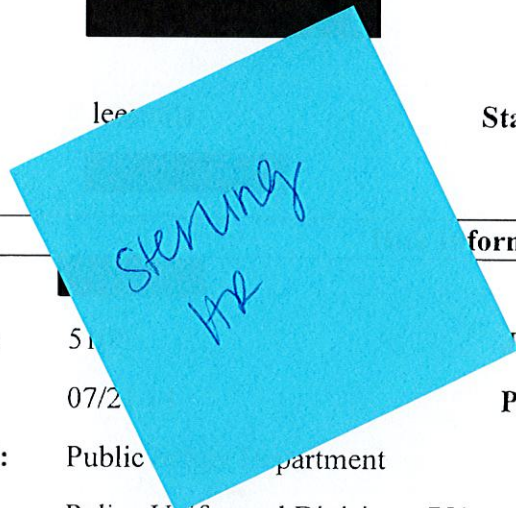


CP

HIRE/PERSONNEL ACTION FORM

Employee Information

Employee: [Redacted]
 Address 1: [Redacted]
 Address 2:
 City: [Redacted] State: Ohio Zip: 44639
 Phone: [Redacted]



Information

Person ID: [Redacted]
 Job Class #: 51 Job Class: Police Officer
 Hire Date: 07/20 Pay Rate: \$0.00
 Department: Public Safety Department
 Division: Police Uniformed Division - 751
 Hire Req. #: 2012-00195 Job Term: Permanent

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

Employee ID: [Redacted]
 Pay Grade and Step: 86-1
 Appointment Actions: Employment
 Change Actions:
 Appointment Code: Permanent Full-Time
 Probation New
 Status Code: Active
 List Code: Open
 Position Number: 00001545
 SSN (PERSONNEL DEPARTMENT USE ONLY): [Redacted]
 Marital Status (PERSONNEL DEPARTMENT USE ONLY): Married

90-10/18/14
 270-4/10/15
 EXHIBIT K7 10

Comments: 10000-130100

Approvers		
Division Manager	Nice, James	07/01/14 10:45 AM
Mayor	Plusquellic, Mayor	07/01/14 04:40 PM

Printed on July 10, 2014

2013-O-2-510 - Police Officer

Contact Information -- Person ID: [REDACTED]

Name: [REDACTED] Address: [REDACTED] leesville, Ohio 44639 US
 Home Phone: [REDACTED] Alternate Phone: [REDACTED]
 Email: [REDACTED] Notification Preference: Email
 Former Last Name: [REDACTED] Month and Day of Birth: 12/31

Personal Information

Driver's License: Yes, Ohio, [REDACTED], Class D
 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

To Obtain a full time position as a Police Officer.

Education

College
 Stark State College
 8/2006 - 5/2008
 North Canton, Ohio
 Did you graduate: No
 College Major/Minor:
 Units Completed: 46 Semester
 Degree Received: No Degree

Work Experience

Infantryman
 8/2009 - 10/2012
 U.S. Army
 Fort Stewart, Georgia 31315
 (706) 905-9504
 Hours worked per week: 40
 Monthly Salary: \$3,200.00
 # of Employees Supervised: 3
 Name of Supervisor: Andre Green - 1SGT
 May we contact this employer? Yes

Duties

Conducting combat and training patrols and missions.
 Training and counseling team members on monthly performance and assigned tasks.
 Obtaining proficiency on assigned weapons and gear.
 Ability to work under stressful conditions.

Reason for Leaving

Finished Contract

Cashier/Warehouse

8/2006 - 5/2009
 Best Buy
 North Canton, Ohio 44720
 (330) 244-0639
 Hours worked per week: 32
 Monthly Salary: \$1,200.00
 Name of Supervisor: Connie Ayers
 May we contact this employer? Yes

Duties

Stocking, cleaning, customer service

Reason for Leaving

Joined U.S. Army

Certificates and Licenses

Skills

Office Skills

Typing:
Data Entry:

Additional Information

References

Resume

Text Resume

[REDACTED]
Leesville, Ohio 44639
[REDACTED]

Objective: Seeking a position as a Police Officer for Akron, Ohio Police Department

HIGHLIGHTS OF QUALIFICATIONS

Government secret security clearance
Served 2yrs 11 months in the U.S. Army as an infantryman
Firearms experience: M4 Carbine, M249 Squad automatic weapon, M-240Bravo

PROFESSIONAL EXPERIENCE

Infantryman/Infantry Team Leader/Sergeant
United States Army 3rd Infantry Division
August 2009-October 2012

RESPONSIBILITIES

Operate weapons and equipment in ground combat operations
Performed numerous security patrols for 11 months during Operation Iraqi Freedom/New Dawn
Qualified and trained in the operation and maintenance of small arms and assault weapons
Assisted in reconnaissance operations
Operated weapon systems under various conditions, including engaging targets using night vision sights
Instructed Daily Physical Fitness Conditioning
Supervised Team members and provided instruction on daily tasks and missions
Worked effectively in groups with diverse team members

EDUCATION

46 Semester hours completed
Stark State College Of Technology, North Canton, OH

Attachments

Attachment	File Name	File Type	Created By
dd214	[REDACTED]	Other	Job Seeker
DD214	SCAN6480_000	Other	Sandy Moses
cert of residency Police	SCAN8317_000	Other	Kris Rininger

Agency-Wide Questions

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: 2

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

A: [REDACTED] Leesville, OH 44639-2 months
Fort Stewart, GA 31315-2 yrs 11 months(military)

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:

Supplemental Questions

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

A: Yes

2. Q: Applicants must be between the ages of 21 and 31 at the time of the written examination. What is your full date of birth (MM/DD/YYYY)?

A: [REDACTED]

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

A: No

4. Q: Have you ever been convicted of the crime of Domestic Violence?

A: No

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

A: Yes

6. 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. View and print a summary of your rights under the Fair Credit Reporting Act at: <http://www.akronohio.gov/person.html>.

Copies of the summary are also available from the City of Akron Personnel Department at 330-375-2720.

A: I consent

7. 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 to your application, mail or hand deliver them to Suite 130, Citicenter Bldg., 146 S. High St, email them to krininger@akronohio.gov, or submit them at the written examination.

A: Yes

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

A: No

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

A:



Acknowledgement of Receipt of City and 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 that the City of Akron has provided you information about the City of Akron fraud hotline and email and 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 have read the information provided by the City of Akron regarding the fraud reporting system operated by the City and the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

Signature [Redacted]

Date 1/6/2014

Print Name [Redacted]

Title police officer

Department police

**CITY OF AKRON ETHICS ACKNOWLEDGEMENT
FORM**

**ETHICS POLICY &
OHIO ETHICS LAW AND RELATED STATUTES**

I hereby acknowledge the receipt of the *Ohio Ethics Law and Related Statutes* published by the Ohio Ethics Commission, dated February 2013, which contains Ohio Revised Code Chapter 102 and related statutes in Ohio Revised Code Section 2921. I understand that it is my responsibility to read and adhere to these provisions.


Employee Name (Print)


Employee Signature

State of Ohio
New Hire Reporting Form 7048

Effective October 1, 1997, all Ohio employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the employee's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by e-mail, electronic tape or floppy diskette. *Call 1-888-872-1490 to obtain information on submitting new hire reports electronically.* Reports must be made within 20 calendar days of date of hire.

To ensure accuracy, please print (or type) neatly in upper-case letters and numbers using a dark ballpoint pen.

MANDATORY INFORMATION

EMPLOYEE INFORMATION:

Social Security Number: [REDACTED]
State of Hire: Ohio

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

Address 1: [REDACTED]

Address 2: _____

Address 3: _____

City/State/Zip: Leesville, OH, 44639

Employee Date of Hire: 7/21/14 Date of Birth: [REDACTED]

EMPLOYER INFORMATION:

Employer Federal EIN: 34-6000020

Employer Name: City of Akron

Payroll Address: Citicenter Building Suite 110, 146 South High Street

Address 2: _____

Address 3: _____

City/State/Zip: Akron, Ohio 44308

REPORTS WILL NOT BE PROCESSED WITHOUT MANDATORY INFORMATION

Send Reports to:
Ohio New Hire Reporting Program
P.O. Box 15309
Columbus, Ohio 43215-0309
Fax: (614) 221-7088 or (888) 872-1611



7/21/14

POST-OFFER PROCESSING CHECKLIST

Name: [Redacted] Job Title: Police Officer

Employment Status: Permanent FI [Redacted] Permanent PT Temporary Seasonal

Hiring Dept.: Public Safety Contact: Chief Nice Date of Selection: 1-6-14

	DATE	INITIAL	COMMENTS
PRE-EMPLOYMENT:			
<input checked="" type="checkbox"/> Conditional Job Offer			Given by Police at interview. File with paperwork.
<input checked="" type="checkbox"/> FCRA Release	1-6-14	SM	
<input checked="" type="checkbox"/> Application Affidavit			
<input checked="" type="checkbox"/> Federal I-9 Form	7/21/14	KR	will buy in SS card
<input checked="" type="checkbox"/> Anti-Harassment Acknowledgement			
<input type="checkbox"/> Executive Order #3-89			
<input type="checkbox"/> Policy on Alcohol Use/Possession			
<input checked="" type="checkbox"/> Fraud-Reporting system information			
<input checked="" type="checkbox"/> Ethics Acknowledgement Form			
<input checked="" type="checkbox"/> Ohio Form 7048			
<input checked="" type="checkbox"/> Tax Forms	1-17-14	JK	needs to be W-4
<input checked="" type="checkbox"/> Health Ins Mrkpl Acknowledgement			
<input checked="" type="checkbox"/> Auth. for Automatic Deposit	7-7-14	JK	will buy in CR deposit
<input checked="" type="checkbox"/> Set-up Information Form		SM	
<input type="checkbox"/> National WebCheck Release	2013		Completed after fitness test
<input checked="" type="checkbox"/> BWC HIPAA Release			mailed 1/2/14.
<input checked="" type="checkbox"/> Drivers' License Points	5/1/14	KR	valid, 2 pts.
<input type="checkbox"/> ID Photograph			

MEDICAL EXAMINATION:			
<input type="checkbox"/> Medical Exam Scheduled	1-6-14	JK	[Redacted]
<input checked="" type="checkbox"/> Medical Results Returned	1/14/14	KR	[Redacted]
<input checked="" type="checkbox"/> Medical Exam Reviewed			[Redacted]
<input checked="" type="checkbox"/> Worker's Comp History	1/23/14	KR	[Redacted]

DRUG SCREEN:			
<input checked="" type="checkbox"/> Drug Screen Data base reviewed	6/26/14	KR	[Redacted]

PSYCHOLOGICAL EVALUATION:			
<input checked="" type="checkbox"/> Psychological Release Form	1/6/14	SM	e-mailed 1/6/14
<input checked="" type="checkbox"/> SPA Instruction Forms (2)			
<input type="checkbox"/> Additional Record Release Form	1/1/14		If candidate answers yes to questions on SPA Instruction form, this release must be completed.
<input type="checkbox"/> Psychological Exam Scheduled	1-6-14	SM	[Redacted]
<input type="checkbox"/> Psych. Exam Results Returned	1/21/14	KR	[Redacted]
<input checked="" type="checkbox"/> Psych. Exam Reviewed			[Redacted]

APPROVAL:			
<input checked="" type="checkbox"/> Approval Slip Completed	7/10/14	JC	
<input checked="" type="checkbox"/> Approval E-mailed to Hiring Dept.	7/10/14	JC	
<input type="checkbox"/> Employee Records Set-up	7-21		
<input type="checkbox"/> ID Badge Delivered	7-22	JK	printed

9/8

EMPLOYMENT TRANSACTIONS AND LEAVE REPORT CITY OF AKRON, OHIO

EMPLID or SSN [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]	Initial
-----------------------------	-------------------------	--------------------------	---------

Effective Date
09/08/14

Division Number
751

Hours

PLEASE REFER TO YOUR MANUAL FOR DEFINITIONS, PROCEDURES ON COMPLETING THIS FORM AND INSTRUCTIONS CONCERNING ACTIONS WHICH REQUIRE ADDITIONAL AUTHORIZING DOCUMENTS

A APPOINTMENT ACTIONS	C CORRECTION ACTION	E PAID ABSENCE
01 <input type="checkbox"/> EMPLOYMENT	24 <input type="checkbox"/> CHANGE PREVIOUS ACTION	45 <input type="checkbox"/> SICK LEAVE
02 <input type="checkbox"/> EMPLOYMENT RESTORATION	D CHANGE ACTIONS	46 <input type="checkbox"/> ANNUAL LEAVE
03 <input type="checkbox"/> REEMPLOYMENT	25 <input type="checkbox"/> PROMOTION	47 <input type="checkbox"/> ANNUAL LEAVE PREPAID
04 <input type="checkbox"/> MILITARY RESTORATION	26 <input type="checkbox"/> DEMOTION-VOLUNTARY	48 <input type="checkbox"/> TERMINAL LEAVE SICK
05 <input type="checkbox"/> RETURN FROM LEAVE WITHOUT PAY	27 <input type="checkbox"/> DEMOTION-DISCIPLINARY	49 <input type="checkbox"/> TERMINAL LEAVE ANNUAL
06 <input type="checkbox"/>	28 <input type="checkbox"/> DEMOTION-FAILED PROBATION	50 <input type="checkbox"/> INJURY LEAVE
07 <input type="checkbox"/>	29 <input type="checkbox"/> DEMOTION-IN LIEU OF LAYOFF	51 <input type="checkbox"/> JURY LEAVE
08 <input type="checkbox"/>	30 <input type="checkbox"/> TRANSFER - POSITION	52 <input type="checkbox"/> COURT LEAVE
B SEPARATION ACTIONS	31 <input type="checkbox"/> TRANSFER - DIVISION	53 <input type="checkbox"/> MILITARY RES. TRAINING LEAVE
09 <input type="checkbox"/> RESIGNATION	32 <input type="checkbox"/> TRANSFER - CLASS	54 <input type="checkbox"/> PERSONAL DAY
10 <input type="checkbox"/> RESIGNATION BAD STANDING	33 <input type="checkbox"/> SERVICE RATING INCREASE	55 <input type="checkbox"/> TERMINAL PAID LEAVE
11 <input type="checkbox"/> LAYOFF-PERMANENT	34 <input type="checkbox"/> REALLOCATION	56 <input type="checkbox"/>
12 <input type="checkbox"/> LAYOFF-NONPERMANENT	35 <input type="checkbox"/> CHANGE APPOINTMENT CODE	F UNPAID ABSENCE
13 <input type="checkbox"/> PROBATIONARY SEPARATION	36 <input type="checkbox"/> CHANGE STATUS CODE	57 <input type="checkbox"/> SICK LEAVE WITHOUT PAY
14 <input type="checkbox"/> DISABILITY SEPARATION	37 <input type="checkbox"/> CHANGE SRI DATE	58 <input type="checkbox"/> PERSONAL LEAVE W/O PAY
15 <input type="checkbox"/> MILITARY SEPARATION	38 <input type="checkbox"/> CHANGE SERVICE DATE	59 <input type="checkbox"/>
16 <input type="checkbox"/> RETIREMENT-VOLUNTARY	39 <input type="checkbox"/> TEMPORARY CLASS CHANGE	60 <input type="checkbox"/> WORKERS' COMPENSATION
17 <input type="checkbox"/> RETIREMENT-DISABILITY	40 <input checked="" type="checkbox"/> PAY CHANGE CODE	61 <input type="checkbox"/> SUSPENSION
18 <input type="checkbox"/> RETIREMENT-MANDATORY	41 <input type="checkbox"/> SPECIAL PROGRAM PROMOTION	62 <input type="checkbox"/> ABSENCE WITHOUT LEAVE*
19 <input type="checkbox"/> DEATH	42 <input type="checkbox"/> SPECIAL EMPLOYMENT APPOINTMENT	63 <input type="checkbox"/> ABSENCE NO REPORT*
20 <input type="checkbox"/> DISMISSAL	43 <input type="checkbox"/> RETURN TO FORMER POSITION	64 <input type="checkbox"/>
21 <input type="checkbox"/>	44 <input type="checkbox"/> CHANGE FF CODE	65 <input type="checkbox"/>
22 <input type="checkbox"/>		G CORRECT LEAVE HOURS
23 <input type="checkbox"/>		66 <input type="checkbox"/> ADD TO SICK LEAVE BALANCE
		67 <input type="checkbox"/> ADD TO ANNUAL LEAVE BALANCE
		68 <input type="checkbox"/> ADD TO PAID LEAVE
		69 <input type="checkbox"/> DEDUCT PAID LEAVE

H APPOINTMENT CODE			
01 <input type="checkbox"/> PERMANENT FULL-TIME PROBATION NEW	07 <input type="checkbox"/> SEASONAL PART-TIME	13 <input type="checkbox"/> PROBATIONARY	
02 <input checked="" type="checkbox"/> PERMANENT FULL-TIME	08 <input type="checkbox"/> TEMPORARY FULL-TIME	14 <input type="checkbox"/>	
03 <input type="checkbox"/> PERMANENT PART-TIME PROBATION NEW	09 <input type="checkbox"/> TEMPORARY PART-TIME	15 <input type="checkbox"/>	
04 <input type="checkbox"/> PERMANENT PART-TIME	10 <input type="checkbox"/> PROVISIONAL	16 <input type="checkbox"/>	
05 <input type="checkbox"/> PERMANENT-NO LEAVE ACCUM.	11 <input type="checkbox"/> UNCLASSIFIED	17 <input type="checkbox"/>	
06 <input type="checkbox"/> SEASONAL FULL-TIME	12 <input type="checkbox"/> CO-OP	18 <input type="checkbox"/>	

***EXPLANATION REQUIRED**
 Officer Finished Training Effective 09/08/14.
 From: 86/1 to 80/3

L PAID LEAVE PROGRAM
70 <input type="checkbox"/>
71 <input type="checkbox"/> PRE-APPROVED-ANNUAL
72 <input type="checkbox"/> PRE-APPROVED SICK LEAVE
73 <input type="checkbox"/> PRE-APPROVED-*
74 <input type="checkbox"/> PAID LEAVE SICK
75 <input type="checkbox"/> PAID LEAVE-*
76 <input type="checkbox"/> PREPAID PREAPPROVED ANNUAL
77 <input type="checkbox"/>

PAID LEAVE APPROVAL

DATE: _____ TIME: _____ A.M. P.M.

J STATUS CODE	K LIST CODE
01 <input type="checkbox"/> ACTIVE	01 <input type="checkbox"/> OPEN
02 <input type="checkbox"/> INACTIVE	02 <input type="checkbox"/> PROMOTIONAL
03 <input type="checkbox"/>	03 <input type="checkbox"/> NONE
04 <input type="checkbox"/>	

Prepared By WENDY LESLIE	Title ADMINISTRATIVE ASSISTANT II	Date 09/02/14
Approved By <i>James D. N.</i>	Title CHIEF OF POLICE	Date 09/02/14
Approved By	Title	Date

2014 SEP -2 AM 11:57

EMPLOYEE RECORDS

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME: [REDACTED] DIVISION: POLICE CLASS TITLE: POLICE OFFICER

EVALUATION FROM: 7/21/14 TO: 10/18/14 MERIT INCREASE DATE: RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/18/14

PLEASE USE #2 PENCIL

EMPLOYEE ID: [REDACTED]

		TYPE OF EVALUATION									
		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

EVALUATOR 1: [REDACTED]

EVALUATOR 2: [REDACTED]

ITEMS	MO:	FACTORS	YR:						
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	60	70	80	90	95
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT		<input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	QUALITY OF WORK	EVALUATOR 1 EVALUATOR 2					
<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 type="checkbox"/> ADHERENCE TO WORKING HOURS <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE	EVALUATOR 1 EVALUATOR 2					
<input 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.

Officer [REDACTED] is a new officer and is still learning the job. He appears to be progressing at an appropriate level and is eager to learn. He has been very cooperative with supervision and takes instruction well.

Officer [REDACTED] had no call offs during this evaluation period.

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: Sgt. V. Yurik 12635 10-12-14
 EVALUATOR 2 SIGNATURE: Lt. B. Sumner 1120/12476 10/14/14

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

SIGNATURE OF REVIEWER: Capt. S. Trunkle 12036 10-30-14
 SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: 10-28-14

7. REPORT DISCUSSION: 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: Sgt. V. Yurik 12635 10-28-14

[print this page](#)

[close this window to return](#)

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

I acknowledge that on Friday, July 25, 2014, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

Signature

Please print your name

Title

Department/Division

Date

police officer

public safety/policy

7/25/2014

APR 15 2014 11:52 AM

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 7/21/14 TO 4/16/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/16/15

PLEASE USE #2 PENCIL

E M P L O Y E E I D		TYPE OF EVALUATION	E V A L U A T O R I D								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>STD</th> <th>EMPLOY PROBATION</th> <th>SEASON TEMP</th> <th>PROM TRANSFER</th> </tr> <tr> <td>INTERIM</td> <td>45 DAY 90 DAY 180 DAY 270 DAY</td> <td>45 DAY 90 DAY FINAL</td> <td>45 DAY 90 DAY</td> </tr> </table>	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	
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								

ITEMS MO: [REDACTED] **FACTORS** YR: [REDACTED]

<p>1. MARK PERFORMANCE. IN</p> <p>ITEMS WHICH ARE JOB-RELATED, WITH:</p> <p><input type="checkbox"/> = STRONG</p> <p><input checked="" type="checkbox"/> = STANDARD</p> <p><input type="checkbox"/> = WEAK</p>	<p>2. LINE OUT ITEMS</p> <p>WHICH ARE NOT JOB-RELATED</p>	<p>3. EVALUATE PERFORMANCE BY</p> <p>BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</p>	<p>60 = UNSATISFACTORY</p> <p>70 = IMPROVEMENT NEEDED</p> <p>80 = SATISFACTORY</p> <p>90 = VERY GOOD</p> <p>95 = OUTSTANDING</p>															
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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.

Officer [REDACTED] has no call offs. He is a young and very energetic officer who has worked diligently & has performed exceptionally well near then end of this rating period. He displays a concentrated effort to follow up on calls. On 11/22/14, dispatched to 737 Kemore Blvd. ref. a "9" covered in blood. After performing a thorough prelim. investigation, a homicide victim was located at 560 Sharon St. and this subject was arrested for murder. On 01/02/15, was dispatched to 1288 Rowe St. ref. a "10" and arrested the female subject for Felonious Assault. On 02/12/15 was dispatched to a "14" and stopped vehicle at 231 E. Dresden Ave. and arrested driver for OVI & Hitskip. On 03/21/15, was dispatched to a "6" at 484 W. Market St. and apprehended a subject after a foot pursuit for Robbery, GOOD Job! Officer [REDACTED] shows a strong participation with other officers that the job is a team effort. On 03/22/15, he responded to an escaped "27/13" from a wagon officer at Noble Ave. at Copley Rd. Officer [REDACTED] and his partner located and apprehended the subject after a foot pursuit at 387 Noble Ave. Excellent Job!!!! During this rating period, he responded to 1,070 calls which was 3rd highest on the shift, had issued 66 citations which was 3rd highest, had 10 felony arrests which was tied for 4th highest and was in the top 10 on all the other categories. Very well liked.

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: Sgt. Blach *[Signature]* 12125 04/18/15

EVALUATOR 2 SIGNATURE: Lt. B. Simcox *[Signature]* 1120 12476 4/20/15

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

SIGNATURE OF REVIEWER: *[Signature]* 771 4/22/15

SIGNATURE OF DEPARTMENT HEAD: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: *[Signature]* 5/4/15

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: [REDACTED]

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/2015 TO 9/30/2015	MERIT INCREASE DATE 7/21/2016	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/2015

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: [REDACTED] FACTORS YR: [REDACTED]

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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Officer [REDACTED] has been assigned to work car #9 during this past rating period where he has handled over 1,300 calls for service. Officer [REDACTED] assignment is not traditionally known for high arrest numbers yet he is producing respectable totals. With just over a year on the department Officer [REDACTED] is still learning the position, and he approaches each shift with a desire and eagerness to learn and grow. I have observed him in the field on occasion where he is polite and helpful to citizens and around the station where he gets along very well with his peers and supervisors. Officer [REDACTED] also regularly participates in the departments "Park and Walk" initiative. Office [REDACTED] has not called off sick this rating period.

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] EMPLOYEE ID #: 15105 DATE: 10/21/15
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 1120/12476 DATE: 11/6/15

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 11/12/15
 SIGNATURE OF DEPARTMENT HEAD OR [Signature] DATE: 11/11/15

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYED BY: [Signature] DATE: 11/13/15

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

242

EMPLOYEE ID NO.
[REDACTED]

RECEIVED
AKRON POLICE DEPT.
CHIEF'S OFFICE

SETUP & CHANGE PERSONAL INFORMATION

2016 FEB -2 AM 10:39

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	North Canton, OH	44720

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input type="radio"/> Yes <input type="radio"/> No	CELL: HOME:	<input checked="" type="radio"/> 1. Single <input checked="" type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
<input type="radio"/> B-Less Than HS Graduate <input type="radio"/> C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College <input type="radio"/> E-Technical School	<input type="radio"/> F-2-Year College Degree <input type="radio"/> G-Bachelor's Level Degree <input type="radio"/> H-Some Graduate School <input type="radio"/> I-Master's Level Degree	<input type="radio"/> J-Doctorate (Academic) <input type="radio"/> K-Doctorate (Professional) <input type="radio"/> L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code
North Canton, OH	[REDACTED]	<input checked="" type="radio"/> 1 Spouse <input type="radio"/> 2 Child <input type="radio"/> 3 Parent <input type="radio"/> 4 Guardian <input type="radio"/> 5 Other

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 incorrect information provided is grounds for disciplinary action.

SIGNATURE: [REDACTED]

DATE: 2/1/16

2016 FEB -2 PM 2:28

CITY OF AKRON EMPLOYEE RECORDS

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/15 TO 3/31/16	MERIT INCREASE DATE 7/21/16	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/16

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

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 <input type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	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"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input type="checkbox"/> ADHERENCE TO WORKING HOURS <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input 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"/> CONDUCT & COOPERATION WITH SUPERVISION <input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" 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)	<table border="1"> <tr> <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>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </table>	EVALUATOR 1	EVALUATOR 2	60	70	80	90	95	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EVALUATOR 1	EVALUATOR 2	60	70	80	90	95																																
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																																
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																																
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																																

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.

Ofc. [REDACTED] has done a good job during this evaluation period. He takes pride developing his investigative skills and applies them during his investigations. [REDACTED] demonstrates an eagerness to learn all aspects of his position and he requires little direct supervision. [REDACTED] communicates well with the citizens and makes sound decisions. On 03-06-16, [REDACTED] responded to a domestic violence call involving an emotionally unstable juvenile who was barricaded. [REDACTED] demonstrated sound judgment, utilized good de-escalation techniques while displaying patience and empathy for the subject. His efforts facilitated the arrest and allowed the subject to get treatment. [REDACTED] has had no call offs during this evaluation period.

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: [REDACTED] EMPLOYEE ID #: [REDACTED] DATE: 04-22-16

EVALUATOR 2 SIGNATURE: [REDACTED] EMPLOYEE ID #: 11098 DATE: 4/24/16

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

REVIEWER SIGNATURE: [REDACTED] EMPLOYEE ID #: 771 DATE: 4-25-16

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE AND DATE: [REDACTED] 4/28/16

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 ID NO.
[REDACTED]

RECEIVED
AKRON POLICE DEPT.
CHIEF'S OFFICE

2016 MAY 16 PM 4:14

SETUP & CHANGE PERSONAL INFORMATION

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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	North Canton, OH	44720

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes <input type="radio"/> No <input checked="" type="radio"/>	CELL: [REDACTED] HOME: [REDACTED]	1. Single 2. Married <input checked="" type="radio"/> 3. Separated 4. Divorced 5. Widowed	[REDACTED]	MALE <input checked="" type="radio"/> FEMALE <input type="radio"/>

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College <input checked="" type="radio"/> E-Technical School	F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
North Canton, OH	[REDACTED]	1 Spouse <input checked="" type="radio"/> 2 Child	3 Parent 4 Guardian 5 Other

I hereby certify that any false information provided on this Setup & Change Personal Information form is true and complete. I understand that any false information is a violation of City of Akron policies and may result in disciplinary action.

SIGNATURE: _____

DATE: 5/5/16

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME ████████████████████	DIVISION POLICE UNIFORMED	CLASS TITLE POLICE OFFICER
EVALUATION FROM 4/1/16 TO 9/30/16	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/16

PLEASE USE #2 PENCIL

EMPLOYEE ID ██████████	TYPE OF EVALUATION				EVALUATOR ID 1573
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	

ITEMS	MO: 11 12 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												
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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.

Ofc. ██████████ is currently assigned to two patrol districts and takes great pride in his work. He's taken the initiative to volunteer for waiting calls for services and provides assistance to his fellow officers in neighboring districts. ██████████ has demonstrated an eagerness to strengthen his job knowledge and investigative skills. ██████████ has good situational awareness and command presence balanced with professionalism and courtesy while interacting with citizens. ██████████ has made numerous felony drug and gun arrest during this evaluation period that were self-initiated. ██████████ had no call offs during this evaluation period.

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: WAMILL #92 EMPLOYEE ID # 1017/16 DATE 10/17/16

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID # 1070 DATE 10/21/16

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID # 771 DATE 10-24-16

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: _____ DATE _____

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: WAMILL #92

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: _____ DATE: 10/26/16

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE TRAINING	CLASS TITLE POLICE OFFICER
EVALUATION FROM 10/1/15 TO 3/31/17	MERIT INCREASE DATE 3/31/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/17

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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 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"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1: 60 70 80 90 95 EVALUATOR 2: 60 70 80 90 95
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	QUANTITY OF WORK	EVALUATOR 1: 60 70 80 90 95 EVALUATOR 2: 60 70 80 90 95
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	ATTENDANCE	EVALUATOR 1: 60 70 80 90 95 EVALUATOR 2: 60 70 80 90 95
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	WORK HABITS	EVALUATOR 1: 60 70 80 90 95 EVALUATOR 2: 60 70 80 90 95
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	RELATIONSHIP WITH OTHERS	EVALUATOR 1: 60 70 80 90 95 EVALUATOR 2: 60 70 80 90 95
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> ORGANIZATION OF WORK	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1: 60 70 80 90 95 EVALUATOR 2: 60 70 80 90 95
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC		
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE		
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> EVALUATING PERFORMANCE		
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP		
<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			

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.

Ofc [REDACTED] has been with APD since July of 2014 and is currently assigned to work the 4-7 jump with Ofc Westlake. Ofc [REDACTED] is a very proactive police officer who is eager to learn and continue improving. Ofc [REDACTED] and Ofc Westlake were commended for solving a series of car break ins around Kenmore, in January of this year. Together they apprehended two of the suspects and returned all of the recovered property. Ofc [REDACTED] is professional with coworkers and citizens and did not have any citizen complaints or sick call offs during the grading period.

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] EMPLOYEE ID #: 1303 DATE: 4/24/17

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 11098 DATE: 4/25/17

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

REVIEWER SIGNATURE: [Signature] EMPLOYEE ID #: 771 DATE: 5-2-17

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 5/17/17

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] [REDACTED]

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.

[REDACTED] 5/17/17

Ofc [REDACTED] has been with APD since July of 2014 and is currently assigned to work the 4-7 jump with Ofc Westlake. Ofc [REDACTED] is a very proactive police officer who is eager to learn and continue improving. Ofc [REDACTED] and Ofc Westlake were commended for solving a series of car break ins around Kenmore, in January of this year. Together they apprehended two of the suspects and returned all of the recovered property. Ofc [REDACTED] is professional with coworkers and citizens and did not have any citizen complaints or sick call offs during the grading period.

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM [REDACTED] TO [REDACTED]	MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]

PLEASE USE #2 PENCIL

E M P L O Y E E I D		TYPE OF EVALUATION	
		STD	PROM TRANSFER
		EMPLOY PROBATION	SEASON TEMP
		INTERIM 6-MONTH	FINAL
	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY

E V A L U A T O R 1 I D	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
	6																				

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 11 12

<p>1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED, WITH:</p> <p><input checked="" type="checkbox"/> = STRONG</p> <p><input checked="" type="checkbox"/> = STANDARD</p> <p><input type="checkbox"/> = WEAK</p>	<p>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</p> <p><input type="checkbox"/> JUDGEMENT</p> <p><input checked="" type="checkbox"/> WRITTEN EXPRESSION</p> <p><input checked="" type="checkbox"/> ORAL EXPRESSION</p>	<p>3. EVALUATE PERFORMANCE BY</p> <p>BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</p>	<p>60 = UNSATISFACTORY</p> <p>70 = IMPROVEMENT NEEDED</p> <p>80 = SATISFACTORY</p> <p>90 = VERY GOOD</p> <p>95 = OUTSTANDING</p>																																										
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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.

Officer [REDACTED] is assigned to Platoon 3, cars 4 and 7. Officer [REDACTED] is well liked and is self-motivated. Officer [REDACTED] has developed great investigative skills, making numerous drug arrest throughout districts 4 and 7. His reports are well written, clear and concise. [REDACTED] is pro-active, responding to 1623 calls for service and initiating 197 traffic stops during this evaluation period. Officer [REDACTED] had a couple instances where he should have used better judgement. Officer [REDACTED] had 0 call offs during this grading period and was never tardy.

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] EMPLOYEE ID #: 16135 DATE: [REDACTED]

EVALUATOR 2 SIGNATURE: LT CD Brown EMPLOYEE ID #: 10380 DATE: 10-25-17

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11802 DATE: 10/30/17

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] 10/27/17

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.

12/01/2014 10:00 AM



EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM [REDACTED]	TO [REDACTED]	MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]

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
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

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 <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	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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OFFICER [REDACTED] IS A VERY PROACTIVE OFFICER BEING CLOSE TO THE TOP OF THE SHIFT IN SELF INITIATED ACTIVITY. HE IS ALSO QUICK TO ASSIST OTHER OFFICERS. OFFICER [REDACTED] IS NOT AFRAID TO ASK QUESTIONS WHEN HE HAS THEM WHICH DEMONSTRATES HE IS MAKING AN EFFORT TO IMPROVE HIS JUDGEMENT, DECISION MAKING, AND OVERALL QUALITY OF WORK. OFFICER [REDACTED] HAD NO CALL-OFFS THIS GRADING PERIOD. SES

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] 12696 4-18-18 DATE
 EVALUATOR 2 SIGNATURE: LT CD Bean 70380 4-18-18 DATE

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

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 REVIEWER: [Signature] 11800 2/20/18 DATE
 SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: [Signature] #1182 4-21-18

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

[REDACTED] 4/21/18

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/18	TO 9/30/18	MERIT INCREASE DATE 7/21/18	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/18

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	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

PLEASE USE #2 PENCIL

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

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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.

Officer [REDACTED] answered 1410 calls for service this grading period which is one of the highest call totals on the entire shift.

Officer [REDACTED] had no call offs this grading period. Officer [REDACTED] recently transferred from Platoon #3 to Platoon #1 and he has been a great addition to our shift. He works well under stressful situations and his reports are always detailed and complete. Officer [REDACTED] is well liked by other officers and supervisors on the shift. *Nothing to follow Gm.*

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: *Sgt. Mike [REDACTED]* EMPLOYEE ID #: 15487 DATE: 10/16/18

EVALUATOR 2 SIGNATURE: *[REDACTED]* EMPLOYEE ID #: 12061 DATE: 10-21-18

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

SIGNATURE OF REVIEWER: *[REDACTED]* EMPLOYEE ID #: 11800 DATE: 10/22/18

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: *Sgt. [REDACTED]* 10/24/18

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

[REDACTED] 10/23/18

CITY OF AKRON
EMPLOYEE RECORDS
2018 OCT 31 AM 9: 21

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME ████████████████████	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/18 TO 3/31/19	MERIT INCREASE DATE 7/21/18	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/19

EMPLOYEE ID	TYPE OF EVALUATION				EVALUATOR ID
	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	
	#	0 1 2 3 4 5	0 1 2 3 4	0 1 2 3 4 5	

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															
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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.

Officer ██████ maintains a professional attitude with the public, co-workers, and his supervisors. He can be depended upon to answer his calls appropriately and correctly. He answered 924 calls for service with 188 of those calls being proactive stops.

Officer ██████ is a proactive officer that can be counted on to back his fellow officers up in times of need. Officer ██████ is detail oriented and thorough in his report writing. Officer ██████ had no call offs during this grading period. Nothing to follow.

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]* EMPLOYEE ID #: 16158 DATE: 4-12-19

EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 12061 DATE: 4-16-19

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

REVIEWER SIGNATURE: *[Signature]* EMPLOYEE ID #: 11802 DATE: 4/18/19

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: ██████ DATE: ██████

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: SIGNATURE AND DATE: *[Signature]* 1733 5-2-19

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.

████████████████████ 5/12/19

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
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EVALUATION FROM 12/1/18	TO 5/31/19	MERIT INCREASE DATE 7/21/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/18
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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: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS YR: 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY	60 = UNSATISFACTORY	70 = IMPROVEMENT NEEDED	80 = SATISFACTORY	90 = VERY GOOD	95 = OUTSTANDING
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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.

Officer [REDACTED] is a professional officer that handles his calls proficiently and thoroughly. He is an active officer who handled 1141 calls for service with 199 of those calls being proactive stops. Officer [REDACTED] maintains a professional attitude while delivering good customer service to the community. Officer [REDACTED] was commended for his efforts in arresting three suspects that committed two B&E's and one Burglary in one night. Officer [REDACTED] had no call offs this grading period.

Nothing to follow. DM [Signature]

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] EMPLOYEE ID #: 16158 DATE: 10/26/19

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 10/22/19

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 10/23/19

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE: [Signature] AND DATE: 10/23/19

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

DATE: 10/23/19



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

CITY OF AKRON
EMPLOYEE RECORDS

2020 MAR 18 AM 9:34

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: North Canton State: OH Zip Code: 44720

E-mail address: [REDACTED] @ akronohio.gov

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

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

Personal Information

Marital Status: Single Married Divorced 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: North Canton State: OH Zip Code: 44720

Relationship to Employee: Spouse

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: _____

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

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM [REDACTED] TO [REDACTED]		MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]

PLEASE USE #2 PENCIL

EMPLOYEE ID	TYPE OF EVALUATION				EVALUATOR ID
	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	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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																																																	
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																																												

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.

OFFICER [REDACTED] IS ASSIGNED TO CAR 7 BUT HAS RECENTLY BEEN ON FILL DUE TO SOMEONE ELSE TRAINING. HE HAS TRIED TO STAY PROACTIVE AND LEARN COMMON HOT SPOTS IN EVERY DISTRICT. HE HAS ANSWERED 1,937 CALLS FOR SERVICE AND HAD ZERO CALL OFFS THIS GRADING PERIOD. OFFICER [REDACTED] OFTEN HAS A HARD TIME EXPLAINING CALLS HE IS ON TO ME, BUT USUALLY WRITES GOOD REPORTS ABOUT THE CALLS. -KEM

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] EMPLOYEE ID #: 17478 DATE: 10/12/20
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 10-18-20

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

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

REVIEWER SIGNATURE: [Signature] EMPLOYEE ID #: 11503 DATE: 10/20/20
 DEPARTMENT HEAD SIGNATURE: [Signature] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE: [Signature] AND DATE: 1/26/21

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.

EMPLOYEE'S SIGNATURE AND DATE: [Signature] 10/26/20

CITY OF AKRON
EMPLOYEE RECORDS

2009 OCT 28 PM 1:49

11/20



HIRE/PERSONNEL ACTION FORM

Employee Information

Employee: [REDACTED]
 Address 1: [REDACTED]
 Address 2:
 City: North Canton State: Ohio Zip: 44720
 Phone: [REDACTED]

Hire Information

Person ID: [REDACTED]
 Job Class #: 512S Job Class: Police Sergeant
 Hire Date: 11/17/20 Pay Rate: \$0.00
 Department: Public Safety Department
 Division: Police Uniformed Division - 751
 Hire Req. #: 2020-00181 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 Promotion

Enter the direct supervisor of this employee as of the start date:: Chief K Ball

Employee ID: [REDACTED]

Pay Grade and Step: 81-4

Appointment Actions:

Change Actions: Promotion

Appointment Code: Probationary

Status Code: Active

List Code: Promotional

Position Number: 00001703

SSN (DEPARTMENT OF HR USE ONLY):

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000130100

Approvers		
Division Manager	BALL II, KENNETH	10/21/20 03:07 PM
Mayor	Akron, Mayor	10/22/20 11:49 AM

Printed on November 18, 2020

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM 11/17/20 TO 12/21/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 01/30/21

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]

TYPE OF EVALUATION			
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

EVALUATOR 1 ID [REDACTED]

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

1. MARK PERFORMANCE. IN ITEMS WHICH ARE JOB-RELATED, WITH:	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY	60 = UNSATISFACTORY	70 = IMPROVEMENT NEEDED	80 = SATISFACTORY	90 = VERY GOOD	95 = OUTSTANDING	
<input checked="" type="checkbox"/> ACCURACY	<input type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> THOROUGHNESS	<input type="checkbox"/> WRITTEN EXPRESSION	QUANTITY OF WORK	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	WORK HABITS	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input type="checkbox"/> INITIATIVE	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	SUPERVISORY SKILLS	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input checked="" type="checkbox"/> ORGANIZATION OF WORK	(LEAVE BLANK IF NOT APPLICABLE)					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input type="checkbox"/> CONDUCT WITH PUBLIC						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> PERSONAL APPEARANCE & CARE						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> EVALUATING PERFORMANCE						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS							<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING							<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> TRAINING & INSTRUCTING							<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> DISCIPLINARY CONTROL							<input type="checkbox"/>	<input type="checkbox"/>

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.

PROGRESSING AS EXPECTED.

CITY OF AKRON
EMPLOYEE RECORDS
DEC 29 PM 3:00

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] EMPLOYEE ID #: 12061 DATE: 12-20-20

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10180 DATE: 12-23-20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11808 DATE: 12/28/20

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: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] 12-27-20

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.

DATE: 2-12-20

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniforms	CLASS TITLE Police Sergeant
EVALUATION FROM 03/17/00 TO 03/17/01	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 03/17/01

PLEASE USE #2 PENCIL

EMPLOYEE ID

[REDACTED]

TYPE OF EVALUATION			
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

EVALUATOR ID

[REDACTED]

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

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																
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input checked="" type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<input checked="" type="checkbox"/> EVALUATING PERFORMANCE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60	70	80	90	95															
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

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.

PROGRESSING AS EXPECTED. NO CALL OFFS.

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] EMPLOYEE ID #: 12061 DATE: 1-21-01

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10180 DATE: 1-21-01

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11802 DATE: 1/16/01

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: _____ DATE: _____

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY 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

EMPLOYEE'S SIGNATURE AND DATE: _____

CITY OF ARLON
EMPLOYEE RECORDS

2021 JAN 21 PM 3:49

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

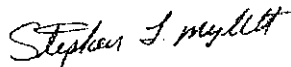
TO: SERGEANT [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]
SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 02/09/2015
Appointed: 02/09/2015 OPOTC: 03/27/2015 Sworn In: 03/27/2015 Separation: _____

PROMOTIONS

NOTES

[REDACTED]

ASSIGNMENTS

02-04-2022 UNIFORM, PLATOON 1 10:30PM-7AM
01-10-2022 SERVICES, TRAINING BUREAU
05-24-2021 UNIFORM, PLATOON 1 10:30PM-7AM
02-22-2021 INVESTIGATIVE, NARCOTICS/S.N.U.D.
03-30-2015 UNIFORM, PLATOON 1 10:30PM-7AM
02-09-2015 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

08-04-2021 LEADING WITHOUT RANK:LEADERSHIP FOR THE LINE OFFICER
02-27-2019 ELECTRONIC CONTROL DEVICE USER
11-06-2018 LEGAL UPDATES
11-06-2018 BODY WORN CAMERAS BWC
11-06-2018 IMPROVING PERFORMANCE THROUGH ANALYSIS
11-06-2018 COMMUNITY ENGAGEMENT/OFFICER WELLNESS
11-05-2018 RTF/SUBJECT CONTROL
06-05-2018 RIFLE CERTIFICATION COURSE
02-20-2018 ELECTRONIC CONTROL DEVICE USER
11-09-2017 PROCEDURAL JUSTICE & POLICE LEGITIMACY
11-09-2017 CPR/FIRST AID KIT/NARCAN
11-09-2017 INTERVIEWING SKILLS
11-08-2017 PRACTICAL APPLICATIONS OF FORCE
11-08-2017 LEGAL UPDATES
11-08-2017 AOIBRS
11-07-2017 TRAUMA INFORMED POLICING
11-07-2017 BODY WORN CAMERAS BWC
03-27-2017 ELECTRONIC CONTROL DEVICE USER
11-23-2016 EOPOTA COMPANION ANIMAL ENCOUNTERS
11-08-2016 AFD CRITICAL INCIDENTS
11-08-2016 OPOTA COMMUNITY RELATIONS



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

11-08-2016	DRIVING
11-08-2016	CSU
11-08-2016	LEGAL UPDATES
11-08-2016	COUNTER AMBUSH
11-08-2016	CONFRONTATION SIMULATION
04-18-2016	CONSTITUTIONAL USE OF FORCE
04-18-2016	DEFENSIVE TACTICS
04-18-2016	NUISANCE CALLS
04-18-2016	HUMAN TRAFFICKING
04-18-2016	HEROIN INVESTIGATIONS
04-18-2016	DRUG ENFORCEMENT ISSUES & TECHNIQUES
04-18-2016	DE-ESCALATION
04-18-2016	MOBILE FIELD FORCE
04-18-2016	BODY WORN CAMERAS
10-12-2015	VICARIOUS TRAUMA
10-12-2015	CRITICAL INCIDENT RESPONSE
10-12-2015	RANGE DO'S AND DON'TS
10-12-2015	CCW/LANGUAGE LINE/EASE@WORK
10-12-2015	PROCEDURAL JUSTICE - RELATING TO LEGITIMACY
10-12-2015	PROCEDURAL JUSTICE - FOCUS ON STOPS AND FRISKS
10-12-2015	RULES & REGULATIONS UPDATE
10-12-2015	CPR & AED
10-12-2015	DOMESTIC VIOLENCE
10-12-2015	USE OF FORCE - PROCEDURE REVIEW
10-12-2015	USE OF FORCE - INCIDENT ANALYSES
10-12-2015	DEFENSIVE TACTICS
02-09-2015	RECRUIT SCHOOL/POLICE ACADEMY - FAST TRACK ACADEMY SESSION
09-08-2014	PEACE OFFICER BASIC TRAINING PROGRAM
03-07-2011	IS-00200.B - ICS FOR SINGLE RESOURCES AND INITIAL ACTION INCIDENT, ICS-200
03-07-2011	IS-00700.A - NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) - AN INTRODUCTION
01-18-2011	IS-00100.LEB - INTRODUCTION TO THE INCIDENT COMMAND SYSTEM (ICS 100) FOR LAW ENFORCEMENT

COMPLAINTS

COMPLAINT#: 16-C-113 **DATE:** 12/27/2016

COMPLAINANT(S):

FAURA, ERIK T. 2348 MARCIA BLVD. CUYAHOGA FALLS, OH 3309232679

COMPLAINT(S):

1. OFFICER TAPPED ON COMPLAINANT'S CAR WINDOW

Found EXOERATED on 3/17/2017



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

COMPLAINT#: 16-C-090

DATE: 10/11/2016

COMPLAINANT(S):

WILLIAMS JR., BRIAN E. 401 S. MAIN ST. AKRON, OH 44311 3302093248

COMPLAINT(S):

1. OFFICERS FAILED TO FOLLOW PROTOCOL
Found EXONERATED on 3/17/2017
2. OFFICER REFUSED TO GIVE HIS BADGE NUMBER TO COMPLAINANT
Found UNSUBSTANTIATED on 3/17/2017

COMPLAINT#: 16-C-071

DATE: 8/8/2016

COMPLAINANT(S):

AGBOR-BAIYEE, HENRY B. 1369 DOVER AVE. AKRON, OH 44320

COMPLAINT(S):

1. OFFICERS HANDLED COMPLAINANT IN A HEAVY HANDED MANNER
Found UNSUBSTANTIATED on 10/6/2016
2. OFFICERS ARBITRARILY ARRESTED COMPLAINANT
Found ADJUDICATED IN COURT on 10/6/2016

COMPLAINT#: 16-C-037

DATE: 5/25/2016

COMPLAINANT(S):

BERTISON, CHARLES A. 1955 TRIPLETT BLVD. AKRON, OH 44312 3303384144

COMPLAINT(S):

1. OFFICERS HARRASSED COMPLAINANT
Found UNFOUNDED on 8/23/2016

DISCIPLINES

INCIDENT DATE: 4/7/2020	REPORT DATE:	IN-HOUSE
APD VIOLATIONS: 700.05 OFFICERS/EMPLOYEES SHALL PERFORM THEIR DUTIES IN A MANNER, WHICH WILL MAINTAIN THE HIGHEST STANDARDS OF EFFICIENCY IN CARRYING OUT THE FUNCTIONS AND OBJECTIVES OF THE AKRON POLICE DIVISION.		
APD RECOMMENDATION: WRITTEN REPRIMAND		

INCIDENT DATE: 2/21/2017	REPORT DATE: 4/12/2017	IN-HOUSE
APD VIOLATIONS: RULE 900.01 - ATTENDANCE AT A COURT, QUASI-JUDICIAL HEARING, OR DEPOSITION, AS REQUIRED BY SUBPOENA OR OTHER OFFICIAL NOTICE IS AN OFFICIAL DUTY ASSIGNMENT AND SHALL BE CARRIED OUT WHERE THERE IS SUFFICIENT REASON, PERMISSION OT OMIT THIS DUTY MUST BE OBTAINED FROM THE ATTORNEY SERVING THE SUBPOENA OR OTHER OFFICIAL NOTICE, PRIOR TO THE HEARING		
APD RECOMMENDATION: FORFEIT TWELVE (12) HOURS OF COMPENSATORY TIME		



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

INCIDENT DATE: 10/14/2016 **REPORT DATE:** 2/22/2017 **IN-HOUSE**
APD VIOLATIONS: P-2010-017 VEHICLE PURSUIT PROCEDURE (III, B1) - ACTIVATE BOTH EMERGENCY LIGHTS AND SIREN WHEN ENGAGED IN A VEHICLE PURSUIT AND CONTINUOUSLY USE BOTH THROUGHOUT THE ENTIRE PURSUIT. OFFICERS ARE REMINDED THAT THE WARNING EFFECT OF THE SIREN DECREASES RAPIDLY AS THE SPEED OF THE VEHICLE INCREASES; RULE 700.05 - FAILURE TO MAINTAIN SUFFICIENT COMPETENCY TO PROPERLY PERFORM DUTIES AND ASSUME THE RESPONSIBILITIES OF THEIR POSITIONS; FAILURE TO MAINTAIN SUFFICIENT COMPETENCY TO PROPERLY PERFORM DUTIES AND ASSUME THE RESPONSIBILITIES OF HIS POSITION. FAILURE TO PERFORM DUTIES IN A MANNER WHICH WILL MAINTAIN THE HIGHEST STANDARDS OF EFFICIENCY IN CARRYING OUT THE FUNCTIONS AND OBJECTIVES OF THE AKRON POLICE DIVISION. UNSATISFACTORY PERFORMANCE SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING: (C) FOR VIOLATION OF A PROCEDURE OF THE DIVISION OF POLICE
APD RECOMMENDATION: WRITTEN REPRIMAND

INCIDENT DATE: 8/23/2016 **REPORT DATE:** 12/2/2016 **IN-HOUSE**
APD VIOLATIONS: RULE 900.01 - ATTENDANCE AT A COURT, QUASI-JUDICIAL HEARING, OR DEPOSITION, AS REQUIRED BY SUBPOENA OR OTHER OFFICIAL NOTICE IS AN OFFICIAL DUTY ASSIGNMENT AND SHALL BE CARRIED OUT WHERE THERE IS SUFFICIENT REASON, PERMISSION OT OMIT THIS DUTY MUST BE OBTAINED FROM THE ATTORNEY SERVING THE SUBPOENA OR OTHER OFFICIAL NOTICE, PRIOR TO THE HEARING
APD RECOMMENDATION: FORFEIT EIGHT (8) HOURS OF COMPENSATORY TIME

INCIDENT DATE: 1/19/2016 **REPORT DATE:** 2/24/2016 **IN-HOUSE**
APD VIOLATIONS: RULE 900.01 - ATTENDANCE AT A COURT, QUASI-JUDICIAL HEARING, OR DEPOSITION, AS REQUIRED BY SUBPOENA OR OTHER OFFICIAL NOTICE IS AN OFFICIAL DUTY ASSIGNMENT AND SHALL BE CARRIED OUT WHERE THERE IS SUFFICIENT REASON, PERMISSION OT OMIT THIS DUTY MUST BE OBTAINED FROM THE ATTORNEY SERVING THE SUBPOENA OR OTHER OFFICIAL NOTICE, PRIOR TO THE HEARING
APD RECOMMENDATION: FORFEIT FOUR (4) HOURS OF ACCUMULATED TIME

FILE REVIEWS

SHOTS FIRED

AWARDS

AWARD DATE: 1/12/22
AWARD: CHIEF'S COMMENDATION
NOTE: YOU ARE TO BE COMMENDED FOR THE OUTSTANDING EFFORT AND LEADERSHIP YOU DISPLAYED AT THE SCENE OF A HOUSE FIRE ON NOVEMBER 18, 2021.

UPON ARRIVAL AT 2164 11TH ST. SW, YOU, ALONG WITH SEVERAL OTHER OFFICERS ACTED IMMEDIATELY TO RESCUE RESIDENTS FROM A ROOFTOP AS THE HOUSE WAS ON FIRE. AN 8-YEAR-OLD CHILD REMAINED IN THE HOUSE, AND



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

UPON AFD RECOVERING THE CHILD FROM INSIDE THE HOUSE, YOU DROVE THE MED UNIT AS OFFICER DEVIN LANE RENDERED CPR DURING THE TRANSPORT TO AKRON CHILDREN'S HOSPITAL WHICH ALLOWED AFD TO CONTINUE LIFE-SAVING EFFORTS ON THE CHILD.

OUR ACTIONS ON THIS CALL ARE A REFLECTION OF YOUR COMPASSION AND COMMITMENT THAT YOU SHOW ON EVERY ASPECT OF YOUR WORK. YOUR DEDICATION SERVED THE POLICE DEPARTMENT, AND THE CITIZENS OF AKRON, FOR THIS YOU ARE BEING RECOGNIZED FOR OUTSTANDING WORK.

SPECIAL UNITS

UNIT: HONOR GUARD

DATE: 3/9/2022 to

NOTE:



DANIEL HERRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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

Street Address: [REDACTED]

City: AKRON

State: OH

Zip Code:

44312

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Please check your preferred method of contact below:

Phone

Mail

E-mail

Home Phone Number: _____

Marital Status:

Single Divorced

Married Widowed

Separated

Highest Education Level completed:

Less than HS graduate

2-year College Degree

Doctorate (Academic)

HS graduate or equivalent

Bachelor's Level Degree

Doctorate (Professional)

Some College

Some Graduate School

Post-Doctorate

Technical School

Master's Level Degree

First Name: [REDACTED]

Last Name: [REDACTED]

Phone Number: [REDACTED]

Street Address: [REDACTED]

City: AKRON

State: OH

Zip Code:

44312

Relationship to Employee: girlfriend

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

EXHIBIT 102017

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S OFFICE

CHIEF'S DIRECTIVE

2020-CD-57

October 13, 2020

DIRECTIVE

Effective Monday, October 19, 2020, the following transfers* are made in the Akron Police Department:

Officer Joseph Fillmon I.D. #1533	Uniform Sub-Division Platoon #5 11:00AM-7:30PM	Uniform Sub-Division Platoon #1 10:30PM-7:00AM
Officer Jordan Hensley I.D. #1509	Uniform Sub-Division Platoon #5 11:00AM-7:30PM	Uniform Sub-Division Platoon #1 10:30PM-7:00AM
Officer Jamil Talley I.D. #1526	Uniform Sub-Division Platoon #5 11:00AM-7:30PM	Uniform Sub-Division Platoon #1 10:30PM-7:00AM
Officer Dylan Carmany I.D. #1492	Uniform Sub-Division Platoon #5 11:00AM-7:30PM	Uniform Sub-Division Platoon #4 7PM-3:30AM
Officer Tori Chamberlin I.D. #1512	Uniform Sub-Division Platoon #5 11:00AM-7:30PM	Uniform Sub-Division Platoon #4 7PM-3:30AM

Effective Monday, October 26, 2020, the following transfers* are made in the Akron Police Department:

**Officer [REDACTED]
I.D. # [REDACTED]**

**Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM**

**Uniform
Sub-Division
Platoon #1
10:30PM-7:00AM**

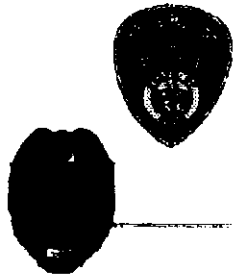
**Officer Logan Marcum
I.D. #1508**

**Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM**

**Uniform
Sub-Division
Platoon #4
7PM-3:30AM**

***Based on 2-year rule.**


**Kenneth R. Ball II
Chief of Police**



AKRON POLICE DEPARTMENT

Harold K. Stubbs Justice Center
217 South High Street
Akron, Ohio 44308-1682

Stephen L Mylett, *Chief of Police*

**TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION**

**FROM: STEPHEN MYLETT
CHIEF OF POLICE**

DATE: March 10, 2022

Effective March 10, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.

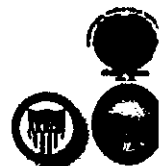
Stephen L. Mylett

**Stephen L. Mylett
Chief of Police**

SLM/sjn

**cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll**

www.akroncops.org
Fax: (330) 375-2135 Phone: (330) 375-2244
Address all correspondence to the Chief of Police



EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 05/29/20 TO 10/24/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20 11/27/20

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 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: 0 1 2 3 4 5 6 7 8 9 10 11 12 FACTORS YR: 0 1 2 3 4 5 6 7 8 9

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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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.

Progressing as expected.

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 SIGNATURE: [Signature] EMPLOYEE ID #: 139718647 DATE: 12/5/20 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 12-6-20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11802 DATE: 10/10/20

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: _____ DATE: _____

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: _____
 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

EMPLOYEE'S SIGNATURE AND DATE: _____

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME

DIVISION

CLASS TITLE

Police Uniformed

Police Officer

EVALUATION FROM

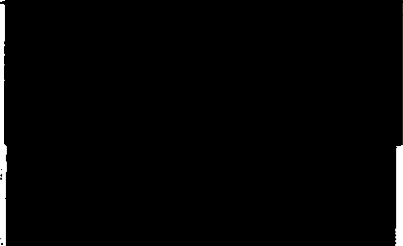
12/9/19 TO 03/07/20

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

PLEASE USE #2 PENCIL

EMPLOYEE ID



TYPE OF EVALUATION

	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

EVALUATOR ID

1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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ITEMS	MO:	FACTORS	YR:				
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					
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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	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	QUALITY OF WORK 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.				RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2			
RESULT IS PERFORMING AS EXPECTED OF AN EMPLOYEE AT THIS POINT IN HIS TRAINING.				SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2			

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: 10791 DATE: 3/6/20 EVALUATOR 2 SIGNATURE: R.T. Young 10948 DATE: 3/11/20

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

SIGNATURE OF REVIEWER: 10449 DATE: 3/12/20

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: _____ DATE: _____

7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE: DATE: 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.

DATE: 3/13/20

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: [REDACTED]

PLEASE USE #2 PENCIL

EMPLOYEE ID: [REDACTED]

		TYPE OF EVALUATION			
		STD	EMPLOY PROBABTION	SEASON TEMP	PROM TRANSFER
E M P L O Y E E I D	INTERIM				
	6-MONTH				
	45 DAY				
	90 DAY				
	180 DAY				
	270 DAY				
	45 DAY				
	90 DAY				
	FINAL				
	45 DAY				
	90 DAY				

EVALUATOR 1: [REDACTED] EVALUATOR 2: [REDACTED]

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED. WITH:	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY	60 = UNSATISFACTORY	70 = IMPROVEMENT NEEDED	80 = SATISFACTORY	90 = VERY GOOD	95 = OUTSTANDING
<input checked="" type="checkbox"/> ACCURACY	<input checked="" type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1				
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	EVALUATOR 2					
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1				
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED		EVALUATOR 2					
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		ATTENDANCE	EVALUATOR 1				
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	EVALUATOR 2					
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input checked="" type="checkbox"/> INITIATIVE	WORK HABITS	EVALUATOR 1				
<input checked="" type="checkbox"/> DILIGENCE, EFFORT	<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	EVALUATOR 2					
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input checked="" type="checkbox"/> ORGANIZATION OF WORK	RELATIONSHIP WITH OTHERS	EVALUATOR 1				
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC	EVALUATOR 2					
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1				
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> EVALUATING PERFORMANCE	EVALUATOR 2					
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP						
<input type="checkbox"/> TRAINING & INSTRUCTING							
<input type="checkbox"/> DISCIPLINARY CONTROL							

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.

Offc [REDACTED] is progressing as reported and is eager to continue learning. Offc [REDACTED] had 2 call offs this period.

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] EMPLOYEE ID #: 1380/18530 DATE: 6/16/21 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10180/6162 DATE: 6/22/21

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 6/22/21

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: 6/22/21

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: 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: [Signature] 1380 6-22-21



Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

User Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name: _____

Date: 04-29-2020

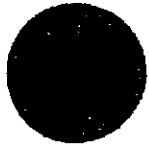
Signature: _____

OAI/ORI #: _____

Agency Name: Akron Police Department

Agency Acknowledgment

I acknowledge that I am responsible for reading and understanding the OHLEG Security Policies. I also state that I am responsible for the users that are assigned to my charge and will adhere to these directives and that failure to do so may constitute a security violation resulting in denial of access to BCI/OHLEG information resources as well as other products and services provided by the AGO. I agree to cooperate with any OHLEG investigation and provide whatever information may be necessary for an OHLEG administrative review. I acknowledge and agree that I will utilize this information exclusively for the administration of criminal justice for the official purposes of my agency. Access to OHLEG is a privilege subject to termination. Data accessed through OHLEG is continuously subject to limitations on use and dissemination and is not to be sold, transmitted, or disseminated to any unauthorized person. To protect the system



DAVE YOST
OHIO ATTORNEY GENERAL

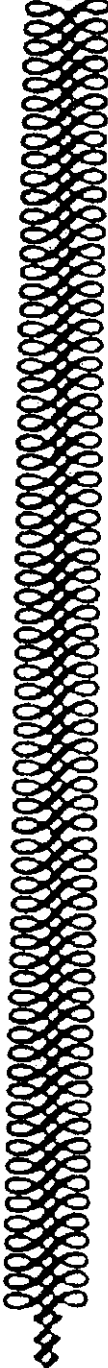
Bureau Of Criminal Investigations Ohio Law Enforcement Gateway Agency/User Agreement

from unauthorized use and to ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored, recorded, and audited. Anyone using this system expressly consents to such monitoring and is advised that any evidence of possible abuse or criminal activity will be provided to appropriate officials. Unauthorized attempts to upload or change information, or otherwise cause damage to this service, are strictly prohibited. I acknowledge that any unauthorized access or misuse of the law enforcement information or data on this site is prohibited by Revised Code section 2913.04, and constitutes a fifth degree felony. I further acknowledge that any failure to abide by the conditions and restrictions in the user agreement and in the OHLEG Rules and Regulations will result in a loss of my privileges of access to this tool. The law enforcement data maintained by BCI on the OHLEG site is provided at and subject to the discretion of BCI. BCIs grant of access to OHLEG confers upon me no process or other rights in maintaining such access. I ACKNOWLEDGE THAT I HAVE READ THE CURRENT VERSION OF THE OHLEG RULES AND REGULATIONS AND WATCHED THE REQUIRED SECURITY TRAINING VIDEO, AVAILABLE ON THE OHLEG SITE.

Printed Name: _____ Date: 04-29-2020

Title: Officer

Signature: _____ OAI/ORI #: _____



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]

Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE
THIS 29th DAY OF MAY, 2020.

Handwritten signature of Daniel Horrigan in black ink, written over a horizontal line.

DANIEL HORRIGAN, MAYOR



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.

OFFICER INFORMATION		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	
06/12/1997					
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
		Akron	Ohio	44312	Summit
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	
Akron Police Department			BAS19-090	12/11/2019 - 5/1/2020	

AGENCY INFORMATION		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	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
		05 / 29 / 2020	/ /
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 (508.01)	<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)	

ATTESTATION OF REPORTING AUTHORITY		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	05 / 21 / 2020	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
<i>C.A. Brown</i>	Charles A. Brown	05 / 21 / 2020	

Officer Name (Last) (First) (Middle) Social Security Number
 [Redacted] [Redacted] [Redacted] [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 Appointee

[Handwritten 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		

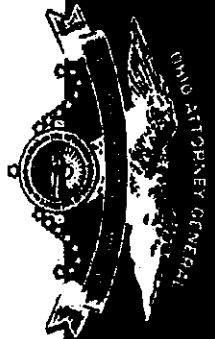
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <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		



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

Dawn York
Attorney General

Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission



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

R.L. Bennett, E. Roman
School Command

BAS19-090 200553

OHIO ATTORNEY GENERAL
RECOGNITION OF COMPLETION AWARD

This certificate of completion is awarded to

For successfully completing the Webcast course

OHLEG Security Training

Issued on
May 06, 2020
Expires in 2 years

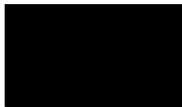
JA Morbitzer

Joseph A. Morbitzer, BCI SUPERINTENDENT

* No CPT Hours
25832a7e4e651991e214e5b16545ba24659a



44



✓ 100

2019-0-5-510 - Police Officer

Contact Information -- Person ID: 40151178

Name: [Redacted] Address: [Redacted] Akron, Ohio 44312 US
 Home Phone: [Redacted] Alternate Phone:
 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? High School

Preferences

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

Objective

I am looking to start towards my career in law enforcement. I have always been the type of guy to assist and help people in any way I can which is why I enlisted in the United States Army Reserves. I couldn't think of a better way of helping everyone than to enlist to defend our country and I was also waiting until I turned 21 years old to pursue a career in law enforcement on the civilian side of my life.

Education

High School
Theodore Roosevelt
 4/2012 - 5/2015
 kent, Ohio

Did you graduate: Yes
 Highest Level Completed: 12
 Did you receive a GED? No
 Degree Received: No Degree

Work Experience

Regional Support Center Rep/ Dispatcher
 12/2018 - Present

Spectrum
 10295 phillips pkwy
 Streetsboro, Ohio 44241
 3305724040

Hours worked per week: 40
 Monthly Salary: \$2,300.00
 Name of Supervisor: lauren whitehead - supervisor
 May we contact this employer? Yes

Duties

Assisting service technicians with account corrections and coding
 Scheduling customers appointments
 Resolve customers complaints

Reason for Leaving

Looking to begin a career in law enforcement.

Field technician 2

8/2017 - 12/2018

Spectrum

Hours worked per week: 40
 Monthly Salary: \$2,000.00
 Name of Supervisor: Edward Brzozowski -

[REDACTED]
Akron, Ohio 44310
3305711237

Supervisor
May we contact this employer? Yes

Duties

I installed cable, internet, and phone while also completing troubleshooting for previously installed services.

Reason for Leaving

Wanted to pursue different opportunities within the company

Retail sales specialist (Rss)

3/2016 - 8/2017

O'reilly Auto parts
1410 s water st
Kent, Ohio 44240
3308426983

Hours worked per week: 40
Monthly Salary: \$1,560.00
Name of Supervisor: Terry Davis -
Manager
May we contact this employer? Yes

Duties

I was the manager for the night shift. Duties included maintaining a clean store, helping customers with any questions, purchases and occasional parts being installed on their vehicles.

Reason for Leaving

I wanted to pursue different opportunities with a different company and profession

Bagger/Stocker

8/2014 - 9/2015

Giant Eagle, Inc
4260 oh 44
Rootstown, Ohio 44272
3303257965

Hours worked per week: 30
Monthly Salary: \$1,041.00
Name of Supervisor: Brenda
May we contact this employer? Yes

Duties

Worked restocking grocery carts, greeting customers and bagging their groceries while maintaining store cleanliness.

Reason for Leaving

I enlisted in the United States Army and had to leave for basic training.

Certificates and Licenses

Type: Concealed handgun license

Number: [REDACTED]

Issued by: summit county

Date Issued: 10 /2018 Date Expires: 10 /2023

Type: Gunsmith- small arms conventional weapons

Number:

Issued by: Penn Foster career school

Date Issued: 1 /2016 Date Expires:

Type: Army vehicles: [REDACTED]

Number: [REDACTED]

Issued by: United States Army

Date Issued: 12 /2016 Date Expires: 12 /2021

Type: BUS W/AIR BRKS (U.S Army)

Number: [REDACTED]

Issued by: U.S Army

Date Issued: 5 /2017 Date Expires: 12 /2021

Type: USMEPCOM Antiterrorism Level 1 course

Number:

Issued by: United States Army

Date Issued: 4 /2015 Date Expires:

Type: Sexual harrassment/assault response and prevention

Number:

Issued by: United States Army

Date Issued: 4 /2016 Date Expires:

Type: Combat Life Saver (United States Army)

Number:

Issued by: United Stated Army

Date Issued: 9 /2016 Date Expires: 9 /2017

Skills

Office Skills

Typing: 35

Data Entry: 0

Languages

English - Speak, Read, Write

Additional Information

Military Service

German Armed Forces Badge for military proficiency (GAFPB)

-This award is for earning gold in the German fitness competition while serving in the United States

Military Service

This award was received for receiving distinguished honor grade out of my Advanced individual Training(AIT) class in the U.S Army

Military Service

Award of the Army Reserve Component Achievement Medal (ARCAM)

-The ARCAM is awarded for exemplary behavior, efficiency, and fidelity while serving as a member of the United States Army Reserve

References

Professional

Hammond, Jason

Sergeant First class (NCOIC)

[REDACTED]

Professional

Lowery, Martell

Co-worker (U.S Army)

Professional
Kutscher, Samuel
Team leader

Resume

Text Resume

Attachments

Attachment	File Name	File Type	Created By
resume.pdf	resume.pdf	Resume	Job Seeker
residency form 2019	40151178	Other	Kris Rininger

Agency-Wide Questions

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: Yes

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

A: Two

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

A: [Redacted] Akron, oh 44320 May 2018- April 2019
 [Redacted] Akron, OH 44312 March 2019-Present

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: Recruiter

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

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

A: No

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

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.

A: No

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

A: No

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

A: No

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

A: No

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

A:



2019-O-5-510 - Police Officer

Contact Information -- Person ID:

Name: [Redacted] Address: [Redacted]
 Fort Benning, Georgia 31905
 US

Home Phone: [Redacted] Alternate Phone: [Redacted]
 Email: [Redacted] Notification Email: [Redacted]
 Preference: [Redacted]

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? Associate's Degree

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

I want to become a police officer like my father and grandfather before me.

Education

College

Central Texas College
<http://www.ctcd.edu/>
 2015 - [Unspecified End]
 Killeen, Texas

Did you graduate: Yes
 College Major/Minor: General Studies
 Units Completed: 60 Semester
 Degree Received: Associate's

Work Experience

Military Police

6/2014 - Present

U.S. Army
 BLDG 71
 Fort Benning, Georgia 31905
 (706) 545-5223

Hours worked per week: 40
 Monthly Salary: \$2,600.00
 Name of Supervisor: Armour, Antoine - Sergeant (Squad Leader)
 May we contact this employer? Yes

Duties

Respond to emergency and non-emergency calls on Fort Benning; investigate crimes, protect Fort Benning property and personnel. Apprehend suspects of crimes as needed.

Reason for Leaving

Have not left yet. Would like to pursue a career in police work.

Certificates and Licenses

Type: Taser and OC Spray Certification
 Number:
 Issued by: Fort Benning Directorate of Emergency Services

Date Issued: 3 /2017 Date Expires:

Type: Structured Child Interview Course

Number:

Issued by: Department of Behavioral Health Sciences

Date Issued: 7 /2016 Date Expires:

Skills

Office Skills

Typing:

Data Entry:

Additional Information

References

Professional

St. Armour, Jonathan

Sergeant First Class/ Former Squad Leader

323 Meehan Street

Fort Benning, Georgia 31905

910-922-1957

jonathon.m.starmour.mil@mail.mil

Professional

Tobin, Philip

Department of Army Civilian Police

(Investigator)

3009 Reese Road

Columbus, Georgia 31907

(706) 577-8696

[REDACTED]

Professional

Mendoza, Alberto

Captain/Shift Duty Officer

6031 Huntington Trail

Columbus, Georgia 31909

(706) 577-1356

mendoza.alberto.civ@mail.mil

Resume

Text Resume

Attachments

Attachment	File Name	File Type	Created By
GS Associates Diploma.pdf	GS Associates Diploma.pdf	Copy of Degree	Job Seeker
CTC_Unofficial_Transcript.pdf	CTC_Unofficial_Transcript.pdf	Transcripts	Job Seeker
[REDACTED] Resume (1).doc	[REDACTED] Resume (1).doc	Resume	Job Seeker
Driver%27s License.pdf	Driver%27s License.pdf	License	Job Seeker
High School Diploma.pdf	High School Diploma.pdf	Other	Job Seeker
[REDACTED].srb.pdf	[REDACTED].srb.pdf	Other	Job Seeker
[REDACTED]	[REDACTED] Central Texas	Transcripts	Stacey Doty
Transcripts	[REDACTED] Central Texas	Transcripts	Stacey Doty

Transcripts	[REDACTED]	Central Texas	Transcripts	Stacey Doty
HS and Assoc	[REDACTED]	HS and Assoc	Copy of Degree	Stacey Doty
DD214	[REDACTED]	DD214	Other	Stacey Doty
Residency form 2019	[REDACTED]		Other	Kris Rininger

Agency-Wide Questions

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: 25 months

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

A: [REDACTED]
Fort Benning, Georgia, 31905
Have resided from 01/24/2017 to current

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: N/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: N/A

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

A:

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
-
- 6.** Q: Is your driver's license currently suspended?
A: No
-
- 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
-
- 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.
A: Yes
-
- 9.** Q: Are you currently on probation, parole or supervised release?
A: No
-
- 10.** Q: Are you prohibited by law from acquiring, having, carrying, or using firearms?
A: No
-
- 11.** Q: Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?
A: No
-
- 12.** Q: If you have received OPOTC certification, what are the dates of your most recent commission?
A: N/A

12/9



HIRE/PERSONNEL ACTION FORM

20051

Employee Information

Employee: [REDACTED]
 Address 1: [REDACTED]
 Address 2:
 City: Loogootee State: Indiana Zip: 47553
 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: 00001259

SSN (DEPARTMENT OF HR USE ONLY):

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000-130100

Approvers		
Division Manager	BALL II, KENNETH	10/09/19 12:32 PM
Mayor	Akron, Mayor	10/10/19 01:44 PM

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

[REDACTED]

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

Akron

State

Ohio

Zip Code

44311

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
- 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

New York

State

New York

Zip Code

10005

Relationship to Employee:

Father

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

10/30/2019

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

*ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER
FOR THE POSITION OF POLICE OFFICER*


Do not resign from your current job in anticipation of employment

I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

1. I must meet and maintain the requirements of a background investigation, including a criminal background check;
2. Physical fitness testing;
3. A complete medical examination;
4. A psychological evaluation;
5. Drug screening;
6. That a budgeted position for Police Officer is available;
7. That funding is dedicated to fill the vacant position at the time I am hired;
8. If conditions one through seven are met, I understand that I must also become certified through the Ohio Peace Officer Training Commission ("OPOTC"). If required by the City, I will attend and must successfully complete a Peace Officer Basic Training Academy, which academy may be selected by the City of Akron. OPOTA curriculum and training requirements are subject to change; however it usually includes passing physical fitness requirements, skill assessments and a written examination, and completing a required amount of hours of training. If I am currently certified by OPOTC, I must maintain my certification. I also understand that I must attend and successfully complete any additional training that may be required by the City of Akron.

OPOTA training and certification process must be successfully completed by or before June 20th 2020.

I understand that this offer is conditional subject to all the requirements listed above being met. This offer may be withdrawn if any of the conditions listed above are not satisfied or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of hiring, which includes, but is not limited to, a valid Ohio driver's license, no felony convictions, and no restrictions on my ability to carry and use a firearm.

Applicant's Initials: 


I understand that this is not a guarantee of employment. I understand that if I am sworn in to the position of Police Officer, I will be subject to a probationary period as required by the City of Akron and subject to all rules, policies and procedures of the City of Akron related to the probationary period and otherwise.

I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.


I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein and a separate agreement regarding the property and equipment issued to me by the City of Akron.


I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT IF THE CONDITIONS OF THIS JOB OFFER ARE MET, MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD UPON BEING SWORN AS A POLICE OFFICER.

SEAN TAYLOR
Akron Police Department Witness (Print)


Applicant (Print)

Se *1286*
Witness (Signature)


Applicant (Signature)


Address
Loggotee, IN 47553

Date: 02 OCT 2019

City of Akron Human Resources Department
January 1999

Revised January 2007, January 2012, July 2013, October 2015, May 2016, October 2016, May 2017, June 2017, August 2017, December 2017, January 2018, September 2019

AGREEMENT

I, [REDACTED] am scheduled to be enrolled in an Ohio Peace Officer training academy starting Nov. / Dec. 2019 to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training.

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.

[REDACTED]
Applicant (Print)

[REDACTED]
Signature

02 OCT 2019
Date

SEAN TAYLOR
Witness (Print)

[Signature] 1286
Witness (Signature/Date)

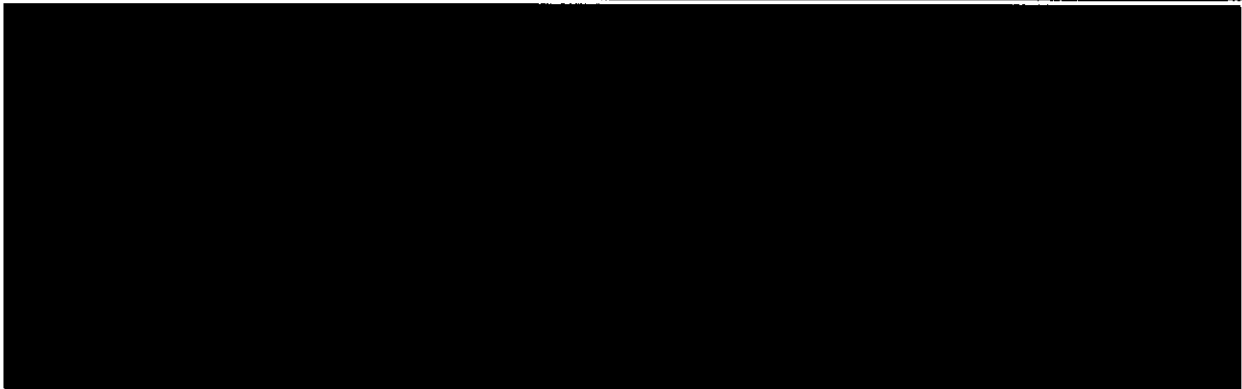
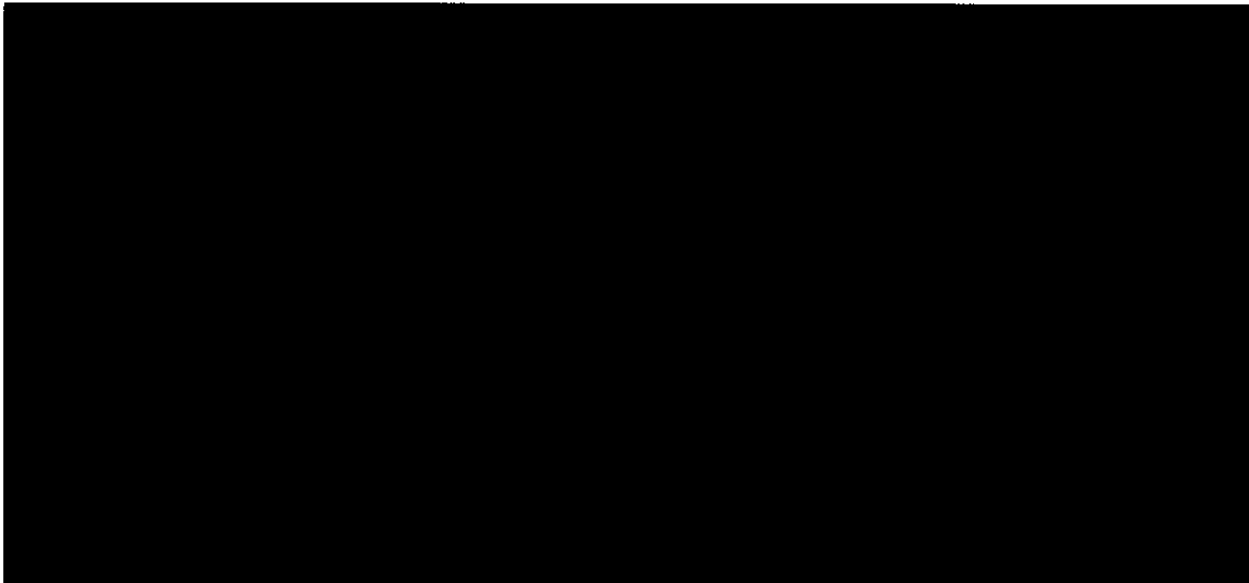


Civilian Identification
Office 877-224-0043
Fax 740-845-2633

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

July 02, 2019

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



Joseph A. Morbitzer
Superintendent
Ohio Bureau of Criminal Investigation

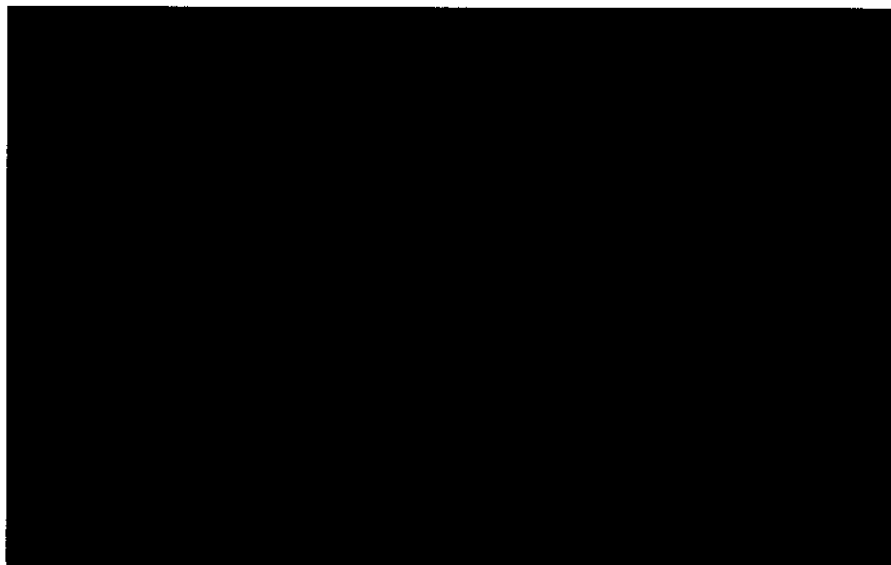


Civilian Identification
Office 877-224-0043
Fax 740-845-2633

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

July 02, 2019

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



Joseph A. Morbitzer
Superintendent
Ohio Bureau of Criminal Investigation

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

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.

Signature
[Redacted]
[Redacted]

Please print your name
Police Recruit

Title
Akron Police Department

Department/Division
02/08/2020

Date

2020 JAN 22 PM 3: 23

print this page
close this window to return

TRAINING EVALUATION **SEXUAL HARASSMENT AWARENESS (SHA) TRAINING**

Your assessment of this program can help us improve future computer-based training courses. Please express your candid opinions by rating each item with the answer that best describes your reaction. Upon completion, return evaluation to Myra Snipes, Training/EEO Division, Suite 100 - CitiCenter.

1. The computer based Training course I am evaluating is
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
2. Before taking this computer-based training (CBT) course, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
3. Approximately, how long did it take you to complete the CBT course?
 Less than 30 minutes
 30 - 55 minutes
 1 - 2 hours
 3 - 4 hours
4. The quality of sound is
 Excellent
 Good
 Average
 Below average
5. After taking this computer-based training, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
6. The computer-based training course is
 Very user-friendly
 Moderately user-friendly
 Not very user-friendly
 No opinion

Additional Comments:



12/20/2019



Fraternal Order of Police, Akron Lodge #7
217 S. High Street, Suite 404
Akron, Ohio 44308

Union Dues Election Form

Election to Enroll in Employer Dues Deductions

As a member of the Fraternal Order of Police, Akron Lodge #7, I hereby "Voluntarily" agree to have my union dues withheld from my weekly pay benefits by the City of Akron.

X

Pr

Payroll ID Number

*change of address and phone number



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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: 44221

E-mail address: [redacted]

Cell Phone Number: [redacted]

Please check your preferred method of contact below:

Phone Mail E-mail

Home Phone Number: [redacted]

Personal Information

Marital Status:

Single Divorced
 Married Widowed
 Separated

Highest Education Level completed:

Less than HS graduate 2-year College Degree
 HS graduate or equivalent Bachelor's Level Degree
 Some College Some Graduate School
 Technical 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: New York State: New York Zip Code: 10005

Relationship to Employee: Father

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]

61-8 4-330 R12

Date: 12/04/2020

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

Revised 2/2017

*change of address and phone number



DANIEL HARRIGAN, MAYOR

CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

CITY OF AKRON
EMPLOYEE RECORDS
2020 DEC -30 PM 11:49

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: 44221

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

In case of emergency please contact:

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

Street Address: [REDACTED]

City: New York State: New York Zip Code: 10005

Relationship to Employee: Father

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]

61 8 4 6-30 2020
Date: 12/04/2020
CHIEF OF OFFICE
AKRON POLICE DEPT.

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

Revised 2/2017

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniform	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

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	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

ITEMS MO: [REDACTED]	FACTORS YR: [REDACTED]																																																																														
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 <input type="checkbox"/> ACCURACY <input type="checkbox"/> THOROUGHNESS <input type="checkbox"/> NEATNESS OF WORK PRODUCT <input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input type="checkbox"/> ADHERENCE TO WORKING HOURS <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input type="checkbox"/> DILIGENCE, EFFORT <input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input 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																																																																														
<input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION <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 <input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	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.																																																																														
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Police Recruit is performing as expected of an employee at this point in their 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] EMPLOYEE ID #: 16177 DATE: 3/4/20
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 3/11/20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 3/12/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION 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.

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 3/13/20
 SIGNATURE AND DATE: [Signature] 1164 DATE: 03/11/20

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 06/01/20

PLEASE USE #2 PENCIL

EMPLOYEE ID
[REDACTED]

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 1 ID
[REDACTED]

ITEMS MO: [REDACTED]	FACTORS YR: [REDACTED]																																																																						
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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 DATE

EVALUATOR 2 SIGNATURE: [Signature] 10948 5/21/20 DATE

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

SIGNATURE OF REVIEWER: [Signature] 10449 6/30/2020 DATE

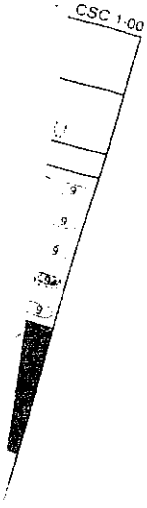
SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE

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.

[REDACTED] DATE: 05/21/2020



CITY OF AKRON
EMPLOYEE RECORDS
JUN 22 PM 2:38

CITY OF AKRON
EMPLOYEE RECORDS
JUN 30 PM 2:49

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 03/29/20 TO 11/24/20	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	

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Progressing as expected

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 SIGNATURE: [Signature] EMPLOYEE ID #: 139718647 DATE: 12/5/20 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 12-6-20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 12/10/20

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: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 12/15/2020

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 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

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
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

PLEASE USE #2 PENCIL

EVALUATOR 1 ID
[REDACTED]

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS YR: 0 1 2 3 4 5 6 7 8 9																																																																														
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																																																																														
<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 type="checkbox"/> DILIGENCE, EFFORT <input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input 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	<input checked="" type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION <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 type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP																																																																														
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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ORC [REDACTED] IS PROCESSING BRITISH/AMERICAN. ORC [REDACTED] HAD ONE CALL APPTS DURING THIS PERIOD MP 1410

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] EMPLOYEE ID #: 15689 DATE: 6-13-21 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 914 10180 DATE: 6-18-21

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11808 DATE: 6/22/21

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 6/22/21

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE: [Signature] AND DATE: 7-1-21

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

[REDACTED] DATE: 07/01/2021

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REPOLE
021 JUL 13 AM 10:38



AKRON POLICE DEPARTMENT

Harold K. Stubbs Justice Center
217 South High Street
Akron, Ohio 44308-1682

Stephen L. Mylett, *Chief of Police*

CITY OF AKRON, OHIO

TO: OFFICER [REDACTED]
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT
CHIEF OF POLICE

DATE: FEBRUARY 22, 2022

Effective February 22, 2022, you are hereby placed on Administrative Leave with pay per procedure following a critical incident.

Stephen L. Mylett
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director
Randy Briggs, Deputy Mayor of Labor Relations
Frank Williams, Assistant to the Mayor for Labor Relations
Charles Brown, Deputy Mayor of Public Safety
Clay Cozart, President, F.O.P. Akron Lodge #7
Wendy Leslie, Payroll

www.akroncops.org
Fax: (330) 375-2135 Phone: (330) 375-2244
Address all correspondence to the Chief of Police

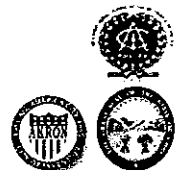


EXHIBIT K10 27



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

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:

PROMOTIONS

NOTES

[REDACTED]

ASSIGNMENTS

10-26-2020 UNIFORM, PLATOON 1 10:30PM-7AM
08-10-2020 UNIFORM, PLATOON 5 11AM-7:30PM
06-01-2020 UNIFORM, PLATOON 1 10:30PM-7AM
12-09-2019 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

05-05-2020 OHLEG SECURITY TRAINING

COMPLAINTS

DISCIPLINES

FILE REVIEWS

SHOTS FIRED

AWARDS

SPECIAL UNITS



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

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: [REDACTED] Sworn In: 05/29/2020 Separation: [REDACTED]

PROMOTIONS

NOTES

ASSIGNMENTS

10-12-2020 UNIFORM, PLATOON 1 10:30PM-7AM
08-10-2020 UNIFORM, PLATOON 5 11AM-7:30PM
06-01-2020 UNIFORM, PLATOON 1 10:30PM-7AM
12-09-2019 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

08-16-2021 FIELD FORCE OPERATIONS
06-23-2021 THE GUN GAME
05-05-2020 OHLEG SECURITY TRAINING

COMPLAINTS

DISCIPLINES

FILE REVIEWS

SHOTS FIRED

AWARDS

AWARD DATE: 1/14/22

AWARD: SHIFT LEVEL COMMENDATION

NOTE: YOUR ROLE IN THE HANDLING OF THE BREAKING AND ENTERING AT THE WALGREEN'S PHARMACY AT 840 BRITAIN ROAD ON 12/24/21. YOU AND THE OTHER OFFICERS INVOLVED SHOWED DILIGENCE AND TENACITY IN YOUR HANDLING OF THIS INCIDENT THAT LED TO THE ARREST OF TWO SUSPECTS AND THE RECOVERY OF THE STOLEN PROPERTY. THIS WAS A GREAT EXAMPLE OF TEAMWORK, DEDICATION, AND PERFORMANCE THAT WAS WELL ABOVE WHAT WOULD BE CONSIDERED A SATISFACTORY LEVEL.

SPECIAL UNITS



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, May 24, 2022

UNIT: HONOR GUARD

DATE: 3/9/2022 to

NOTE:
