STEVE C. SIKES, SHERIFF



# **Sheriff's Office**Liberty County, Georgia

JON P. LONG CHIEF DEPUTY MAJ. JEFF HEIN JAIL ADMINISTRATOR

CAPT. LISA BOYD ASST. JAIL ADMINISTRATOR LIBERTY COUNTY JAIL 180 PAUL SIKES DR. HINESVILLE, GA. 31313 PHONE 912-876-6411 FAX: 912-876-3060

October 18, 2016

Officer Anderson Deliford was hired as a Jail Officer with the Liberty County Sheriff's Office on December 10, 2015. Deliford attended and graduated the required Georgia P.O.S.T. jailers course on April 29, 2016.

When Officer Deliford was hired he was advised that he was not allowed to take leave or call out sick during his six month probationary period. He was also advised that if a situation or illness arouse, he needed to contact his supervisor and explain the situation. If the situation warranted it, he would be granted leave or sick time from the Captain or Major.

Officer Deliford was active in the Georgia National Guard and had been requested to provide us with his drill schedules and to keep us update if any changes were made. He provided documentation from E Co. 148 Brigade Support Battalion and the 179<sup>th</sup> Military Police Company at various times during his employment and only after being asked. This left several questions as to which unit he belonged. When questioned about this he stated that he was disabled through the VA and was not even being paid when he attended drill. He would

advise that he had drill in Metter, GA but his unit listed an address on Fort Stewart. At no time, while Deliford was employed, did I feel like I had a true and honest answer to the question of which unit he belonged to.

He requested no military time off until March 2<sup>nd</sup>, 2016 to be off on March 3<sup>rd</sup> and 4<sup>th</sup>, 2016. He was advised that one day's notice was insufficient and that he needed to provide us with a list of his scheduled drill dates.

On March 21, 2016, Deliford was granted leave due to a family emergency.

On March 30, 2016, Deliford was allowed to take 9 hours of sick leave due to an illness.

On March 31, 2016, Deliford was allowed to sign for sick due an illness.

On April 4, 2016, Deliford called from Florida and advised that his step brother had been murdered and he needed some time off to be with family. The murder was confirmed through a local detective and Deliford was granted 10 hours of vacation.

On April 5, 2016, Deliford was given 12 hours of pay due to his situation per me. Lt. Anderson wrote Deliford a written formal report for attendance but it was never served due to the situation.

On May 5, 2016, Deliford attempted to call out claiming he was owed comp time from being in school. This was denied due to him being off on his scheduled weekends while in school.

In June of 2016, Deliford was granted 9 days of Military Leave.

On June 23, 2016, Deliford signed for 11 hours of vacation- Reason Unknown

On July 11, 2016, Deliford did not show up to work and claimed to have texted Sgt. Chapman. He was not paid and was written up.

On July 15, 2016, Deliford did not show up for work due to his wife having a flat tire. He also failed to call. Received a no pay due for 7.5 hours.

On July 16 &17, 2016, Deliford was granted military leave. The drill sheet he provided showed him being scheduled to drill on July 9&10, his regular days off. When questioned about this he stated that he had changed units and would provide an updated drill schedule.

On August 9, 2016, I suspended Deliford for one day due to his attendance. He was also counseled, placed on 90 days probation and advised that if these actions continue, they could lead to his dismissal.

On August 12, 2016, Deliford was granted vacation prior to his military drill dates.

On August 13&14, 2016, Deliford was granted military leave to drill. Further investigation shows that this was a drill date for his old unit and he had yet to provide a listing for his new unit. I again asked that he provide an updated drill calendar.

On September 13, 2016, Deliford stated that he had a mandatory drill on September 14 & 15, 2016. I tried several times to confirm this with the number he provide with no success. Deliford turned in a letter from his unit dated September 12, 2016, thanks us for supporting him.

On September 29, 2016, Deliford was moved to Lt. Markham's shift. This was done in order to evaluate him under another supervisor. Myself and Cpt. Boyd believed he was being shown preferable treatment by Lt. Anderson.

On October 5, 2016, Deliford was allowed to sign for leave to attend a VA Appointment. He later advised that he had another appointment on October 19, 2016, which was a day he was scheduled to work.

On October 6, 2016, Deliford was activated due to Hurricane Matthew. He was allowed to leave work early in order to report.

On October 7, 2016, I met with Deliford and he explained that he had been released by his unit. He was instructed to go home and that a standby order had been issued to all employees.

On October 10, 2016, Deliford claimed that he told Markham he had a drill on October 14 & 15. He advised that Officers Gildon, Winchell, Myrick and Sgt. McEady heard the conversation.

On October 14, 2016, Deliford presented Lt. Markham a copy of his drill schedule for the 179<sup>th</sup> Military Police Company located at Fort Stewart. It was dated August 4, 2016. He advised Lt. Markham that he had forgotten he had drill.

On October 15 & 16, 2016, Deliford attend drill and was not paid due to him forgetting to notify us of his drills. The shift was left short and overtime had to be paid to cover his position.

On October 18, 2016, I spoke with Officers Gildon, Winchell, Myrick and Sgt. McEady.

No one was familiar with the conversation that Deliford alleged took place between him and Lt.

Markham.

On October 18, 2016, Deliford was terminated by Chief Deputy Long for repeated attendance issues and giving false statements.

Officer Deliford showed great potential when he first started. He later changed and continuously had attendance issues. On several occasions he failed to call in or even show up for work. As for his Military status, the above list shows how this department accepted and accommodated him. Officer Deliford failed to provide us with his drill dates in a timely manner, which resulted in the security of this facility to be compromised on numerous occasions. His actions also resulted in other officers be required to work when they were scheduled off and the department to have to pay overtime. I am still unsure of what military unit Deliford belonged to and to this date still question his actual assignment to any of these units. This is based on the lack of communication I have had with the point of contacts he provided. Officer Deliford was afforded several opportunities to explain his actions and always had a variety of excuses for his actions. He never once claimed responsibility for his actions. Deliford was placed on probation on August 9, 2016, after being suspended for one day without pay. He was advised that any negative write-ups could result in his termination. On October 18, 2016, Deliford was still on probation when he was release.

Jeffrey S. Hein

Jail Administrator - Major

Liberty County Sheriff's Office

CC: Officer's File

#### **EMPLOYEE OBSERVATION REPORT**

Name: Deliford, Anderson	Dept:	3326		10/18/2016
Type of Correction: ()	Spot Correct	ion Verbal ( ) Verbal Forn	nal (XX) Writte	en Formal
Observation:(X ) Attend	ance( )Disob	pedience( ) Work Quality	() Safety () Ot	her ( ) Exemplary
Employee Action:	Failure to Rep	ort for Duty while on Probation	Date	10/15/2016
Agency Statement:		ford failed to provide notic		
to his supervisors. Office command. See attache			is in the past b	y his chain of
Employee Statement:				
			×	y
()I concur with agency s	tatement () l	disagree with agency sta	atement	
Employees may attach a	dditional pag	ge(s) if needed		
Decision:	Officer Delif	ford was terminated from	his employmer	nt with the Liberty
County Sheriff's Office.		· · · · · · · · · · · · · · · · · · ·		
I have read this report an	d understan	d it.		
Employee Signature	$\overline{}$		Date:	
Supervisor Signature	5/0		Date:	10/10/1c
Reviewing Supervisor Sig	gnature	Play	Date:	10-18-16
Observation reports will the employee and signed		I by supervisors in a time	y manner, disc	ussed with
*Employees receiving for		•		

other rebuttals will be forwarded through the Chief Deputy for review.

On 10/15/2016 at 0200 am C/O Deliford came into CC where I was waiting to talk to him about his write up. C/O Delifrod refused to sign the paper work as he stated he didn't do anything wrong how was he being written up for having drill, I explained to him that he was not being written for having drill that he was being written up for not giving us prior notice that he came in and told Sgt McEady he had to leave early as he had drill this weekend, this was the first either of us heard about this. He only gave me a copy of his training schedule at briefing on 10/14/16

C/O Deliford was given a calendar on the first day he worked with us and told to put down the days he needed off, the only days he put on the calendar were 10/19/2016 for a VA appointment and 11/13/2016 for a day he has to pick up his wife from the airport he was told

that he would have to make some kind of arrangements because I already had C/O's off on those days and that would leave me with only 5 people. I was never informed that he would need off for drill until 10/14/16 when he said he needed to leave early on 10/14/2016 and not be here 10/15/2016 or 10/16/2016, when told that we needed at least 72 hrs notice for him to be off he said he was not off that he was working ( he had drill ) I informed him he was still taking off from work and that he was leaving us in a lurch by not giving us proper notice, I told him that the sop stated we needed 72 hrs he tried to say that he told me he had drill coming up but he never did. C/O Delifrod said that with him being moved that he forgot he had drill until someone called him on 10/14/16 and reminded him, so if he forgot how did he tell me?

On 10/5/2016 C/O Delifrod took off for a VA appointment and then a week later said he had another appointment on the 19<sup>th</sup> in Charleston N.C.

. . . 7

10/06/2016 C/O Deliford told me that his unit was recalled for duty and he had 2hrs to get to Metter and it would take him 1hr and 45 mins to get there he left work 2 hrs early he stated that he would send me a copy of his orders when he got to the house, which I never received. He told me on Monday that he did not see anyone to get the orders from and that he was sent home on Friday because he could not double dip as he gets paid by the VA and cannot get paid by the Army, and that when he does his drill's it's for free. He said he came to the jail on Friday because he could not reach anyone at the jail no one was answering the phones because the phones were no working,

he said he told Maj. Hein that he was sent home and that Maj told him to go home he was on call.

I tried to explain to C/O Deliford that no one could do what he was doing and not get written up so what made him special to think he could , he did not have an answer for me . The last thing he said as he was walking was you would think he committed a crime .

It Mark 975

○ Spot Correction ○ Verbal ○	Verbal Formal	<ul><li>Written Fo</li></ul>	ormal		
Name: Deliford, Anderson	De	pt. LCSO	Date: 10/	14/2016	
Attendance Disobedience Exemplary	Work Quality	•		<u> </u>	
Employee Action:		D	ate: 10/14/2	.01€	
Agency Statement:  Officer Deliford you're receiving this w communication with your employer an 2016; you came to work with your training you have drill from your commitment to serve your countresponsibility to provide us with the nepaperwork the day before and asking when working with Law enforcement; to adjust the schedule; so that you make ARNG unit. On 7th Oct 2016; you told issued a recall for you and that you had Hurricane Matthew; LT. Markham instructed of the orders or a memorandum stating early release from work this you falled minute to turn in paperwork for sometimesponsibility nor will we continue to spaperwork dealing with your ARNG units any training event.	ad/ or supervisor. Ining schedule from the 15-16 of Oct; ry and community ecessary paperwore to leave early is to we need more that ay attend training LT. Markham that ad to report to you ructed you to ema ag you were on rece to do. Again, wai thing that benefits show support for you	On 14 October m your Nations We acknowled but it's your rk; bringing ptally unaccept in a 4 hour no events with you ryour unit had ir unit because il or bring in a tall because of ting until the li- ryou is not our our negligence	able tice of copy your ast		
		h acong state	mont		
I concur with agency statement		n agency state	:irenc		
Employees may attach additional page	e(s) if needed.				
Decision:					
I have read this report and understand Employee Signature Reviewing Supervisor Signature	Oto Sign	<u></u>	Date	12-16	0210 AM
Observation reports will be completed	by supervisors in	a timely mani	ner, aiscusse	Suitu fue	

*Employees receiving formal written was working days of the notice, to the Sher rebuttals will be forwarded through the	arnings may submit a written r iff under the department griev Chlef Deputy for review.	ebuttal with ance proced	in five (5) ure. All other
		16	
		22	

Name: Deliford, Anderson	Dept:	3326		8/9/2016
Type of Correction: ()	Spot Correcti	on Verbal ( ) Verbal Form	al (XX) Written	Formal
Observation:(X ) Attend	ance( )Disob	edience() Work Quality (	) Safety ( ) Othe	er ( ) Exemplary
Employee Action:	Failure to Rep	ort for Duty	Date <u>Variou</u>	is
Agency Statement:		ord has called and advise		<del></del>
on at least three separate	e occasions.	Officer Deliford has been	counsied abou	t this in the
past by his chain of comm	nand.			
Employee Statement:		72/12		
(T concur with agency st	atement ( ) !	disagree with agency stat	ement	
Employees may attach a	dditional pag	e(s) if needed		
Decision:	Officer Delif	ord, you will be suspende	d without pay fo	or one day
		ced on ninty (90) probatio	n and any nega	tive write ups
can result in your termina	tion			
I have read this report an Employee Signature	// ^	d it.	Date: _{	<u> </u>
Supervisor Signature	1		Date: _‹	<u> 2/11/16</u>
Reviewing Supervisor Sig	nature		Date: _	
Observation reports will be the employee and signed		by supervisors in a timely	manner, discu	ssed with
(5) working days of notice	e, to the Sher	varnings may submit a writ riff under the department of gh the Chief Deputy for re	rievance proce	hin five dure. All

○ Spot Correction ○ Verbal ○	Verbal Formal	Written Fo	ermal
Name: OFFICER DELIFORD	Dep	t. 3326	Date: 7/11/2016
Attendance Disobedience Exemplary	Work Quality	☐ Safety	□ Other □
Employee Action:		Da	ate:
Agency Statement: Failure to follow Standard Operating I verbally get in contact with his immed Sergeant). Failing to speak with supe Supervisor in Chain of Command (Mato comply with (SOP). Officer Deliford Chapman cell phone stating "Hey Sgt in to the dealer in the morning. I am but did not get her I have to have it chow long I am going to be there".	diate supervisors (L rivisor was suppose ijor or Captain). Offi i sent a text messaç this is Deliford I ha not coming in for si	ieutenant or to contact nex cer Deliford fa ge to Sergeant ve to take my nift I called LT	iled : car day
I Sgt Chapman did not receive the terafter reporting for duty and conducting up coming tasks and duties. Lt Anderstried calling Officer Deliford numerous Telephone).	ng headcount and busing was briefed of t	riefing the shift the message a	t of nd
Lt Anderson finally made contact with to 1130am. "Officer Deliford stated the to get to work and he would be into v	nat he did not have		
Employee Statement:  To Control LT Ampen:			I NIGHT WHEN I COULD
NOT GET HON I SENT a			
Biving THE ROSSON TO WHY	I was NO!	CHAING I	al to shift.
1 concur with agency statement	O I disagree with	agency state	ment
Employees may attach additional page	e(s) if needed.		
Decision:			
I have read this report and understan	id it.		
Employee Signature 1. Hilly			Date <b>20160712</b>
Supervisor Signature	lesson	2 -	Date <u>4-12-16</u>
Reviewing Supervisor Signature	Al- Tras	Don	Date <u>7-12-16</u>
Observation reports will be completed employee and signed.	by supervisors in a	timely manne	er, discussed with the

\*Employees receiving formal written warnings may submit a written rebuttal within five (5) working days of the notice, to the Sheriff under the department grievance procedure. All other rebuttals will be forwarded through the Chief Deputy for review.

I RECEIVED MEPHONE CALL FROM LT ANDERSON

AT ABOUT 1830 AT THAT TIME I INFORMED HER ON

WHAT WAS GOING ON. SHE TOLD ME TO KEEP HER INFORM

AND TO MAKE Et 2N FOR SHIFE IN THE MORNING.

T DONOT FEEL THAT I DISOBOJED (SOP) BY SONDING ATOUT TO MY

SEKGORALT HERR I COLLED THE LIEUTENANT OVER THE SHIPL AND DID

NOT GET THOM. I DID NOT RECEIVED NUMBEROUS CALLS

A. DECIFORS

O Spot Correction	<ul><li>Verbal</li></ul>	O Verbal Formal	O Written F	ormal	
Name: OFFICER D	ELIFORD	De	pt. 3326	Date: 13	2/29/2015
☐ Attendance Exemplary	☐ Disobedience	☐ Work Quality	☐ Safety	☑ Other	
☐ Employee Actio	n:		D	ate: 12/29	/2015
COUNSEL STATEMINOT BEEN EMPLOY MONTH PROBATIO	LT.ANDERSON) ENT" OFFICER DE ED FOR NO MOR N NO OFFICER C	IS GIVING OFFICER ELIFORD CALLED IN E THAN A MONTH. V AN CALL IN SICK OR IN YOU MUST CONT	SICK AND HAV VHILE ON SIX TAKE LEAVE 1		
Employee Statemen	pt:	you know	rore	î	
· · · · · · · · · · · · · · · · · · ·					
XII Y		O t discourse with			
	gency statement	-	n agency state	ment	
Employees may att	acn additional pa	ge(s) ir needed.			
Decisión:					
I have read this rep	ort and understa	ind it.			
Employee Signature	A. Kall	- /n/		Date 20	15010/
Supervisor Signatur	e Idelando	Woon/		Date /~	1-14
Reviewing Supervis	- V ~	ph. Disa	Daniel	Date 1-	5-16
Observation reports employee and signe	will be complete	ed by supervisors in	a timely mann	er, discussi	ed with the
working days of the	notice, to the SI	warnings may subn heriff under the depa the Chief Deputy for	ırtment arieva:	buttal with nce proced	in five (5) ure. Ali other
					^
\ •					/}
g. g. <b>y'i</b>					
Review.					VI
· &					
7			22		
j.					

# **Supervisor Meeting**

# April 7, 2016

- 1. Leave Slips- Turn in on time, before time off or you are on your time not mine!!! Last warning!!!
- 2. Inmate movement- Inmates will be moved in leg irons or hand cuffs if unable to wear leg irons. No exceptions!!!!
- 3. Pill Call- Officers will stand by the nurse and monitor the inmates to insure they are taking their prescribed medication.
- 4. Communicate!!!!!!!!!!!!!!!!!
- 5. Staff Meal- Don't just put officer's name on staff meal count sheet, make sure officers are going to eat.
- 6. Officers need to insist that inmates refer to them as Officer!
- 7. Request Forms- Inmate Forms need to be turned into Major Hein or Cpt. Boyd as soon as possible. When answers are given they are to be given to the inmate as soon as possible.
- 8. Training Schedule for 2016 is posted in January
- 9. We have a Chain of Command, use it!!
- 10. When Maintenance is in the bay to work, lock down the inmates.
- 11. Supervisor evaluations are done and you will be called in to my office over the next few months.
- 12. If Inmate statements are needed, then complete them. See Cpt. Boyd if you need them.

# **Supervisor Meeting**

# April 7, 2016

- 13. Mop Bucket issuing times: Mon Sat (AM) 0730-0900 hrs, Sun 0630-0800 (AM) hrs. Mon Sun (PM) 1800 -1900 hrs. \*\*\*Every Officer must check the mop and broom sticks before placing in the bay and when picked up. Annotate the checks on the blotter. This is not being done!!!! Fix it!! Insure everything is removed from the bays prior to changing shifts.
- 14. Inmate in Special Observation- No Phone calls, No Reading Materials and only one blanket. Also make sure the inmate cleans the cell when they are moved out.
- 15. Razors- When you collect the razors make sure broken razors are in an individual bag with the write-ups attached.
- 16. Mail Officers need to annotate on the envelope which bay they picked the mail up from in case we have issues with it latter.
- 17. Supervisor's will rotate out of Main and Central Control. We have talked about this before, fix it!!!!
- 18. Lock Down- Make sure inmates are their correct cells.
- 19. Comp Time- Supervisor need to handle this. Officers need to be compensated for any training time on their days off. Please handle as quickly as possible and in the same pay period if possible. No more than 6 hours on the books.
- 20. All detainers and any type of extensions will be cleared through Lt. McHugh. If she is unavailable contact Cpt. Boyd or Myself!!! We will no longer pick up Probationers on warrants that are not signed!

# Supervisor Meeting April 7, 2016

- 21. Any accident involving a Department vehicle will require a Stat 4 and photos to be taken. Contact myself or Capt. Boyd immediately.
- 22. Clinic Door #30- Needs to stay locked at all times.
- 23. Please make sure that Officers understand that they need to update the contact information with the Front Office.
- 24. Yard Call- Do it! Early Morning or late at night if needed. If the heat index is over 95, no one is to go outside.
- 25. Thermostats- Again, do not turn off. Only turn up or down a few degrees
- 26. Loss Prevention- Stay out of other supervisor's cabinets. Quit taking Jail supplies. If you are caught I will prosecute you!!!
- 37. Kitchen- Deal with any problems immediately!!
- 28. Armbands- After you write an inmate for an armband violation make sure you issue a new armband.
- 29. Inmate issues need to be dealt with not passed on!
- 30. Maintenance- Works for me! He is a supervisor and will be treated like one. If you have a problem with him, see me!
- 31. Outside Trustee- I want them outside and not coming and going all day. They are not being search by Officers and Contraband is coming in!
- 32. Equipment- If and when it breaks, report it!!! Don't hide it! We understand that things happen.

# Supervisor Meeting April 7, 2016

- 33. Inmate out processing- Inmate will return items at the dropping point which is central control area in the blue laundry basket.
- 34. Flashlight holders- They are provide for you at no cost. If you damage them, you are responsible.
- 35. Uniform Boots- Allowed but must be polished and look professional.
- 36. Citations: Write more
- 37. Vehicle Cleanliness-
- 38. Preventative Maintenance- Make the Appt. No excuses! If you change the date notify me. If you miss more than one, you will park your take home.
- 39. Leave Time- Start now! There will be no mass time off in December because you forgot or got busy. You will lose your time this year.
- 40. Body Armor Inventory- I need all expiration dates on Deputies who are issued body armor. As need to know if any deputies de not have a set.

LT. Huderson

# **Supervisor Meeting**

April 7, 2016

Please have every Officer <u>print and sign</u> their name acknowledging that have had these minutes explained to them and understand them. Please return to Major Hein when complete no later than 04/14/2016.

	1. Chul March
	2.
	3. Britmey Alexander Brith Denle
1,	4. Kim talut
X	5. A. Al A. Dec. Fond X
64	6. Syt Chamen
	7. Li Anderson
	8
	9.

# **Liberty County Sheriff's Office**

### **Policy Manual**

SUBJECT	POLICY NUMBER
CODE OF CONDUCT	3.01
DISTRIBUTION	Effective: 7/1/2001
ALL EMPLOYEES	Revised:10/10/2001
	Revised: 6/10/2015

#### 3.01.1 Purpose

To establish a Code of Conduct to be adhered to by all members of the Liberty County Sheriff's Office.

#### 3.01.2 Policy

It is the policy of the Liberty County Sheriff's Office to ensure that members are fully aware of their obligations to the Sheriff's Office, to the profession in which they have elected to serve, and to the public. Applicable regulations as established by the Sheriff and outlined below will govern the actions of all members, both on and off duty.

#### 3.01.3 Responsibility

It shall be the responsibility of each member of the Sheriff's Office to conform to the Code of Conduct. Failure to do so will be grounds for disciplinary actions up to and including termination.

#### 3.01.4 Regulations

- A. Duty to abide by all laws and orders
  - 1. Members will uphold the Constitution of the United States and the State of Georgia, obey all federal, state and local laws, and comply with court orders and decisions.

Policy #3.01 - Code of Conduct

- 2. Members will promptly obey and comply with all rules, regulations, memorandums, special orders, policies, and procedures of the Sheriff's Office, and any lawful orders of a supervisor, whether given directly or relayed from a supervisor by a person of the same or lesser rank. Failure to follow a lawful order, or any disrespectful, mutinous, insolent, or abusive language or action directed toward a supervisor, whether in or out of the supervisor's presence shall be considered insubordination.
  - a. Orders from supervisors to subordinates shall be issued in a professional, clear, understandable language, civil in tone and manner, and shall be in pursuit of official business of the Sheriff's Office.
  - b. In those instances when a member receives a conflicting order from a supervisor, it is the responsibility of that member to respectfully inform the supervisor of the conflict. It is then the duty of the supervisor to clarify the order for the member.
  - c. Members will not obey an order which they know or should know would require them to commit any illegal act. If in doubt as to the legality of an order, members will request the issuing supervisor to clarify the order or request their permission to confer with a higher ranking supervisor.
- 3. Members are required to be truthful to their supervisors at all times.
  - a. Furthermore, upon the order of the Sheriff or any other supervisor, members will truthfully answer all questions that may be asked of them.
  - b. Additionally, members are required to truthfully answer questions by, or render assistance to, competent authority pursuant to any official investigation undertaken by the Sheriff's Office. However, this rule shall nor supersede the member's Constitutional rights concerning testimonial self-incrimination if the investigation indicates prosecution will be brought against the member from which statements/assistance is sought.

#### **B.** Court

- Upon being subpoenaed, members will attend court or judicial hearings, whether criminal or civil, and will be available for such proceedings until released by the court.
- 2. When appearing in court on matters related to the Sheriff's Office, uniformed members will be attired in the Class A or Class B uniform. Detectives and Command Staff will wear professional business attire. Courtroom rules regarding manner of dress and display of weapons will be adhered to. Members will present a neat and clean appearance, avoiding any mannerisms that might imply disrespect to the court.
- Members will not accept a witness fee when they are required to attend court for criminal or civil cases directly related to work during their regularly assigned duty hours.

Policy #3.01 - Code of Conduct

Revised: 6/10/2015

-15

- 4. If a subpoena for a civil proceeding arises out of Sheriff's Office employment or if the member is informed that they are a party to a civil action arising out of Sheriff's Office employment they will immediately notify the Chief Deputy thru the chain of command.
- 5. Whenever a member is subpoenaed to testify in a civil or criminal proceeding other than Sheriff's Office related, the member will appear and testify on their own time and will provide their own transportation. The appearance and testimony will be made in appropriate civilian attire.
  - a. Before giving testimony as a character witness for any defendant in a criminal trial, employees will notify the Chief Deputy through the chain of command.
- 6. Members will not start a civil proceeding arising out of a law enforcement activity without first notifying the Chief Deputy or the Sheriff. Claims against the Sheriff's Office are not within the scope of this rule.
- 7. Any employee who is subject to a "Civil Family Violence Order" or a "Criminal Family Violence Order" shall immediately notify the Sheriff or the Chief Deputy.

#### C. Intoxicants

- Members will not purchase, possess, use, or be under the influence of an alcoholic beverage while in uniform, while on duty, or while occupying a County-owned vehicle, unless authorized by specific job function.
  - a. Members will not appear for duty while under the influence of intoxicants or with any amount of detectable intoxicants in their system.
- Members, while off-duty, will refrain from consuming intoxicating beverages to the
  extent that it results in impairment, intoxication, or obnoxious or offensive behavior
  which discredits them or the Sheriff's Office, or renders the members unfit to report for
  their next tour of duty.
- 3. Members will not possess or use cannabis or any controlled substances except as prescribed by a licensed health professional. Members will make such possession and use known to their supervisor. Members will not report for duty when substances impairs their ability to perform assigned duties.
- 4. Members will not store or bring into any Sheriff's Office facility or vehicle alcoholic beverages, controlled substances or cannabis derivatives, except those which are held as evidence, used for training or other some other official capacity.

#### D. Investigations

- Members will not interfere with investigations being conducted by other members of the Sheriff's Office or by any other governmental agency unless:
  - a. Ordered to intervene by a supervisor
  - b. The intervening member reasonably believes that a manifest injustice would result from failure to take immediate action. In this case, the member's supervisor will be notified as soon as possible.

Policy #3.01 - Code of Conduct

- 2. Members will not obstruct any investigation by destroying, altering, concealing or disguising real evidence, or by planting false evidence or furnishing false information to lawful authority.
- 3. Members will not induce other persons to make false statements, withhold information, absent themselves or otherwise fail to cooperate with lawful investigating authorities.
- 4. When a member becomes aware that they are the subject of an investigation by a governmental agency other than the Sheriff's Office, they will immediately notify the Chief Deputy or the Sheriff through the chain of command.
- 5. With the exception of personnel matters, members shall not submit to any interview or give a statement concerning the performance of their official duties to any officer or official of another agency, federal, state, or local, without first informing the Chief Deputy or the Sheriff through the chain of command.
- 6. When a law enforcement officer from another agency requests a member of the Sheriff's Office to submit to an interview concerning a non-duty related issue, the member shall inform the Chief Deputy or the Sheriff, through the chain of command, as soon as possible.
- 7. Members who are the complainant in, the target of, or a witness in a pending departmental investigation will not discuss any aspect of the investigation while it is still pending, except with the Internal Affairs Investigator, the Sheriff, the Chief Deputy, or legal counsel retained by the Sheriff's Office, unless otherwise directed by the Sheriff.

#### E. Reporting for Duty

- 1. Members shall report for duty at the time and place assigned and shall be free from any physical, emotional or mental condition which could adversely affect the employee's ability to perform the ability to perform their assigned duties.
- 2. Members will not leave their assigned duty without proper authority from their supervisor. Any legally issued subpoena shall constitute an order to report for duty.
  - a. Any unauthorized absence without leave will be grounds for disciplinary action up to and including dismissal.
  - b. Any member absent for five consecutive workdays without proper notification and authorization may be deemed to have voluntarily resigned their position.
- 3. Members will not feign illness or injury, or falsely report such to any supervisor, or to any other official in regards to the member's performance of duty.
- 4. Members will remain awake at all times while on duty.
- 5. Members will keep the supervisor apprised of current phone numbers and addresses.

#### F. Public and Political Conduct

- 1. Both on and off-duty, members of the Sheriff's Office will conduct themselves in such a manner as to reflect most favorably on the Sheriff's Office. Members will not conduct themselves in any manner that brings the Sheriff's Office into disrepute or reflects discredit upon themselves as a member of the Sheriff's Office, or impairs the operation and efficiency of the Sheriff's Office or the member. No member will engage in any behavior which results in incarceration or probation.
- 2. Members will not solicit or accept from any person, business, or organization any gift (including money, tangible or intangible property, food, beverage, loan, promise, service or entertainment) for the benefit of the member or the Sheriff's Office, if it may be reasonably inferred that the person, business or organization:
  - a. Seeks to influence action of an official nature or seeks to affect the performance or non-performance of an official duty.
  - b. Has an interest that may be substantially affected directly or indirectly by the performance or non-performance of an official duty.
- No member will accept or solicit any fee or compensation growing out of the
  performance of official duties except that which is specifically authorized by law and
  which is commonly accepted practice as part of the operations of the Sheriff's Office.
- 4. Members will not use their official position, official identification cards, or badges for:
  - a. Personal or financial gain for themselves or others.
  - b. Obtaining privileges not otherwise available to them except in the performance of duty.
  - c. Avoiding consequences of illegal acts.
- 5. Members will not lend to another person their identification cards or badges, or permit them to be photographed or reproduced without the approval of the Sheriff.
- 6. Members will not authorize the use of their names, photographs or official titles that identify them as employees of the Liberty County Sheriff's Office, concerning testlmonials or advertisements of any commodity or commercial enterprise, without the written approval of the Sheriff.
- 7. Members will not sign petitions reflecting titles or positions identifying themselves as an employee of the Liberty County Sheriff's Office.
- Members will not, in their official capacity, recommend or suggest in any manner the
  employment or procurement of a particular product, professional service or commercial
  service, such as an attorney, ambulance, towing service, bondsman or bonding
  company.

- 9. Members will be courteous to the public. They will be tactful in the performance of their duties, will control their tempers, and exercise patience and discretion. Members will not engage in argumentative discussions. In the performance of their duties, members will not use coarse, violent, profane or insolent language or gestures. Members will not express any prejudice concerning race, religion, politics, or national origin.
- 10. Except in the performance of official duties, or where unavoidable because of preexisting relationships, members will avoid associations or dealings with persons whom they know, or should know, are under criminal investigation or indictment, or who have a reputation in the community for involvement in criminal or felonious activity.
- 11. Complaints regarding Sheriff's Office operations should be resolved internally. Members will not publicly criticize Sheriff's Office policies, operations, or staff in a defamatory, obscene, unlawful, or untruthful manner. Criticism that tends to impair the operation of the Sheriff's Office by reducing organizational efficiency and discipline is also prohibited.
- 12. Members will cooperate with, support, and assist each other at every opportunity, and will not maliciously criticize the work or manner of performance of others. Members will not start, repeat or otherwise spread any idle, unsupported or unverified information or allegations(gossip) relating to any matter that affects the Liberty County Sheriff's Office.
- 13. Members will not participate in the activities of any organization that:
  - Advocates the overthrow of any local, state, or national government;
  - b. Where such participation has an adverse impact on the operations of the Sheriff's Office, members will not participate in the activities of any organization that:
    - 1. Maintains the right to strike;
    - 2. Attempts to interfere with the administration of the Sheriff's Office:
    - 3. May in any way exact prior consideration of allegiance and thus interfere with efficient and effective Sheriff's Office operations.
- 14. Personal activities or associations of a member that knowingly create an apparent or real conflict of interest with the conduct of official duties is prohibited. A "conflict of interest" arises when a member's private interest, whether of a financial nature or otherwise, conflicts with the member's impartial conduct of official duties and responsibilities.

#### G. General Duties

 Members of the Sheriff's Office who have misrepresented the facts for employment, or in any subsequent applicants for assignments within the Sheriff's Office, through false statements or failure to disclose pertinent information will be subject to disciplinary action up to and including dismissal.

Policy #3.01 - Code of Conduct

- 2. Members will submit all necessary reports before the end of the shift. Reports will be truthful and complete, and no member will knowingly make false statements, charges or allegations in connection with any citation, warning, traffic crash report, incident report, investigative report, computer entry or by any other means which creates an official record of the Sheriff's Office.
- Members will treat superiors, subordinates, and associates with respect. When onduty, particularly in the presence of others, officers should be referred to by rank or title.
  - a. Command and supervisory personnel will support subordinates in the lawful discharge of their duties and actions.
  - b. Any corrective counseling or discipline will be done positively and constructively in the appropriate setting.
- 4. Except when necessary for the performance of certain law enforcement duties, or as otherwise authorized by a supervisor, members will:
  - a. Carry their badge and identification card while on duty, or while off-duty and armed.
    - Members will make every effort to ensure the security of their badge, identification card and duty weapon.
  - While on-duty and holding themselves out as having an official capacity, furnish their name and badge number to any person requesting that information.
- 5. Members will refrain from discussing, disclosing or releasing to unauthorized persons any information or document that is considered confidential. For the purposes of this policy, all Sheriff's Office related documents and orders should be considered confidential unless and until requested as under the Open Records Act.
- 6. Members will not disclose private telephone numbers or addresses of any other member of the Sheriff's Office to the general public.
- 7. Sworn deputies should refrain from acting in their law enforcement capacity while off-duty except in cases of emergency or when serious criminal offenses have been committed. When law enforcement related activity is absolutely required, off-duty deputies will respond as needed. The off-duty deputy must properly identify himself if dressed in civilian attire.
  - a. Incidents occurring in the deputy's neighborhood, or involving the deputy's friends or family members should be handled by an on-duty deputy.
- 8. Members of the Sheriff's Office will maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Unsatisfactory performance may be demonstrated by:
  - a. A lack of knowledge of the application of the laws required to be enforced;
  - b. An unwillingness or inability to perform assigned tasks;

Policy #3.01 - Code of Conduct

- c. The failure to take appropriate action on the occasion of a crime, disorder or other condition deserving law enforcement attention;
- d. Absence without leave;
- e. Repeated poor evaluations; or
- f. A written record of repeated infractions of rules, regulations, directives or orders of the Sheriff's Office.
- Members of the Sheriff's Office will not park county vehicles in designated handicap permit spaces, marked fire lanes, or any other off-limit area, unless responding to an actual emergency.
- 10. Members will refrain from conducting personal business while on duty.
- 11. Members will respond to all assignments, whether dispatched or by personal communication, without argument and unnecessary delay. No officer shall fall to aid, assist, or protect a fellow member or citizen to the fullest extent of their professional capabilities in accordance with the law, and the policies and procedures of the Sheriff's Office.
- 12. Members will submit reports as required by performance of their duties. All reports are due at the end of the shift, unless authorized by a supervisor.
- 13. Members will not steal, forge, tamper with, alter or copy without proper authorization, any record, report, or citation in the custody of the Liberty County Sheriff's Office. Additionally, no record, card, report, letter, document, or any other official file will be removed from its proper place, except by process of law or as directed by a supervisor.
- 14. As a member becomes aware of another member's violation of a law, rule or regulation, policy or procedure, or a general or special order, that violation will be reported to a supervisor.
- 15. No member will instigate, participate in, or lead a strike, sit-down, stay-in, sympathy strike, walk-out, slow-down, sick-out, or any other interference with, or stoppage of work.
- 16. Members of the Sheriff's Office will not engage in:
  - a. Disgraceful conduct that adversely affects the legitimate interests of the Liberty County Sheriff's Office;
  - b. Insubordinate or rebellious conduct, harassment or grossly disrespectful behavior toward other members or County officials.
- 17. Except during the course of interviews by persons conducting official investigations, no member will tape or otherwise electronically record or transmit the conversation of any other member without the prior knowledge and permission of all parties to the conversation, unless otherwise directed by the Sheriff or Chief Deputy.

Policy #3.01 - Code of Conduct

#### H. Evidence

- Property or evidence that has been discovered, gathered, or received in connection with official responsibilities will be processed in accordance with established procedures.
- Members will not convert to their own use, manufacture, conceal, falsify, destroy, remove, tamper with, or withhold any property or evidence in connection with an investigation or other law enforcement action, except in accordance with established procedures.

#### I. Financial

- 1. Members are required to timely file their Federal and State Income Tax returns.
- 2. Members will pay all just debts when due. Unusually severe cases, or repeated instances of financial difficulty may be cause for disciplinary action. Filing for a voluntary bankruptcy petition, difficulty from unforeseen medical expenses or personal disaster will not, by itself, be a cause for discipline, if a good faith effort to settle all accounts is undertaken.
- J. Additional Regulations for Supervisors
  - 1. Supervisory personnel will be responsible for:
    - a. Subordinates' adherence to Sheriff's Office rules, regulations, policies, orders, directives and procedures;
    - And accountable for the maintenance of discipline and will provide leadership,
       supervision and example to ensure the efficiency of Sheriff's Office operations; and
    - c. The job performance and development of all subordinates.
  - 2. Authority and functions may be delegated to subordinates but responsibility remains with the supervisor who made the assignment.
  - Supervisory personnel remain answerable and accountable for all job related failures on the part of their subordinates when the supervisor was aware of the potential failure and failed to take the appropriate action to correct the deficiency.
- K. These standards of conduct are a representative, and not an exhaustive list.
- L. Members who violate any of these standards may be subject to disciplinary action, including, but not limited to, unpaid disciplinary suspension or dismissal, even on the first offense.

### EMPLOYEE OBSERVATION REPORT

O Spot Correction O Verbal O Verbal Formal   Wr	tten Formal
Name: OFFICER ANDERSON, DELIFORD Dept. 3320	Date: 4/4/2016
✓ Attendance ☐ Disobedience ☐ Work Quality ☐ S Exemplary	afety 🗌 Other 🔲
☐ Employee Action:	Date:
Agency Statement: OFFICER DELIFORD IS IN VIOLATION OF PROBATION PERIOD,O ON THE DAY THAT WE RETURN TO WORK,KNOWING THAT HE'S PROBATION.OFFICER DELIFORD WILL BE BRIEFED ABOUT THIS	STILL ON
Employee Statement:	95
O I concur with agency statement O I disagree with agency	/ statement
Employees may attach additional page(s) if needed.  Secision:	12
have read this report and understand it.	
Employee Signature	Date
Supervisor Signature Line Maryon	Date 4/4/16
Reviewing Supervisor Signature	Date
Observation reports will be completed by supervisors in a timely employee and signed.  Employees receiving formal written warnings may submit a written warnings warnings warnings warnings warnings warnings warnings w	ten rebuttal within five (5)
y y	

in fiv ( )

1/

y here

## EMPLOYEE OBSERVATION REPORT

O Spot Correction    Verbal O Verbal For	rmal O Written I	Formal
Name: OFFICER DELIFORD	Dept. 3326	Date: 12/29/2015
☐ Attendance ☐ Disobedience ☐ Work Q Exemplary ☐ Employee Action:		☑ Other ☐  Date: 12/29/2015
	ı	Date: 12/23/2013
Agency Statement:  ON THIS DATE I( LT.ANDERSON ) IS GIVING OF COUNSEL STATEMENT" OFFICER DELIFORD CALL NOT BEEN EMPLOYED FOR NO MORE THAN A MOI MONTH PROBATION NO OFFICER CAN CALL IN SI AND BE ADVISED WHEN YOU CALL IN YOU MUST SUPERVISOR.  Employee Statement:  LULL HALL Acayfor La	ED IN SICK AND HA NTH. WHILE ON SIX CK OR TAKE LEAVE CONTACT YOUR	
The par speaking KK	ou more	
I concur with agency statement O I disagr	ee with agency state	ement
Employees may attach additional page(s) if neede	d.	
Decision:		
I have read this report and understand it.		
Employee Signature		Date 20150/0/
Supervisor Signature Methodolog		Date 1-1-16
Reviewing Supervisor Signature	a Donal	Date 1-5-16
Observation reports will be completed by supervise employee and signed.	ors in a timely manr	ner, discussed with the
*Employees receiving formal written warnings may working days of the notice, to the Sheriff under the ebuttals will be forwarded through the Chief Depu	/ submit a written re e department grieva	ebuttal within five (5) ance procedure. All other

Reviewi

P

O Spot Correction O Verbal	O Verbal Formal • V	Vritten Formal	
Name: OFFICER DELIFORD	Dept. 33	Date:	7/11/2016
✓ Attendance ✓ Disobedience Exemplary ☐ Employee Action:	Work Quality	Safety Cot	ner
Agency Statement: Failure to follow Standard Operating verbally get in contact with his imm Sergeant). Failing to speak with sup Supervisor in Chain of Command (Note to comply with (SOP). Officer Delifor Chapman cell phone stating "Hey So in to the dealer in the morning. I are but did not get her I have to have it how long I am going to be there".	ediate supervisors (Lieute pervisor was suppose to co lajor or Captain). Officer D rd sent a text message to gt this is Deliford I have to n not coming in for shift I	nant or ontact next Deliford failed Sergeant o take my car called LT day	
I Sgt Chapman did not receive the safter reporting for duty and conduct up coming tasks and duties. Lt And tried calling Officer Deliford numero Telephone).	ing headcount and briefing erson was briefed of the m	g the shift of lessage and	
Lt Anderson finally made contact wi to 1130am. "Officer Deliford stated to get to work and he would be into	that he did not have any t	oximately 11 ransportation	
	L		I WHEN I could
10.18	n TEXT TO SGT C		10 THE TIME
Biving THE ROSSON TO WH	y I was Not Ch	Ming In to	SHIPE,
√I concur with agency statement	I disagree with ager	ncy statement	
Employees may attach additional pa	ge(s) if needed.		
Decision:			
I have read this report and understa	and it.		
Employee Signature	1//	Date 2	20160712
Supervisor Signature	derson	Date	7-12-16
Reviewing Supervisor Signature	Al-Isa E	Date .	7-12-16
Observation reports will be complete employee and signed.	ed by supervisors in a time	ely manner, discu	ssed with the

\*Employees receiving formal written warnings may submit a written rebuttal within five (5) working days of the notice, to the Sheriff under the department grievance procedure. All other rebuttals will be forwarded through the Chief Deputy for review.

4

I RECEIVED ONEPHONE CALL FROM LT ANDERSONS

AT ABOUT 1230 AT THAT TIME I INFORMED HER ON

WHAT WAS GOING ON. SHE TOLD ME TO KEEP HER INFORMED

AND TO MAKE Et IN FOR SHIFE IN THE MORNING.

I DONOT FEEL THAT I DISOBEYED (SOP) BY SENDING A TEXT TO MY

SEKGEANT AFTER I CALLED THE LIEUTENANT OVER THE SHIPT AND DID

NOT GET THAT. I DID NOT RECEIVED NUMBEROUS CALLS

A. DEC, FOR

# LIBERTY COUNTY SHERIFF'S OFFICE

# EMPLOYEE OBSERVATION REPORT

Name: Deliford, Anderson	Dept:	3326		8/9/2016
Type of Correction: ()	Spot Correcti	on Verbal ( ) Verbal Forma	i (XX) Writte	n Formal
Observation:(X) Attend	ance( )Disob	edience() Work Quality()	Safety ( ) Oti	ner ( ) Exemplary
Employee Action:	Failure to Rep	ort for Duty	_Date <u>Vario</u>	us
Agency Statement:	Officer Delif	ford has called and advised	I that he was	not able to work
on at least three separate	e occasions.	Officer Deliford has been	counsled abo	ut this in the
past by his chain of comr	mand.			
Employee Statement:	Option division			
Tconcur with agency st	tatement ( ) I	disagree with agency state	ement	
Employees may attach a	dditional pag	e(s) if needed		
Decision:	Officer Delif	ord, you will be suspended	d without pay	for one day
day (08/09/2016). You wi	ill also be pla	iced on ninty (90) probation	and any neg	ative write ups
can result in your termina	ation			
I have read this report an Employee Signature	// ^	d it.	Date:	8hilic
Supervisor Signature			Date:	<u> 8/11/16</u>
Reviewing Supervisor Sig	gnature		Date:	
Observation reports will be the employee and signed		I by supervisors in a timely	manner, disc	ussed with
		varnings may submit a writt riff under the department g		

other rebuttals will be forwarded through the Chief Deputy for review.

# LIBERTY COUNTY SHERIFF'S OFFICE

# EMPLOYEE OBSERVATION REPORT

<ul><li>Spot Correction</li></ul>	Verbal O Verbal	Formal   Writ	ten Formal		
Name: Deliford, Andersor	1	Dept. LCSO	Date:	10/14/2016	
Attendance Disc	bedience	k Quality 🔲 Sa	fety 🔲 Ot	her 🗌	
Employee Action:			Date: 10	/14/2016	
Agency Statement: Officer Deliford you're recommunication with your 2016; you came to work Guard Unit stating you had your commitment to serv responsibility to provide a paperwork the day before when working with Law e to adjust the schedule; so ARNG unit. On 7th Oct 20 issued a recall for you and Hurricane Matthew; LT. Mof the orders or a memory release from work to minute to turn in paperwork to any training event.  Employee Statement:	employer and/ or su with your training sch ve drill from the 15-2 e your country and constant the necessary and asking to leave inforcement; we need that you may attend 16; you told LT. Mar if that you had to reparkham instructed you and you failed to do. A pork for something that continue to show support training to show support in the continue to	pervisor. On 14 Onedule from your Noted of Oct; We acknown with the paperwork; bringing early is totally unail more than a 4 house that your unjured or to your unit be out o email or bringing ere on recall becautagain, waiting until to be to the port for your neglist benefits you is not port for your neglist per to your neglist benefits you is not port for your neglist per to the port for your neglist per solution.	ctober lational nowledge your ing acceptable our notice vith your it had cause of g in a copy use of your I the last ot our gence any		
			مراجع المراجع		
O I concur with agency	statement O I dis	agree with agency	statement		
Employees may attach ad	ditional page(s) if ne	eded.			
Decision:					
I have read this report an	d understand it.			47	
Employee Signature	epusal te	Sign	Date	10-15-16	0210 Ar
Supervisor Signature	t Markl		Date	10-14-16	
Reviewing Supervisor Sig	nature		Date		
Observation reports will be employee and signed.	e completed by supe	rvisors in a timely	manner, disc	ussed with the	

\*Employees receiving formal written warnings may submit a written rebuttal within five (5) working days of the notice, to the Sheriff under the department grievance procedure. All other rebuttals will be forwarded through the Chief Deputy for review.

This transmission may contain confidential information protected by state or federal law. The information is intended only for use consistent with the state business discussed in this transmission.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action based on the contents is strictly prohibited. If you have received this transmission in error, please delete this email and notify the sender immediately.

Your cooperation is appreciated.

# LIBERTY COUNTY SHERIFF'S OFFICE

# EMPLOYEE OBSERVATION REPORT

O Spot Correction	Verbal	Verbal Formal	O Written Fo	rmal		
Name OFFICER DEL	IFORD	De	pt. 3326	Date:	12/29/2015	
Attendance   Exemplary	Disobedience	☐ Work Quality	☐ Safety	☑ Oth	er 🗌	
☐ Employee Action:			Da	ate: 12/2	29/2015	
Agency Statement: ON THIS DATE I( LT COUNSEL STATEMEN NOT BEEN EMPLOYED MONTH PROBATION AND BE ADVISED WE	T" OFFICER DELI D FOR NO MORE NO OFFICER CAN	FORD CALLED IN: THAN A MONTH. W CALL IN SICK OR	SICK AND HAV /HILE ON SIX . TAKE LEAVE T	3		
SUPERVISOR.		·			£**	
Employee Statement	not few	on know	norl	31		
	•					
in the same		:4				
Qui qoncur with age	ncy statement	O I disagree wit	h agency state	ment	100 3000	
Employees may attac	h additional page	e(s) if needed.				
Decision:						
**						
I have read this repor	rt and understand	i it.		Υ	Ħ	
Employee Signature	1 1	1/1/		Date Ż	0150/0/	
Supervisor Signature		Don		Date /	1	
Reviewing Supervisor	• •	I. Pisa	Dansa	Date 1	-5-16	W
Observation reports vemployee and signed	vill be completed	by supervisors in	a timely manne	er, discus	sed with the	
*Employees receiving working days of the n rebuttals will be forwa	otice, to the She	riff under the depa	artment grievar	buttal wit nce proce	thin five (5) dure. All other	
					20	

Review

# LIBERTY COUNTY SHERIFF'S OFFICE

# **EMPLOYEE OBSERVATION REPORT**

O Spot Correction	O Verbal	O Verbal Formal	Written Fo	rmal	
Name: OFFICER DELI	FORD 6	De	pt. 3326	Date:	7/11/2016
Exemplary	Disobedience	☐ Work Quality	☐ Safety	□ Otł	ner 🗆
☐ Employee Action:		, '	U	ate:	
Agency Statement: Failure to follow Stand verbally get in contact Sergeant). Failing to supervisor in Chain of to comply with (SOP). Chapman cell phone sin to the dealer in the but did not get her I how long I am going to	t with his imm speak with su f Command (I . Officer Delifo stating "Hey S morning. I an nave to have i	nediate supervisors (l pervisor was suppose Major or Captain). Off ord sent a text messa gt this is Deliford I ha m not coming in for s	Lieutenant or to contact new ficer Deliford fange to Sergeant ave to take my thift I called LT	ct oiled : car day	
I Sgt Chapman did no after reporting for dut up coming tasks and ctried calling Officer De Telephone).	ty and conduc duties. Lt And	ting headcount and b lerson was briefed of	riefing the shif the message a	t of nd	
Lt Anderson finally ma to 1130am. "Officer D to get to work and he	eliford stated	that he did not have	approximately any transporta	11 ation	
	LT ANDE			1 Nigh	I when I could
NOT GET HERE		a text to se	_	W 20	
Biving THE ROTS	CON TO WI	HY I was NOT	Chring .	Tal 18	shift.
1 concur with ager	ncy statement	: O I disagree wit	h agency state	ment	
Employees may attack	h additional p	age(s) if needed.			
Decision:					
I have read this repor	t and underst	and it.			
Employee Signature	1. Klass	4-//			20160712
Supervisor Signature	LIGHA	derson	2 ^	Date	4-12-16
Reviewing Supervisor	Signature _	CAL- Tipa	. How	_ Date	17-15-16
Observation reports we employee and signed.	vill be complet	ted by supervisors in	a timely mann	er, discu	issed with the

\*Employees receiving formal written warnings may submit a written rebuttal within five (5) working days of the notice, to the Sheriff under the department grievance procedure. All other rebuttals will be forwarded through the Chief Deputy for review.

· 建多海流流

....

I RECEIVED MEPHONE CALL FROM LT ANDERSONS
AT ABOUT 1830 AT THAT TIME I INFORMED HER ON WHAT WAS GOING ON. SHE TOLD ME TO KEEP HER INFORMATION OF TO MAKE IT IN THE MORNING.
I DONOT FEEL THAT I DISOBOJED (SOP) BY SOLDING A TEXT TO MY SEKGONNIT AFTER I CALLED THE LIEUTENANT OVER THE SHIPE AND DID NOT GET THOM. I DID NOT RECEIVED NUMEROUS CALL

A. DECIFOCI

mailed 10-19-16



## State of Georgia Department of Labor

# SEPARATION NOTICE

	ON MOTICE
1. Employee's Name Delitord Anderson	2. SSN
a. State any other name(s) under which employee worked.	
3. Period of Last Employment: From 12-10-15	To 10-12-11a
4. REASON FOR SEPARATION:	10 12 10
a. LACK OF WORK	
b. If for other than lack of work, state fully and clearly the circums	stances of the separation: Violation of
Employee received payment for: (Severance Pay, Separation Pay (DO NOT include vacation pay or earned wages)	
(type of payment) In the amount of \$	tor period fromto
Date above payment(s) was/will be issued to employee	
IF EMPLOYEE RETIRED, furnish amount of retirement pay and v	what percentage of contributions were paid by the employer. Outlons paid by employer
6. Did this employee earn at least \$3,500.00 in your employ? YES	
Employer's Liberty County Jail  Address 180 Paul Sikes Drive  (Street or RFD)  City Hinesville State GA 31313  ZIP Code	Average Week Wans  Ga. D. O. L. Account Number (Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)  I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.
Employer's 918 876-6411 Telephone No. (Area Code) (Number)	Signature of Official, Employee of the Employer or authorized agent for the employer
NOTICE TO EMPLOYER  At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.	Major Jail Administrator Title of Person Stgning  10-19-16
	Date Completed and Released to Employee
NOTICE TO	RMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR CAREER CENTER IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

DOL-800 (R-8/05)

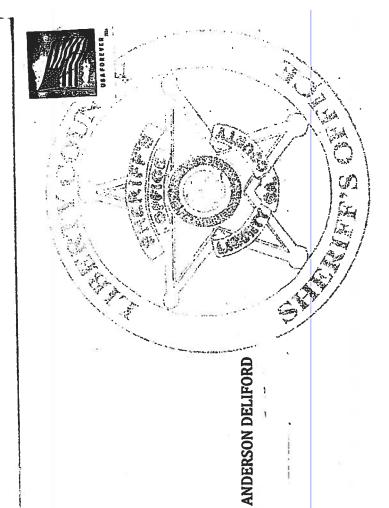
# INSTRUCTIONS TO EMPLOYER FOR COMPLETION OF THIS SEPARATION NOTICE

In accordance with the Employment Security Law, OCGA Section 34-8-190(c) and Rules pursuant thereto, a Separation Notice must be completed for each worker who leaves your employment, regardless of the reason for the separation. This notice shall be used where the employer-employee relationship is terminated and shall not be used when partial (DOL-408) or mass separation (DOL-402) notices are filed.

- Item 1. Enter employee's name as it appears on your records. If it is different from the name appearing on the employee's Social Security Card, report both names.
- Item 2. Enter the employee's Social Security Number. Verify for correctness.
- Item 3. Enter the dates of employee's most recent work period.
- Item 4. a. If the reason for separation is for "LACK OF WORK," check box indicated.
  b. If the reason for separation is OTHER THAN "lack of work," give complete details about the separation in space provided. If needed, add a separate sheet of paper.
- Item 5. If any type payment, (i.e. Separation Pay, Wages-in-lieu of Notice, etc.) was made, indicate the type of payment and the period for which payment was made beyond the last day. Give the date on which the payment was/will be issued to the employee. DO NOT include vacation pay or earned wages.
- Item 6. Check the appropriate block YES or NO to indicate whether this employee earned at least \$3,500.00 in your employ. If you check NO, enter amount earned in your employ. Give average weekly wage (without overtime) at the time of separation.
- Employer's Name. Give full name of employer under which the business is operated.
- Address. Give full mailing address of the employer where communications are to be sent in regard to any potential claim.
- Company's Georgia DOL Account Number. Your state DOL Unemployment insurance Account Number as it appears on your Quarterly Tax and Wage Report, Form DOL-4.
- Signature. This notice must be signed by an officer or employee of the employer or authorized agent for the employer, and this person's title or position held with the employer must be shown.
- Date. This notice must be dated as of the date it is handed to the worker. If the employee is no longer available at the time employment ceases, mail this form (DOL-800) to the employee's last known address and enter date the form is mailed.

OCGA Section 34-8-256(b)
PENALTY FOR OFFENSES BY EMPLOYERS. "Any employing unit or any officer or agent of an employing unit or any other person who knowingly makes a false statement or representation or who knowingly falls to disclose a material fact in order to prevent or reduce the payment of benefits to any individual entitled thereto or to avoid becoming or remaining subject to this chapter or to avoid or reduce any contribution or other payment required from an employing unit under this chapter or who willfully falls or refuses to make any such contributions or other payment or to furnish any reports required under this chapter or to produce or permit the inspection or copying of records as required under this chapter shall upon conviction be guilty of a misdemeanor and shall be punished by imprisonment not to exceed one year or fined not more than \$1,000.00 or shall be subject to both such fine and imprisonment. Each such act shall constitute a separate offense."

OCGA Section 34-8-122(a)
PRIVILEGED STATUS OF LETTERS, REPORTS, ETC., RELATING TO ADMINISTRATION OF CHAPTER.
"All letters, reports, communications, or any other matters, either oral or written, from the employer or employee to each other or to the department or any of its agents, representatives, or employees, which letters, reports, or other communications shall have been written, sent, delivered, or made in connection with the requirements of the administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any action for slander or libel in any court of the State of Georgia."



# Sheriff's Offic Liberty County, Georgia Steve C. Sikes, Sheriff



180 Paul Sikes Dr. Hinesville, Georgia 31313

11/20/15 1/2-2-16/46 1500/18



SHERIFF STEVE C. SIKES CHIEF DEPUTY JON LONG Liberty County Sheriff Office 201 South Main St. Hinesville, Ga. 31313 JAIL (912) 876-6411 FAX (912) 876-3060



Doc Halls

# APPLICATION FOR APPOINTMENT

DATE SUBMITTED:	2015/015	
%		
APPLICANT FULL NA	ME: ANDERSON BUILTON DELIFORC	) JE

You are hereby informed all statements and information submitted may be investigated and are subject to verification. You are also advised that each applicant will be fingerprinted to determine any criminal record and for further identification purposes. The purpose of the truth verification examination is to verify the truth of the answers to the questions contained in this application. Employment drug screening will be required as part of the employment process. There will be a physical fitness assessment within 12 month of hiring date.

Upon completing this application the following documents must be attached:

COPY OF BIRTH CERTIFICATE.

POSITION APPLIED FOR: DEPUTY JANLER

CO Chrificale.

- HIGH SCHOOL DIPLOMA OR G.E.D. •
- SOCIAL SECURITY CARD .
- XALID GEORGIA DRIVERS LICENSE .
- 3-YEAR DRIVER'S HISTORY (Can be obtained from DDS).
  PREVIOUS MILITARY SERVICE, MUST BRING FORM 214.

# Liberty County Commissioners P.O. Box 829 Hinesville, Gn 31310 (912) 876-2164

# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application or interview process should notify a representative of the Human Resources Department. Social Security i. Address 31313 Street Telephone Mabile/Beeper/Other Phone E-mail Addres Position(s) applied for DEP World Date of application 2015 Referral Spurce (Please check the appropriate calegory and name the source.) Walk-in School Employee Job Fair Adverthement Staffing Agency Government Company's Website Employment Agency Other Internet Other If necessary, best time to call you at home is OYOO Will you travel if job requires it? May we contact you at work? If they have been explained to you, are you able to meet the attendance If YES, work number and best time to call: requirements of the position? Will you work overtime if required? If you are under 18 and is required, can you If NO, please explain furnish a work permit? If NO, please expiain Driver's license number required if driving may be required in the job for which you are applying: Have you submitted an application here before? Yes\_ If YES, give date(s) and position(s) Have you ever been bonded? Yes Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, Have you ever been employed here before? Yes seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. If YES, gives dates FROM\_ Have you ever pled "guilty" or "no contest" Are you legally eligible for employment to, or been convicted of a felony? In this country? If YES, please provide date(s) and details Date available for work 2015 11/101 What is your desired salary range or hourly rate of pay? 14,00 Type of employment desired: Full-Time Educational Co-Op. Seasonal Will you relocate if job requires it?

AN EQUAL APPORTUNITY EMPLOYER

retirementally also many to the second secon			
arting with the most recent employer, provide the fol imployer	lowing information.		
		Month	Year Month Year
Com Cast / CTIS (9/)	State State	Date Employed: 10	
3911 11/11 11/11	4 / 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Compe	ensation(starting)
3911 Old Laursville RN tarting job title	GARGEN GHY GAZIY	B Courty Calary	\$ 7.50 Per
Tech	7 · · · · · · · · · · · · · · · · · · ·	Commission/Bonus/Othe	4 4
nmediate supervisor and title (for most recent held	May we contact for		3 1040 10
oslition)	reference2 YesNoLater	Comp	ensation (Final)
esson for leaving	Yes_ No_ Later_	-   Hourly   Salary	\$ 10.00 Per 1/12
		TRI VER IN INC.	10 0
HAVE NOT	10/15	Commission/Bonus/Othe	r Compensation S
	47 14 15		: a a
CADIE TEAM work wing-14 hat did you like most about your position?	omes For Cable		
ant did you like most about your position?			"Trans to 61 a
CONKING WITH THE CIL	stomers and c	mbust Public	1 **
hat were the things you liked least about the posi-	tion?	THE PURE	
THE RAIN			
1616	phone#	Month	Year Month Year
1201.G. A ANG HANESUILLY 198	7) ZDle-1293	Date Employed Die	
City	State		nsation(starting)
FORT Stewart GA	81.31 2	professional distriction of the contract of th	4 51 67 1928 17
		Hourty Salary	S Per
OGISTICAL SPECIALIST / 1711	TANY PRZICE	Commission/Bonus/Other (	Compensation \$
DENSTICAL SPECIALIST / MILL mediate supervisor and title (for most recent held position)	May we contact for reference	? Compe	ensation (Final)
	1 Go 1 No 1 Later		apadon (Fillal)
ason for leaving		Hourly   Salary	
	A BERTHER	200	S Per
HAVE NOT  marize the type of work performed and job respon  ANTAIN THE UNIT MAINTEAN,  and did you like most about your position?	sibilities. 1 CC SYSTEM For AU	Commission/Bonus/Other (	Compensation \$
and that the court must calculate the control of the court of the cour	vec system For All	Commission/Bonus/Other (	Compensation \$
and that the court must calculate the control of the court of the cour	vec system For All	Commission/Bonus/Other (	Compensation \$
ANTAIN THE CAULT MAINTCALCO ant did you like most about your position?  ORICIAL WILH MY SOLDICA AM not were the things you liked feast about the position  HIMLA LOVE IL AL	d readons	Commission/Bonus/Other (	Compensation \$
ANTAIN THE CAULT MAINTCALCE, that did you like most about your position?  ORKING WILH MY SOLDICA AM that were the things you liked least about the position that were the things you liked least about the position that were the things you liked least about the position that were the things you liked least about the position that were the things you liked least about the position that were the things you liked least about the position.	nce system For All decadans	Commission/Bonus/Other (	Time of wak Police f
ANTAIN THE UNIT MAINTCALCY and did you like most about your position?  ORKING WILH MY SOLDICA AM an were the things you liked least about the position  HING LOVE IF AL  player  Tele	nce system For All decadans	Commission/Bonus/Other (	Venr Month Year
and the court must calculate the position?  ORLIAG WILH MY SOLD CR AND WEET THE POSITION AND THE PROPERTY OF CORP. 1912 and Address City  Conditions of the position of the po	d readens  phone  phone  ST 7.301	Commission/Bonus/Other (	Time of wak Police f
antala The Unit maintales and the Unit maintales and did you like most about your position?  ORLING WILH MY SOLDIER and and were the things you liked least about the position  HIM LOVE IT AL  player  Tele Congine Department of Congine City  City	d readens  phone  phone  ST 7.301	Commission/Bonus/Other (	Venr Month Year  Of to B12 112.  Sation(starting)
ANTAIN THE UNIT MAINTCALCUM and did you like most about your position?  ORKIAL WITH MY SOLDICA AM use were the things you liked feast about the position things you liked feast about the position thing.  HIALO LOVE IT ALL players Tele PORGIA DAYARIMST OF COUR ME City  OD 18th AUS & REIDSVIUS ridag job title final job title.	d readens  phone  phone  ST 7.301	Commission/Bonus/Other (Compension/Bonus/Other (Compen	Venr Month Year  OS to B12 / 12  sation(starting)
and the court mainteners and did you like most about your position?  ORKING WILH MY SOLDICA AM DILLIA WILH MY SOLDICA AM DILLIA WILH MY SOLDICA AM DILLIA WILL AM DILLIA WI	cc system For All d Leadans phones 1 5577301 Sinte Gp 30453	Commission/Bonus/Other (  REAL PROPERTY OF A IN  Month  Date Employed: OS /  Compen  Hourly Salary  Commission/Bonus/Other	Venr Month Year  OS to B12 112  sation(starting)  1 \$ 31.000 Per  Compensation \$ 4.50
and the Lauth multipleaders and did you like most about your position?  ORKING WILH MY SOLDICA AM BUT WERE THE THINGS YOU like diesst about the position  HIMLY LOVE IT AM  PRINCIPLE DATASTINE OF COUNTY  Cot Address  City  ORKECTIONAL OFFICER  mediate supervisor and title (for most recent held	d readens  phone  phone  ST 7.301	Commission/Bonus/Other (  REAL PROPERTY OF A IN  Month  Date Employed: OS /  Compen  Hourly Salary  Commission/Bonus/Other	Venr Month Year  OS to B12 / 12  sation(starting)
ANTAIN THE UNIT MAINTCALCUM AND THE UNIT MAINTCALCUM AND THE UNIT MY SOLDICA AND AND WERE THE BOOK OF COURT THE CONSTRUCTION OF COURT THE CONSTRUCTION OF COURT THE CORRECTION OF FICER DEGLARION OF COURT THE CORRECTION OF FICER DEGLARION	phones  SST 7301  Sinte  May we contact for reference?	Commission/Bonus/Other (  REAL PROPERTY OF A IN  Month  Date Employed: OS /  Compen  Hourly Salary  Commission/Bonus/Other	Venr Month Year  OS to B12 112  sation(starting)  1 \$ 31.000 Per  Compensation \$ 4.50
ANTAIN THE UNIT MAINTCALCUM and did you like most about your position?  ORLIAG WILH MY SOLD CR AND ON WERE the things you liked feast about the position were the things you liked feast about the position while the position of the property	phones  phones	Month Date Employed: OS / Compen Hourly Salary Comper Hourly Salary	Venr Month Year  OS to B12 112  sation(starting)  1 \$ 31.000 Per  Compensation \$ \$4.5000  Isation (Final)  S Per
ANTAIN THE UNIT MAINTCALCUMENT OF COLOR AND LINE	cc system For All d Leadens phones phones ST 7.301 State GD .30453  May we contact for reference? 1 Year 1 No 1 Later	Commission/Bonus/Other (  ROLL PINENT AND III  Month  Date Employed: OS /  Compen  Hourly Salary  Commission/Bonus/Other  Comper	Venr Month Year  OS to B12 112  sation(starting)  1 \$ 31.000 Per  Compensation \$ \$4.5000  Isation (Final)  S Per
ANTAIN THE UNIT MAINTCALCUMENT OF COLOR AND LINE	cc system For All d Leadens phones phones ST 7.301 State GD .30453  May we contact for reference? 1 Year 1 No 1 Later	Month Date Employed: OS / Compen Hourly Salary Comper Hourly Salary	Venr Month Year  OS to B12 112  sation(starting)  1 \$ 31.000 Per  Compensation \$ \$4.5000  Isation (Final)  S Per
ANTAIN THE UNIT MHINTCALCY had did you like most about your position?  ORKIAG WILH MY SOLDICA AN hat were the things you liked feast about the position  HIMLY LOVE IT AL  PRINCIPLE DEPOSITION OF COUR ME est Address  City  ORKECTIONAL OFFICER  mediate supervisor and title (for most recent held titan)  son far teaving  Scaled Por Personal Reason  matrize the type of work performed and job resp	phones  phones  ST 7301  Sinte  GA 30453  May we contact for reference?  I yes I No 1 Later  Journal May 1 No 1 Later	Month Date Employed: 05 / Compen Hourly Salary Compen Hourly Salary Compen Hourly Salary Compen	Year Month Year  O'S to B12 / 12  estion(starting)  1 \$ 31.000 Per  Compensation \$ A 5000  Santon (Final)  \$ Per
est Address City  OD 18th ADE S REIDSVILLE  reing job diterinal job title  ORALCHIONAL OFFICER  mediate supervisor and title (for most recent held  tilen)  son for tenving  Signify Por Personal Response  matrize the type of work performed and job resp  at did you like most about your position?  ANNA OTHER OFFICERS BEI	cc system For All d Leadans  phones  phones  The ST 7301  State  State  May we contact for reference?  I ver I No I Later  I ver I No I Later  Team FTO. Account	Commission/Bonus/Other (  Month  Date Employed: 05 / Compen  Hourly Salary  Commission/Bonus/Other (  Hourly Salary  Commission/Bonus/Other (  Hourly Salary	Year Month Year  O'S to B12 / 12  estion(starting)  1 \$ 31.000 Per  Compensation \$ A 5000  Santon (Final)  \$ Per
ANTAIN THE UNIT MHINTCALCUM AND THE LANGE MAINT POSITION?  ORKIAL WITH MY SOLD CA AND AND WERE THE things you like least about the position was were the things you like least about the position will be proposed by the position of the posi	cc system For All d Leadans  phones  phones  The ST 7301  State  State  May we contact for reference?  I ver I No I Later  I ver I No I Later  Team FTO. Account	Commission/Bonus/Other (  Month  Date Employed: 05 / Compen  Hourly Salary  Commission/Bonus/Other (  Hourly Salary  Commission/Bonus/Other (  Hourly Salary	Year Month Year  O'S to B12 / 12  estion(starting)  1 \$ 31.000 Per  Compensation \$ A 5000  Santon (Final)  \$ Per
ANTAIN THE UNIT MHINTCALCUM and did you like most about your position?  ORKIALA WITH MY SOLDICA AND WITH MY SOLDICA AND WITH MY SOLDICA AND WITH ALL PROPERTY OF CORP. (18 POR AND	cc system For All d Leadans  phones  phones  The ST 7301  State  State  May we contact for reference?  I ver I No I Later  I ver I No I Later  Team FTO. Account	Commission/Bonus/Other (  Month  Date Employed: 05 / Compen  Hourly Salary  Commission/Bonus/Other (  Hourly Salary  Commission/Bonus/Other (  Hourly Salary	Year Month Year  O'S to B12 / 12  estion(starting)  1 \$ 31.000 Per  Compensation \$ A 5000  Santon (Final)  \$ Per

.7.

Employment History (continues)		<u> </u>		- 6
Lange of the tristory (continues)		(a) (b)		- 10
	9 1		y	n (%)
Employer Telep	phoneil	Month	Year Month	Y
US Anny Street Address City		Date Employed: 0 6		
Street Address / City	State	Comp	ensetion(starting)	n i
FORT STEWART GA Starting job title/final job title	31313	Hourly Salary	38 100	iii Dee
	8 n 18 a	1.84 E 0 10	S 0 0 0	Per
Supply Clark  Immediate supervisor and title (for most recent held position)		Commission/Bonus/Other	Compensation \$	
transectors supervitor and title (for most recent held position)	May we contact for reference?	Comp	censation (Final)	
	1 Fes   No   Later	Hourly   Salary	Is	Per
Reason for leaving		Commission/Resus/Other	8 8 UE	
DICCH Summarize the type of work performed and job respons	PR 743.4	Commission/Bonus/Other	Compensation 3	
( among the offwork bettering and lop teabous	RDUMCS.			
What did you like made about your state of	wit and tunek	BUNNER	677 (2)	15
What did you like most about your position?  Library of with the Solds  What were the things you liked least about the position?				- 1
What were the thinds you liked back about the	ERS AND TROININ	16		A 15
		As refusal a final		a •
LOVE BEIRIG IN THE mis	Littaily.		in the s	
Explain any gaps in your employment, other than that	se due to personal illness, inin	EV OP		
disability.		The state of the		
	4/ 1/			
	. s maladia . x . r		E 1 E 1	2.0
·	The Second Second			
f not addressed on provious page, have you ever been	fired as saked to resign from			
lf not addressed on previous page, have you ever been		a job?	Yes	
If not addressed on previous page, have you ever been If YES, picase explain		a job?	Yes	
		a job?	Yes	
		a job?	Yes	
		a job?	Yes	
		a job?	Yes	
		a job?	Yes	
		a job?	Yes	
If YES, picase explain		a job?	Yes	
Skills and Qualifications				
Skills and Qualifications  cummarize any special training, skills licenses and/or c	certificates that may assist you	a la performing the position	on for which you are	apply
Skills and Qualifications  cummarize any special training, skills licenses and/or c	certificates that may assist you	a la performing the position	on for which you are	applyi
Skills and Qualifications  Summarize any special training, skills licenses and/or e	certificates that may assist you	a la performing the position	on for which you are	applyi
Skills and Qualifications  cummarize any special training, skills licenses and/or c	certificates that may assist you	a la performing the position	on for which you are	apply!
Skills and Qualifications  Summarize any special training, skills licenses and/or e	certificates that may assist you	a la performing the position	on for which you are	applyi  Cut
Skills and Qualifications  summarize any special training, skills licenses and/or elements and the wing to western a priving and American and Americ	certificates that may assist you	a la performing the position	on for which you are	applyi
Skills and Qualifications  Skills and Qualifications  Summarize any special training, skills licenses and/or of  TRAINING TO WESPONS DUVING  And Analyst Takining as A Fill  Computer Skills (check appropriate boxes, Include	certificates that may assist you to the second come of the second come of the second years of the years of the second years of the years o	a la performing the position	on for which you are	applyi
Skills and Qualifications  Statement any special training, skills licenses and/or a  the wing to westers during and Annest Training as A Fi  Computer Skills (check appropriate boxes. Include  Word Processing Years:	sertificates that may assist you to the series of a software titles and years of a software t	a in performing the position.  Ladio communication musication in the communication in the com	on for which you are	applyi
Skills and Qualifications  Skills and Qualifications  Summarize any special training, skills licenses and/or of  TRAINING TO WESPONS DUVING  And Analyst Takining as A Fill  Computer Skills (check appropriate boxes, Include	certificates that may assist you to the second come of the second come	n in performing the position.  Adio communication of the contraction o	on for which you are	applyi

School (include City and State)	Years Completed	Completed	GPA	Major/Minor
REGIONAL HIGH SCHOOL	2014	Diploma GED Degree Certification Other	Class Renk	
niam moreoff westers	2000	Diploma GED Degree Certification Other	2.0	
		DiplomaGED DegreeCertificationOther		
		Diploma GED Degree Certification Other		
References			1	Big in
Meterences ist name and telephone number of the fact applicable, list three school or p	arec business/work referen	ces that are not related to yo	u and are not previous s	apervisors.
Name	Title	Relationship To You	Telephone	Numbers of Years Known
				35
				15
				8
Related Information			9.90	
e what job-related organizations (pr	ofessional, trade, etc.) do y	ou belong?	The state of the s	
xelude memberships that would reve	al race, color, religion, sex	, national origin, citizenship,	age, mental or physical	disobilities.
HELAUSTESELAE HANGHAI CHALO OL DI	ny other similarly protecte	d status.	Offices Held	
	The state of the s			
	110			Amage of a se
-	V/p			
4	V/p			
ot special accomplishments, publica	llons, swards, etc			

your current or prior job, have ever written instructions or directions to be followed by employees or customers?  YesNoNot Applicable  If YES, please explain:  there any other job-related information you want us to know about you? workGoodwitheven			1	
Tyes No Not Applicable  If YES, please explain:  there any other job-related information you want us to know about you?   J. WORK GOOD WITH EVERY ONE  there any other job-related information you want us to know about you?   J. WORK GOOD WITH EVERY ONE  There are played.  Do you have relatives ("immediate family) currently employed with Liberty County or "immediate family members that are elected officing the property of the same in the space provided.  Mile Internation in the space provided.  Applicant Statement  Perify that all information is have provided in order to apply for and secure work with the employer is true, complete and correct. Appressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a rerences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify are regarding the employer, its agents, employees or representatives, without reservation, in a lawful manner, in the employees or presentatives, for seeking, gathering and using traffiel and non-defamatory or remained, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such ormation about me.  aderstand that this employer does not unlawfully discriminate in employment and no question on this applications used for the purpossiting or climicating any applicant from consideration for employment on any basis prohibited by applicable local, sinte or federal law. Is a sufficient cause to (i) eliminate me form further consideration for manual and the file and information in the complete or misrepresented in any respect, it we sufficient cause to (i) eliminate me form further consideration for manual cause of (i) eliminate me form further consideration for manual cause of (i) eliminate me form further consideration for manual cause to (i) eliminate me form further consideration for manual cause of (i) eliminate me form further consideration for	"a o Esant B			
there any other job-related information you want us to know about you?   Junk Good with went one of the went of th		tructions or directions to be followed by	employees or customers?	
there any other job-related information you want us to know about you?   Junk Gost with average of the provided of the provide	4			
there any other job-related information you want us to know about you?   Junk Gost with average of the provided of the provide	S, please explain:		8 8 9	80
o you have relatives (*Immediate family) currently employed with Liberty County or *Immediate family members that are elected officies to Please list the names in the space provided.	A DESCRIPTION OF THE RESERVE			ē B n
o you have relatives (*Immediate family) currently employed with Liberty County or *Immediate family members that are elected officies to Please list the names in the space provided.	any other inherelated information you wan	nt mate know about you?	k Co.o. The man.	o.le
o you have relatives (*Immediate family) currently employed with Liberty County or *Immediate family members that are elected officies to Please list the names in the space provided.		at as to know appear your _ar work	C 6116B WILLY EVERLY	ONE
namediate Family is deflors as spouse, children, grandchildren, parents, grandparents, brother, sister, mother in law and father in law, or any person who ides in the employer's household and who is recognized by law as a dependent of a county employee.  Applicant Statement  erdify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificancy of all information provided by me in this application, resume' or job laterview. I hereby walve any and all rights and claims I may are regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-definantory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such ormation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this applicationis used for the purposs of militage of militage and application from consideration for employment on any basis prohibited by applicable local, state or federal law. Iso understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that fermi militage and information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment on (ii) eliminate in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment on (ii) eliminate in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment on (ii) eliminate in any respect, it was sufficient cause to (i) eliminate me	4 THAT PLOYIN			8)
namediate Family is deflors as spouse, children, grandchildren, parents, grandparents, brother, sister, mother in law and father in law, or any person who ides in the employer's household and who is recognized by law as a dependent of a county employee.  Applicant Statement  erdify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificancy of all information provided by me in this application, resume' or job laterview. I hereby walve any and all rights and claims I may are regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-definantory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such ormation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this applicationis used for the purposs of militage of militage and application from consideration for employment on any basis prohibited by applicable local, state or federal law. Iso understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that fermi militage and information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment on (ii) eliminate in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment on (ii) eliminate in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment on (ii) eliminate in any respect, it was sufficient cause to (i) eliminate me				DL 60 65
mediate Family is defines as spouse, children, grandchildren, parents, grandparents, brother, sister, mother in law and father in law, or any person who ides in the employee's household and who is recognized by law as a dependent of a county employee.  Applicant Statement  ertify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificances (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificances (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificances of all information provided by me in this application, resume? or job laterylew. I hereby waive any and all rights and claims I may reparently or employer, its agency, employees or representatives, for seeking, gathering and using truthful and non-defamatory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such formation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this application is used for the perpose alting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.  Iso understand that this if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that learn immigration laws require me to complete an I-9 Form in this regard.  Inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from furth	se tijt lije dames in the space provided.		15 CO 16 16 15 15 15 15 15 15 15 15 15 15 15 15 15	elected officials?
mediate Family is defines as spouse, children, grandchildren, parents, grandparents, brother, sister, mother in law and father in law, or any person who ides in the employee's household and who is recognized by law as a dependent of a county employee.  Applicant Statement  ertify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificances (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificances (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificances of all information provided by me in this application, resume? or job laterylew. I hereby waive any and all rights and claims I may reparently or employer, its agency, employees or representatives, for seeking, gathering and using truthful and non-defamatory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such formation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this application is used for the perpose alting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.  Iso understand that this if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that learn immigration laws require me to complete an I-9 Form in this regard.  Inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from furth		NIA		
ertify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Applicant Statement  ertify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Apprecially authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificancy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims to make representation, in a lawful manner, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such formation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of important that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of important that this employer does not unlawfully discriminate in employment on any basis prohibited by applicable local, attact or federal law.  Iso understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that feral immigration have require me to complete an I-9 Form in this regard.  Inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it we sufficient cause to (i) eliminate me from further consideration for employment or file provide the employment of the provide distance of the provide that the content of the provide in the provide of the provideration for employment or file provided in any respect, it was sufficient eau				
ertify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Applicant Statement  ertify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Apprecially authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verificancy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims to make representation, in a lawful manner, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such formation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of important that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of important that this employer does not unlawfully discriminate in employment on any basis prohibited by applicable local, attact or federal law.  Iso understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that feral immigration have require me to complete an I-9 Form in this regard.  Inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it we sufficient cause to (i) eliminate me from further consideration for employment or file provide the employment of the provide distance of the provide that the content of the provide in the provide of the provideration for employment or file provided in any respect, it was sufficient eau				
ertify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.  Appressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verifications of all information provided by me in this application, resume' or job interview. I hereby walve any and all rights and claims to make regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defaunatory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such formation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this applicationis used for the purpose of information and application of the purpose of information and application in the united States and that is a understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that it immigration have require me to complete an I-9 form in this regard.  Inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment, or (ii) more regard in any respect, it was afficient cause to (i) eliminate me from further consideration for employment, or (ii) more regard in any respect, it was afficient cause to (i) eliminate me from further consideration for employment, or (ii) may regard in any respect, it was afficient cause to (i) eliminate me from further consideration for employment, or (ii) may be a sufficient cause to (i) eliminate me from further consideration for employment or employment or employment or employment or entering and expension in the contact and othe				
expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from a ferences (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verifications of all information provided by me in this application, resume' or job interview. I hereby walve any and all rights and claims t may be regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defaunatory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such formation about me.  Independent that this employer does not unlawfully discriminate in employment and no question on this applicationis used for the purpose of indicating any applicant from consideration for employment on any basis prohibited by applicable local, attact or federal law. Its ounderstand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that formal immigration laws require me to complete an I-9 Form in this regard.  Independent cause to (i) eliminate me from further consideration for employment, or (ii) most require in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment, or (ii) most require in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment, or (ii) most require in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment.		Paragraphy and the second seco		Parlie II
certains (personn and protessional), employers, prints agencies, techning authorities and educational institutions and to otherwise verification of all information provided by me in this application, resume' or job laterview. I hereby waive any and all rights and claims I may be regarding the employer, its agents, employers or representatives, for seeking, gathering and using truthful and non-defamatory formation, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such formation about me.  Inderstand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose allowing or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, ante or federal law. Iso understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that formal immigration laws require me to complete an I-9 Form in this regard.  Inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment, or (ii) more result in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment, or (ii) more result in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment.	hat all information I have provided in ord	der to apply for and secure work with the	employer is true, complete and c	orrect.
iso understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that is an immigration laws require me to complete an I-9 Form in this regard.  Inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in any incomplete attacks.		Ten (1969), 119	THE PARTY OF THE P	
inderstand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it was sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate after the	of all information provided by me in this : or all information provided by me in this : ording the employer, its agents, employees ion, in a lawful manner, in the employmen	application, resume' or job laterview. I i	gents to contact and obtain inform I educational institutions and to or screby waive any and all rights as	nation from all therwise verify the id claims I may
sufficient cause to (1) eliminate me from further consideration for employment, or (1) may provide a manufact attacks.	of all information provided by me in this a reling the employer, its agents, employees ton, in a lawful manner, in the employment on about me.	public agencies, licensing authorities and application, resume' or job laterview. I is or representatives, for seeking, gathering at process and all other persons, corporate	gents to contact and obtain infors I educational institutions and to o sereby waive any and all rights an g and using truthful and non-defi dons or organizations for furnishi	nation from all therwise verify the did claims I may amatory ng such
	of all information provided by me in this is of all information provided by me in this is riding the employers, its agents, employees ion, in a lawful manner, in the employment ion about me.  and that this employer does not unlawfully be eliminating any applicant from consider	public agencies, licensing authorities and application, resume' or job laterview. I is or representatives, for seeking, gathering process and all other persons, corporately discriminate in employment and no quantion for employment on any basis problem.	gents to contact and obtain infors I educational institutions and to o sereby waive any and all rights an g and using truthful and non-defi ilous or organizations for furnishi estion on this applicationis used fo ibited by applicable local, state or	nation from all therwise verify the id claims & may amatory ang such or the purposes of federal law.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.	of all information provided by me in this is of all information provided by me in this is of all information provided by me in this is off all information, in a lawful manner, in the employment ion about me.  and that this employer does not unlawfully ir eliminating any applicant from consider identical that if I am hired, I will be required in a lawfully interested that if I am hired, I will be required that if I am hired, I will be required that any information provided by itent cause to (i) eliminate me from fur	public agencies, licensing authorities and application, resume' or job laterview. I is or representatives, for seeking, gathering process and all other persons, corporately discriminate in employment and no quantion for employment on any basis problem. I provide proof of identity and legal in I-9 Form in this regard.  Ty me that is found to be false, incomprise consideration for employment.	gents to contact and obtain infors I educational institutions and to our chy waive any and all rights as g and using truthful and non-deficious or organizations for furnishing estion on this applicationis used for ibited by applicable local, attate or authority to work in the United States or misropresented in applications are misropresented in applicate or misropresented in a presented in a presente	nation from all therwise verify the d claims & may amatory ag such or the purposes of federal law. States and that
certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.	of all information provided by me in this is of all information provided by me in this is off all information provided by me in this is off all information provided in a lawful manner, in the employment ion about me.  and that this employer does not unlawfully be eliminating any applicant from consider iterated that if I am hired, I will be require an information laws require me to complete a tand that any information provided by ient cause to (i) eliminate me from fur employer's service, whenever it is dis	profit agencies, itensing authorities and application, resume? or job interview. I is or representatives, for seeking, gathering the process and all other persons, corporately discriminate in employment and no quarties for employment on any basis profited to provide proof of identity and legal in I-9 Form in this regard, by me that is found to be false, incompther consideration for employment, scovered.	gents to contact and obtain infors I educational institutions and to or cereby waive any and all rights an g and using truthful and non-defi- cions or organizations for furnishi estion on this applicationis used fi- ibited by applicable local, state or authority to work in the United S plete or misrepresented in any or (ii) may result in my immed	nation from all therwise verify the dictains I may amatory ag such or the purposes of federal law. States and that respect, it will liate discharge
	of all information provided by me in this is of all information provided by me in this is arding the employer, its agents, employees ion, in a lawful manner, in the employment ion about me.  and that this employer does not unlawfully ir eliminating any applicant from consider iterated that if I am hired, I will be require mulgration have require me to complete an itend that any information provided by ient cause to (i) eliminate me from fur employer's service, whenever it is disposed to the provided by th	profit agencies, itensing authorities and application, resume? or job interview. I is or representatives, for seeking, gathering the process and all other persons, corporately discriminate in employment and no quantion for employment on any basis probated to provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.	gents to contact and obtain infors I educational institutions and to o cereby waive any and all rights an g and using truthful and non-defi- tions or organizations for furnishi estion on this applicationis used fi ibited by applicable local, state or authority to work in the United S plete or misrepresented in any or (ii) may result in my immed	nation from all therwise verify the dictains I may amatory ag such or the purposes of federal law. States and that respect, it will liate discharge
ignature of Applicant Date 20/5 1/0 1/5	of all information provided by me in this is of all information provided by me in this is arding the employer, its agents, employees ion, in a lawful manner, in the employment ion about me.  and that this employer does not unlawfully ir eliminating any applicant from consider iterated that if I am hired, I will be require mulgration have require me to complete an itend that any information provided by ient cause to (i) eliminate me from fur employer's service, whenever it is disposed to the provided by th	profit agencies, itensing authorities and application, resume? or job interview. I is or representatives, for seeking, gathering the process and all other persons, corporately discriminate in employment and no quantion for employment on any basis probated to provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.  The provide proof of identity and legal on 1-9 Form in this regard.	gents to contact and obtain infors I educational institutions and to o cereby waive any and all rights an g and using truthful and non-defi- tions or organizations for furnishi estion on this applicationis used fi ibited by applicable local, state or authority to work in the United S plete or misrepresented in any or (ii) may result in my immed	nation from all therwise verify the dictains I may amatory ag such or the purposes of federal law. States and that respect, it will liate discharge

# LIBERTY COUNTY EMPLOYEE INFORMATION SHEET

PERSONALI	NFORMATION	TES CONTRACTOR		
Name:	DELIFORD	AMDERSON		Q JR
	Last	First	M	iddle Initial Suffix
Mailing Address:				
	Street Address or P.O. Box			
	MINESVILLE		GA	31313
	City		State	Zip
Physical Address: (If different)			1 0 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(II different)	Street Address			
	City		State	
Home Phone:			State	Zip
		Other #: _	-NW.33041/49030	
Date of Birth:		SSN:		A CONTRACTOR OF THE STATE OF TH
EMERGENCY	CONTACT INFORMATION		Bos de Cost	december 1
			PARTICINA I	
Name:				
Address:				
Phone;				
	and the second s		ye ya wa ka	
NEW EMPLO	MENT INFORMATION	M. David Salaman (Salaman and Salaman		
Date of Hire:	2015/2/D Job Title	: JAILER		
Classification:	☐ Full-time ☐ Part-time ☐	Seasonal		
		ocasona,		
Department:			Dept. #	3326
Vill your position	require you to drive a county vehicle?	□ Yes	No	
f "Yes", what is y	our driver's license number?			State: CA
4 n	ful		2015/	203
mployee's Sign	ature		Today's Da	

PHONE 912-876-2131 FAX 912-876-2179

# STEVE C. SIKES

SHERIFF

LIBERTY COUNTY

201 So. Main Street, Suite 1800 HINESVILLE, GEORGIA \$1818 www.libertyso.com Jon P. Long
CHIEF DEPUTY
912-876-4555
Detectives/Warrants
FAX
912-876-0797

# SHERIFF'S EMPLOYEE AT WILL EMPLOYMENT ACKNOWLEDGEMENT STATEMENT

I acknowledge and agree that employment with the Sheriff of Liberty County is at his personal pleasure and "at will".

I understand that as an employee of the Sheriff of Liberty County that I may voluntarily leave employment or I may be terminated by the Sheriff of Liberty County, at any time, and for any reason permitted by law.

I understand the Sheriff of Liberty County reserves all rights necessary to the efficient and orderly management of his office, the protection of public safety and the enforcement of the law.

I understand that I will be given a copy and access to all departments polices and procedures which I acknowledge is intended to be used as a guideline for the Sheriff's practices and operating procedures, and those policies are not a contract. I understand the Sheriff of Liberty County shall have the absolute right and authority to change my assigned duties or an administrative transfer to another assignment within the department or the department policies and procedures from time to time as he in his sole discretion deems necessary for the management and operation of his office.

I agree to conform to the rules, regulations, policies and procedures of the Sheriff of Liberty County. I acknowledge and agree I do not have any contract for employment and that I am an employee who serves the citizens of Liberty County at the will of the Sheriff of Liberty County. I also understand that no one other than the Sheriff of Liberty County has any authority to enter into any agreement for employment for any specified period of time; to assure me of any future position, benefits, or terms or conditions of employment; or to make any promises contrary or in addition to the department policies. Any past promises contrary or in any way different from the policies, including my right and the right of the Sheriff of Liberty County to terminate our relationship at our individual discretion are disclaimed. Any future promises either personally from the Sheriff of Liberty County or contrary or in any way different from the policies must be in writing and set forth in an individual employment agreement signed by the Sheriff of Liberty County and the undersigned.

Print Name/Date Superson Delifond Signature Signature

# **OATH OF JAILER**

# **GEORGIA, LIBERTY COUNTY**

I do swear (or affirm) that I will faithfully receive and safely keep all persons committed to my charge as jailer, until such persons shall be discharged by due course of law, and in all things well and truly, without malice or partiality, perform the duties of the Office of Jailer of Liberty County, during my continuance therein.

I do further solemnly swear (or affirm) that I am not the holder of any unaccounted for public money due this State; that I am not the holder of any office of trust under the government of the United States; any other state, of any foreign state which I am prohibited from holding by the laws of the State of Georgia; and that I am otherwise qualified to hold said office, according to the Constitution of the United States and Laws of Georgia; and that I will support the Constitutions of the United States and of this State. SO HELP ME GOD!!

Sworn to and subscribed before me This <u>03</u> day of <u>02</u>, 2016

Anderson Deliford

Steve C. Sikes, Sheriff, Liberty Co.

# State of Georgia

Peace Officer Standards and Training Council hereby recognizes the accomplishments of

# ANDERSON Q DELIFORD, JR. Basic Correctional Officer

Officer Standards and Training Act. Therefore, in recognition hereby awarded as proof of this attainment: PBC0081649S of this achievement, the following certification number is For completing the requirements established in the Peace

Acknowledged this 24th day of September 2008.

# Department of Constant of Cons TO THE PARTY OF TH

This is to Certify That

# Anderson Deliford

Has Successfully Completed The Requirements as Set Forth

By The State Board of Corrections

and the Peace Officers Standards and Training Council for Basic Correctional Officer Training

Given on this 24th Day of July, 2008.

OF CECKORY OF THE STATE OF THE

Jamu H. Anald. Commissioner Georgia Department of Corrections

Handell Annells
Division Director
Operations, Planning and Training Division

Director Georgia Corrections Academy

Training Division

# North Atlantic Regional High School

of Auburn, Maine

having completed the graduation requirements prescribed by the State of Maine

# Anderson Quinton Aeliford

As issued this

# Rimolon of

Given from Auburn, Maine this nineteenth of February in the Bear of our Lord, two thousand fourteen.

April Thomas



Chaman Caladay

# **DRUG-FREE WORK PLACE CERTIFICATION**

The Liberty County Board of Commissioners has certified that it will provide a Drug-Free work place. A statement of this policy has been furnished.

The policy states that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the work place is prohibited. The controlled substances are described in schedules I through V, Georgia Code, sections 16-13-25 through 16-13-29.

I am aware that drug abuse violations in the work place will have penalties of appropriate personnel actions up to and including termination and that I may be required to participate satisfactorily in an appropriate drug abuse assistance or rehabilitation program.

I acknowledge receiving a copy of the Liberty County Drug-Free Work Place Policy. I have read the policy and will comply with it.

My work place is:

Liberty County Jail

180 Paul Sikes Drive

Hinesville, GA 31313

Signature Date
Name ANDERSON DECIFORD
Title Jailer
Witness Karen & Charies Date 12-2-15
This document was acknowledged before me on this 20 day of Occurs 20 15
by A Merson Detitor
Notary Halle With
My commission expires 5-32-17
State of
County of Line

# GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

Access to Criminal Justice Information (CJI), as defined in Georgia Crime Information Center (GCIC) Council Rule 140-1-.02 (amended), and dissemination of such information is governed by state and federal laws and the Rules of the GCIC Council. CJI cannot be accessed or disseminated by any personnel except as directed by superiors and as authorized by approved standard operating procedures. These standard operating procedures are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information (CHRI) except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (Act), O.C.G.A. §16-9-90 et. seq., provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System (CJIS) Network is operated by the GCIC in compliance with O.C.G.A. §35-3-31. All databases accessible through CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

CANDARD OPERATING PROCEDURE

# STANDARD OPERATING PROCEDURE

S.O.P. 14-1

SOCIAL MEDIA/SOCIAL NETWORKING POLICY

ISSUED: May 11, 2012

# L Purpose

The purpose of this policy is to outline expectations of employees with respect to their use of social media and social networking and the direct effect such use has upon the reputation and perception of the Liberty County Sheriff's Office.

# IL Policy

Employees shall not use any form of social media or social networking, including Facebook, Twitter, MySpace, LinkedIn, Foursquare, Gowalla Police Pulse, The Squad Room, Usenet groups, online forums, message boards or bulletin boards, blogs, and other similarly developed formats, in any way so as to tarnish the department's reputation. As employees of this department, you are embodiments of our mission. It is vital that each officer accept their role as ambassadors of the department, striving to maintain public trust and confidence, in not only their professional actions but also in their personal and online actions. Any online activity that has the effect of diminishing the public's trust and/or confidence in this department will hinder the efforts of the department to fulfill our mission. By virtue of your position of peace officer, you are held to a higher standard than general members of the public and your online activities should reflect such professional expectations and standards. Any online actions taken that detract from the mission of the department, or reflect negatively on your position of peace officer, will be viewed as a direct violation of this policy.

## III. Definitions

For purposes of this policy, the following definitions apply:

- A. Social Media: a variety of online sources that allow people to communicate, share information, share photos, share videos, share audio, and exchange text and other multimedia files with others via some form of online or cellular network platform.
- B. Social Networking: Using such internet or mobile formats as Facebook, Twitter, MySpace, LinkedIn, Foursquare, Gowalla Police Pulse, The Squad Room, Usenet groups, online forums, message boards or bulletin boards, blogs, and other similarly developed formats, to communicate with others using the same groups while also networking with other users based upon similar interests, geographical location, skills, occupation, ideology, beliefs, etc.
- C. Mobile Social Networking: is social networking using a mobile phone or other cellular based device.

- D. Internet: a computer network consisting of a worldwide network of computer networks that use the TCP/IP network protocols to facilitate data transmission and exchange. (Princeton University)
- E. World Wide Web: computer network consisting of a collection of internet sites that offer text and graphics and sound and animation resources through the hypertext transfer protocol (Princeton University)
- F. Blog: A series of entries, either written by one person or a group of people, to an online journal, usually posted in chronological order, like a diary. Blogs can allow comments to entries or not.
- G. Blogging: to read, write, or edit a shared on-line journal. (Princeton University)
  Blogging can also encompass the act of commenting and engaging with other
  commenter's on any blog, including one operated by a third party.
- H. Post: an item inserted to a blog or an entry to any type of computerized bulletin board or forum.
- L Posting: the act of creating, uploading, editing or adding to any social media outlet. This includes text, photographs, audio, video or any other multimedia file.
- J. Forum: an online discussion site.
- K. Comments: responses to a blog post, news article, social media entry or other social networking post.
- L. Commenting: the act of creating and posting a response to a blog post, news article, social media entry or other social networking post. Commenting can also entail the act of posting an original composition to an unrelated post or article.
- M. Avatar: a computer user's representation of himself/herself or alter ego.
- N. Identity: An online identity, internet identity or internet persona that a social networking user establishes. This can be a real name, alias, a pseudonym or a creative description.
- O. Handle: the name of one's online identity that is used most frequently. It can also be the name of one's Twitter identity.
- P. User Name: the name provided by the participant during the registration process associated with a website that will be displayed publicly on the site.

# IV. Rules and Regulations

- A. Employees are prohibited from using department computers or cell phones/devices for any unauthorized purpose, including the participating in social media or social networking unless approved by the Sheriff.
- B. Employees are prohibited from using any social media or social networking platform while on-duty, unless permission is granted for investigative or public information purposes.
- C. Unless granted explicit permission, employees of this department are prohibited from posting any of the following in any social networking platform, either on their own sites, the sites of others known to them, the sites of others unknown to them, news media pages, or other information exchange forums:
  - 1. Any text, photograph, audio, video, or any other multimedia file related to any investigation, both current and past, of this department.

- 2. Any text, photograph, audio, video, or any other multimedia file related to any past or current action of this department, either in homage or critique.
- Logos, badges, seals, uniforms, vehicles, equipment or any item or symbol
  that is affiliated with this department.
- 4. Any item, symbol, wording, number, likeness or material that is identifiable to this department.
- 5. Any text, photograph, audio, video, or any other multimedia file that is related to any occurrence within the department.
- D. Employees who choose to maintain or participate in social media or social networking platforms while off-duty shall conduct themselves with professionalism and in such a manner that will not reflect negatively upon the department or its mission. In the course of operating or participating in such venues, the following rules shall apply:
  - 1. Unless explicitly granted permission by the department, the employee shall not identify themselves, in any way, as an employee of this department.
  - The employee shall not use any reference to infer they are employees of this department during social media or social networking participation or maintenance.
  - 3. Employee will be held responsible for the content that appears on their maintained social media or social networking sites and will be obligated to remove any posting or material contributed by others that identifies the officer as an employee of the department.
  - 4. Employee will be held responsible for the content that appears on their maintained social media or social networking sites and will be obligated to remove any posting or material contributed by others that reflects negatively upon the department.
  - 5. Sexually graphic or explicit material, of any kind, shall not be posted by the employee on any form of social media or social networking site.
  - Sexually graphic or explicit material posted by others to the employees social media or social networking sites shall be immediately removed by the employee.
  - 7. Weaponry, both owned by this department and/or owned personally or privately, shall not be displayed or referenced to, in any multimedia format, on social media or social networking sites if such displays or depictions promote or glorify violence.
  - 8. Any text, photograph, audio, video, or any other multimedia file included on a social media or social networking site that infers, implies, states, opines or otherwise expresses the employee's views on the public shall not be detrimental to the department's mission nor shall it, in any way, undermine the public's trust or confidence in this department.
  - Any text, photograph, audio, video, or any other multimedia file included on a social media or social networking site that infers, implies, states, opines or otherwise expresses the employee's views on the legal, judicial.

- or criminal systems shall not, in any way, undermine the public's trust and confidence in this department.
- 10. Any posting that detracts from the department's mission will be considered a direct violation of this policy.
- E. Unless serving as an explicitly permitted tool of public information or community outreach, no employee shall use their rank and/or title in any social media or social networking activity, including inclusion of said rank and/or title into the officer's online identity or avatar.
- F. Employees who are brought under administrative or internal investigation related to their performance, functionality or duties of as an employee, may be ordered to provide the department, or its designated investigator, with access to the social media and social networking platforms in which they participate or maintain.

# Corrections Officer, Jail Administration Page 2

o Performs other related duties as assigned.

## KNOWLEDGE REQUIRED BY THE POSITION:

- o Knowledge of applicable federal, state, and local statutes and department policies and procedures.
- o Knowledge of the regulations and procedures of inmate detention.
- o Knowledge of inmate rights.
- o Knowledge of arrest, search, booking, fingerprinting, and detention practices.
- o Skill in observing and supervising inmates.
- o Skill in the use of general office and radio surveillance equipment.
- o Skill in using restraint equipment and methods.
- o Skill in dealing with the public.
- o Skill in maintaining records and preparing reports.
- o Skill in making decisions accurately and rapidly.
- o Skill in oral and written communication.

SUPERVISORY CONTROLS: The Shift Supervisor-Jail assigns work in terms of general instructions. The supervisor spot-checks work in progress and upon completion for compliance with established instructions and procedures, accuracy, and the nature and propriety of the final results.

GUIDELINES: Guidelines include federal and state laws, county ordinances, immate detention protocols, state crime information center procedures, department standard operating procedures, and supervisory instructions. These guidelines are generally clear and specific, but may require some interpretation in application.

COMPLEXITY: The work consists of related detention facility duties. The number of inmates to be supervised and personnel shortages contribute to the complexity of the work.

Corrections Officer, Jail Administration
Page 3

SCOPE AND EFFECT: The purpose of this position is to book, guard, transport, and release inmates and maintain security at the jail. Successful performance helps ensure effective immate detention practices.

PERSONAL CONTACTS: Contacts are typically with co-workers, other county employees, inmates, jail visitors, representatives of other public safety agencies, representatives of service and support agencies, health care providers, clergy members, attorneys, court personnel and the general public.

PURPOSE OF CONTACTS: Contacts are typically to give and exchange information and provide services.

PHYSICAL DEMANDS: The work is typically performed while siting, walking, standing, bending, crouching, or stooping. The employee lifts light and heavy objects, climbs ladders, uses equipment requiring a high degree of dexterity, must be able to distinguish between shades of color, and use the necessary physical force to restrain unruly immates.

WORK ENVIRONMENT: The work is typically performed in a detention center. The employee is exposed to noise, infectious or contagious diseases, and life-threatening situations. The work requires the use of protective devices such as gloves.

SUPERVISORY AND MANAGEMENT RESPONSIBILITY: None.

I have read the Job Description for Co performing any of the duties. YES or	rrection Officer, and would not have any pro NO	blems
Signature	Date	_

Employee No	NAME Delitord, Anderson
Date Employed_12-10-15	Address/1
Social Security No	Phone
	2015

# 2010

**Employee Data Calendar** 

Vacation Record

Sicl	( Lea	ive i	Rec	ord		m	pio	ye	eı	Jai		La <sub>1</sub>	ler				Vac	atior	ı Re	cord
		JA	NUA	ARY					FEB	RU	ARY	,				M	AR(	СН		
S	М	T	W	Т	F	S	S	М	Т	W	Т	F	S	S	М	T	W	Т	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	-11	12	13	14	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	(16)	17	18	19	20	21	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28
25	26	27	28	29	30	31	Mynesisten mann							29	30	31				
		Δ	PR	li.						MAY	7				-		UN	E		
S	М	T	W	T	F	S	S	М	Т	W	Т	F	S	S	М	Т	W	Т	F	S
			1	2	3	4	all comment of the Police of the					1	2	4	1	2	3	4	5	6
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30	1	1	24	(25)	26	27	28	29	30	28	29	30			1	
							31					de wheelweels high white days held in				1			1	
		,	JUL	Υ					ΑL	IGU	ST				S	SEP.	TEN	IBE	R	
S	М	Т	W	T	F	S	S	М	T	W	Т	F	S	S	M	Т	W	Т	F	S
			1	2	3	4							1		1000	1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	(7)	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30			
							30	31												
			_	BER				I			BEF				1 1 2			BE		12
S	M	Т	W	Т	F	S	S	M	Τ	W	T	F	S	S	М	Τ	W	Τ	F	S
				1	2	3	1	2	3	4	5	6	7		-	1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	(11)	12	13	14	6	7	8	9	0	11	12
11	(12)	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	(26)	27	28	20	21	22	23	24	(25)	26
25	26	27	28	29	30	31	29	30					-	27	28	23	30	31	-	
				K	1			İ							1		<u> </u>			

☐ Paid Holidays ☐ Sick Leave ☐ Vacation ☐	
---	--

NAME Deliford, Anderson	DEPARTMENT	326		
DATE EMPLOYED 12-10-15	DATE OF BIRTH	(month)	(day)	(year)
SALARY	DEPENDENTS CLAIR	MED		

	_								K LEA				A #:		
			Vaca	ation					Sick I	Attendance Record					
Month & Year	Da Ear	ays ned	Days Taken		Bal- ance		Days Earned		Days Taken		Bal- ance		Days Absent	Days Tardy	
	Days	Hrs.	Days	Hrs.	Days	Hrs.	Days	Hrs.	Days	Hrs.	Days	Hrs.			
Bal. Brought Fwd.															
January															
February															
March															
April															
May															
June															
July															
August															
September															
October															
November				The state of the s											
December		3.75		0		375		11		0		11			
Totals:															

	COMMENTS	
12-29-15-Sick w/ no pay		
	****	

¥		
Employee No	NAME Deliford, And	erson
Date Employed 12-10-15	Address Address	
Social Security No	Phone	
	2016	

-	n e	ave l	Rec	need!	IE	mai	nlo	ve			l O la	Cai	ler	ndla	ar		Vac	ation	ı Re	CO
6			NUA								ARY						ARG			
and the	М	T	W	T	F	S	S	М	Т	W	T	F	S	S	M	T	W	Т	F	S
		prolesse son and arburner score	**************************************		(1)	2		1	2	3	4	5	6			1	2	3	M	5
3	4	5	6	7	8	9	7	8	9	10	11	12	13	6	7	8	9	10	11	12
	11	12	13	14	15	16	14	(15)	16	17	18	19	20	13	14	15	16	17	18	19
Y	18)	19	20	21	22	23	21	22	23	24	25	26	27	20	51V	22	23	24	25	26
	25	26	27	28	29	30	28	29	oran saardihilihilijarahiba aar aa arorn.				and short letter air it is in let.	27	28	29	30	915		
9				-		1 100 100 100 100 100 100 100 100 100 1														
		Δ	PR	IL						MA	1					J	IUN	E		
3	M	Т	W	Т	F	S	S	Μ.	T	W	T	F	S	S	М	Т	W	T	F	S
		V 600 Page - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			9	2	1	2	3	4	5	6	7				1	2	,3	4
3	1QV	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	1.7	1,8
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	153	24	25
24	25	26	27	28	29	30	29	(30)	31					26	27	28	29	30	1	
			18.000 28 7																	
			JUL	Υ					AL	IGU	ST				S	EP.	TEN	BE	R_	
S	М	Т	W	T	F	S	S	М	Т	W	T	F	S	S	M	Т	W	Т	F	S
					1	2		1	2	3	4	5	6				and an account of financial contracts	1	2	3
3	(4)	-5	6	7	8.	9	7	8	9	10	11	88	MA	4	(5)	6	7	8	9	10
10	DON DON	12	13	14	型 22	161	M	15	16	17	18	19	20	11	12	13	MA	M	16	17
M	18	19	20	21	22	123	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30	
31																	and the same of th			
	ı		TOE	BER	,	U.					BEF	,	:				(	BEF	i	1
S	М	T	W	Т	F	S	S	М	Т	W	Τ	F	S	S	M	Т	W	T	F	S
			. A			1			1	2	3	4	5					1	2	3
2	3	4	15/	190	7	8	6	7	8	9	10	(11)	12	4	5	6	7	8	9	10
9	(10)	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	(24)	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30				(25)	26	27	28	29	30	31
30	31			<u> </u>												L.		a r r discussion in		<u>                                     </u>

☐ Paid	Holidays	☐ Sick Leave	☐ Vacation			
FORM 101	EMPLOYEE DA	ATA FORMS • 1503	0 HWY BB • ROCH	EPORT, MO 65279	573-698-2260 • F	AX: 698-2261

NAME Deliford, Anderson	DEPARTMENT_3	320		
DATE EMPLOYED 12-10-15	DATE OF BIRTH	10-7- (month)	%O (day)	(year)
SALARY	DEPENDENTS CLA	IMED		

			Vaca	ation					Sick	Leave	!				dance cord	
Month & Year		ays rned	Days Taken		Bal- ance		Days Earned		Days Taken		Ba an		Days Absent		Day Tard	
	Days	Hrs.	Days	Hrs.	Days	Hrs.	Days	Hrs.	Days	Hrs.	Days	Hrs.				
Bal. Brought Fwd.						3.75						11				
January	3.75			0		7.5		Į1		0		<i></i>				
February		3.75		0		1125		11		0	-	33				
March		3.75		5		10		11		a		35				
April		4		10		4		11		12	,	34				
May		4		0		D				0		15				
June		4		11		1		11		0	,	56				
July		4		1		4		11		0	(	70				
August		4		8		0		11		Δ		B				
September	عاريا	4		0		ų		11		0	4	59				
October Thy	O.	4		6		0		5		6		88				
November																
, December		٠ بر٠														
Totals:		,														

COMMENTS

HILL NO pay

THIS-This no pay

8-9-14 Susponded who pany

terminated 10-18-16



### DEPAT MENT OF THE ARMY GEORGIA ARMY NATIONAL GUARD E CO 148th BRIGADE SUPPORT BATTALION 815 FORTNER RD METTER, GEORGIA 30439



MEMORANDUM FOR All Personnel, E Co 148th BSB

September 29, 2015

SUBJECT: Training Year 2015-16 Training Dates

- 1. The below listed dates are scheduled training dates for this unit for the remainder of FY 2015 and FY 2016.
- Normal reporting time is 0700. MUTA 2 training requires one day attendance;MUTA 4 training requires two days attendance;MUTA 6 training requires three days attendance.
- 3. Each soldier will provide employer a copy of this schedule. A copy will be also be retained by each soldier for reference.

DRILL DATES	PERIODS	LOCATION	TRAINING EMPHASIS
08 - 09 Aug 2015 23 - 24 Oct 2015 07 - 08 Nov 2015 04 - 06 Dec 2015 09 - 10 Jan 2016 05 - 07 Feb 2016 04 - 06 Mar 2016 16 - 17 Apr 2016 14 - 15 May 2016 01 - 02 Jun 2016 03 - 17 Jun 2016 09 - 10 Jul 2016	MUTA 4 MUTA 4 MUTA 6 MUTA 6 MUTA 6 MUTA 6 MUTA 4 MUTA 4 MUTA 4 MUTA 4 MUTA 4 Annual Training MUTA 4 MUTA 4	Home Station Home Station Home Station FSGA Home Station FSGA FSGA Home Station	SRP Transition Ceromony APFT/PMI IWQ Briefings/Family Day LOGEX/MEDEX/SOY/NOY COMP SRP/CSWQ/SHARPS/COMMEX Diagnostic APFT/Engineer Ball CTE Loud Out CTE Training CTE Training/FORTRESS Stakes POST CTE - Inventory/Maintenance OPORD MDMP

<sup>\*\*\*</sup> These are projected dates and are subject to change. Soldiers will be notified of any changes as soon as they have been published.

4. Questions should be directed to the undersigned at

Angie L. Zalinsky SSG, GAARNG Training NCO



### DEPARTMENT OF THE ARMY

GÉORGIA ARMY NATIONAL GUARD 179<sup>TH</sup> MILITARY POLICE COMPANY 843 E. 10<sup>TH</sup> STREET N. FORT STEWART, GEORGIA 313/5

NGGA-MPB-SCDR

04AUG2016

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Training Year 2017 Drill Dates for 179th MP CO

1. Dates for Training Year 2017 are as follows:

15-16	October 2016 (APFT/PMI/WTT/L&O)	(MUTA 4)
04-06	November 2016 (IWQ/WTT/L&O)	(MUTA 6)
10-11	December 2016 (Admin/Briefings/Family Day)	(MUTA 4)
07-08	January 2017 (WTT/METL Task/MMSO)	(MUTA 4)
11-12	February 2017 (METL Task/WTT/Briefings)	(MUTA 4)
24-25	March 2017 (Civil Disturbance/Convoy Security/OCIE)	(MUTA 4)
00-00	April 2017 (No Drill)	(MUTA 0)
06-07	May 2017 (NLW/Certification)	(MUTA 4)
03-04	June 2017 (METL Task Training)	(MUTA 4)
13-16	July 2017 (CSWQ with ASV)	(MUTA 8)
05-07	August 2017 (CSWQ/Briefings)	(MUTA 6)
00-00	September 2017 (Grazing Herd/Admin)	(MUTA 0)

- 2 Vigilant Guard will be 26-31 MARCH 2017. (ORDERS)
- 3. Annual Training will be 1-9 APRIL 2017. (ORDERS)
- 4. These dates are subject to change. It is your responsibility to confirm the future drill dates at every drill assembly.
- 5. Direct any questions or concerns to SSG Jennifer Heath-Strickland (

MADISON BIPS CPT, GAARNG Commanding



### DEPARTMENT OF THE ARMY GEORGIA ARMY NATIONAL GUARD ECHO COMPANY DET 148TH BRIGADE SUPPORT BATTALION 816 FORTNER ROAD METTER, GEORGIA 30439-6052

**NGGA-BSB-1EC** 

12 September 2016

MEMORANDUM FOR RECORD

SUBJECT: EMPLOYER NOTIFICATION LETTER

1. First I would like to thank you for your support of your employee and the Georgia Army National Guard. This is to inform you that the below Soldier is participating in MANDATORY MEDICAL READINESS 15th September 2016 in support of E CO 148<sup>th</sup> BSB Medical Readiness Status, the Soldier is required to report for duty on 15 September 2016 at Clay National Guard Center at 0800. Please allow the Service Member adequate amount of time to rest and report to duty.

SGT Deliford, Anderson

2. Point of contact for this memorandum is the undersigned at ...

ANGIE L. ZALINSKY SSG, GAARNG TRAINING NCO



This is to Certify that

# Anderson Deliford

Has successfully completed a 80 hour course of study entitled

### Basic Jail Officer Training Course BMH01G

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed. Given at the Glynn County Sheriff's Office on the 29th day of April, 2016

Executive Director
Peace Officer Standards and Training Council

Jourse Coordinator

Georgia Public Safety Training Center

### **Process Registration**

### **Student Information**

Name: ANDERSON, DELIFORD Student ID: 304067

### **Course Information**

Course Number: L11B16011 Course Name: BASIC JAIL OFFICER

Location: GLYNN CO SO

### **Registration Confirmation**

You have successfully registered this student for course# L11B16011.

You have acknowledged meeting the following prerequisite(s) for this course:

A POSTFORM-2 (P2) number must be issued and documented on the students P.O.S.T. record at least 10 working days prior to being accepted to or attending the course. Online registration required for those attending the course. For those attending at a regional academy, please submit the registration to the academy on the student that has been issued a POSTFORM-2 (P2) number no later than 10 working days prior to the start date of the course.

Please print this page and keep a copy for your records. If you have any questions, call the Registrar at (478) 993-4458 and refer the confirmation number and date of application.

Confirmation Number: OFY16-480925

Student ID#: 304067

Date of Application: 03/03/2016 02:11 PM

Start | Report | Training | Officers | Applications | Help | Logout

### **Application for Basic Certification - Jailer**

**Application Section Progress Personal Information** 

..O149508,

Last Name DELIFORD

For ANDERSON QUINTON DELIFORD JR

First Name ANDERSON

Middle Name QUINTON

Status : POST Approved

Personal Information

Suffix (if applies) JR Maiden Name

Agency Affiliation

Are you a citizen of the United States? Yes

Birth & Citizenship Verification

Social Security Number

Education

Date of Birth

· (mm/dd/yyyy)

Race Black or African American (Not Hispanic or Latino)

**Prior Law Enforcement History** 

Height 5 ft 11 in

Law Enforcement Certification

Weight 245 lbs

Low Enforcement Employment

Hair Color Black

Military

Eye Color Brown

Sex/Gender Male

**Criminal History** 

Current Home Address:

Driver's History

Agency Information

City HINESVILLE

Entrance Exam

State Georgia

Zip Code 31313 -

Application Fees

Primary Telephone

**Supporting Documentation** 

.Continue

Confirmation

Attestation

Approval Information

Logout | Profile

The current time is 11:21 am. Your session will expire after 20 minutes of inactivity.

### United States Army

### CERTIFICATE OF CONTAMINATION OLEORESIN CAPSICUM

### SPC DELIFORD, ANDERSON 31B

Date: 21 March 2015 Location: 179th MP Co, Building 12701

Fort Stewart, GA 31314
Program: Oleoresin Capsicum Training

Instructor: SSG Taylor, Jeff. (INIWIC Class 12-10)

\* LEVEL OF CONTAMINATION:  $\underline{1}$  2 3

\* BRAND & TYPE OF OC USED FOR CONTAMINATION:

DEFENSE TECHNOLOGY: FIRST DEFENSE

OC SOLUTION: 5% OC WATER-BASED

MAJOR CAPSAICINOID CONTENT .7%

DELIVERY-STREAM TIME-90 SECONDS

**DECON TIME: 60 MINUTES** 

TYPES OF DRILLS: Baton Strikes, Knee Strikes, Palm Strikes, Threat Identification, Handcuffing, Decon.

STUDENT:

Signature

INSTRUCTOR:

Signature

Reference MARADMIN 458/08

# States.

179th Military Police Company Fort Stewart, Georgia Takes pleasure in presenting this diploma certifying that

# SPC DELIFORD, ANDERSON

has met all the requirements and has successfully completed the curriculum prescribed for the

**LESD/X-26E TASER User Course** 

Given this 21ST day of MARCH in the year 2015.

Jeff Taylor SSG, MP

Nonlethal Weapons Instructor







## Data Report System

## Individual Officer Profile

Created: 11-03-2016 03:29

Requested by: JEFFREY HEIN

Officer Key

Race

Officer Name ANDERSON QUINTON DELIFORD JR

Black or African American (Not Hispanic or Latino)

Education High School Diploma

Status In Good Standing



Status

Certification Type

Basic Basic

Active Active

Description Certification

PBJA2016O149508 JAILER
PBCO081649S CORRECTIONS OFFICER

Instructor Certifications

None Found

Employment History

Rank Start Date End Date

Agency

Status

Actively Employed in Law Enforcement Voluntary Resignation January 31, 2012 December 10, 2015 May 16, 2008 Corrections Officer Jailor LIBERTY COUNTY SHERIFFS OFFICE **GEORGIA STATE PRISON** 

Sanctions

None Found

9
_
• •
Hours
Total
2010

INCO8G IFR02F	GG GEORGIA D.O.C. SPECIALIZED TRAINING F FIREARMS REQUAL& USE OF DEADLY FORCE (2 Hrs)	2 %
	NC08G GEORGIA D.O.C. SPECIALIZED TRAINING	<b>∞</b>
_	INC00G GA. DEPT. OF CORRECTIONS INSERVICE	91
		2009 Total Hours: 31
	NC08G GEORGIA D.O.C. SPECIALIZED TRAINING	2
	IFR02F FIREARMS REQUAL& USE OF DEADLY FORCE (2 Hrs)	2
	3MC99G BASIC D.O.C. SECURITY TRAINING	861
	NOG80G PASSENGER VAN SAFETY	2

2008 Total Hours: 204

Summary of Hours for 6 Years
Year Hours

86	20	\$	91	18	204	374	
2016	2012	2011	2010	2009	2008	Grand Total of Hours	(all years and courses)

# Liberty County Sheriff's Office

This is to certify that

Anderson Deliford JR

has successfully completed 8 hours of training in

Driver Training

Given in Liberty County, in the State of Georgia

This 4th day of October 2016

Sheriff, Liberty County

Chief Deputy

Training Director

PAYROL	L CHAN	IGE N	OTICE	
DATE OF CHANGE	EMPLOYEE #	S	OCIAL SECURITY NO	STATE OF STATE
Deliford,	Anderson	ADD	PRESS	
PHONE	CITY/STATE/ZIP		DEPARTMENT 3326	SHIFT
THE CHANGE(	S):	•		
✓ All Applicable Boxes	s (1)	FROM	TO	
DEPARTMENT	33	3 av .		•
		C 21	1	

/ All Applicable Boxes	FROM	TO
DEPARTMENT	33av.	
<b>У</b> ЈОВ	Jailer	
SHIFT SHIFT	FT	
S∕RATE	15.38	
□ ADDRESS/PHONE		
BENEFIT PLAN		
S/OTHER Grade	123	
OTHER		

111	E REASON FOR IT	IL CHAINC	111(3).	
	HIRED		PROBATIONA	ARY PERIOD COMPLETED
	RE-HIRED		LENGTH OF S	SERVICE INCREASE
	PROMOTION		RE-EVALUATI	ION OF EXISTING JOB
	DEMOTION		RESIGNATION	N
	TRANSFER		RETIREMENT	
	MERIT INCREASE		LAYOFF	Terminated
	WAGE SCALE CHANGE		DISCHARGE	
	LEAVE OF ABSENCE FROM	77.77		UNTIL

TYPE OF LEAVE		
OTHER (Explain) Please remove	from	clothing
allowance		)

### **AUTHORIZATION:**

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 10 - 20-16
HUMAN RESOURCES MANAGER	DATE



Rev 11/13 Re-order Form #08320 Ocopyright 2013 Amsterdam Printing, Amsterdam, N.Y. 12010 /msterdam
Toll Free 1-866-466-1438 or online www.amsterdamforms.com

DATE OF CHANGE	EMPLOYEE #		SOCIAL	SECURITY N	0	
8-9-16				1-1	-10	
NAME COOLUMN	Dolik	NG	ADDRESS			
PHONE	CITY/STATE/ZIP			DEPARTMI		SHIFT
THE CHANGE	S):					
✓ All Applicable Boxes		FROM			то	
□ DEPARTMENT						
□JOB						
SHIFT						
RATE		300 - E				
☐ ADDRESS/PHONE	1-5					
☐ BENEFIT PLAN						
OTHER						
OTHER						
	COD THE CL	IANICE	(6).			
THE REASON I	FUR THE CE			DV DEDIOE	COMP	LETED
☐ HIRED☐ RE-HIRED		100000	ROBATIONA ENGTH OF S			
PROMOTION			E-EVALUATI		100	
DEMOTION			ESIGNATION			
TRANSFER			TIREMENT			
☐ MERIT INCREASE			YOFF			
☐ WAGE SCALE CHA	ANGE	□ DI	SCHARGE			
LEAVE OF ABSEN	CE FROM -	(DATE)		UNTIL	(DAT	
TYPE OF LEAVE	1	(DATE)			(OA)	-,
OTHER (Explain	Susp	ende	1 wil	5 DC	enx	
OTTEN (Explain	1	· 1-d	ay			
		***************************************	/			
<b>AUTHORIZATIO</b>	ON:					
EMPLOYEE SIGNATURE			-	DATE		
SUPERVISOR SIGNATURE				DATE	-10	1
			7		×101	110
HUMAN RESOURCES MAN	NAGER /5	1		DATE {	3/11	/16

/
VX
1
W

DATE OF CHANGE EMP	PLOYEE #		-	SECURITY NO	
Anderson a Delito	id Jr		ADDHESS DA TV	nonVorior	Dr
In the Million of the Control of the	TY/STATE/ZIP	OM 31	313	DEPARTMENT 33au	SHIFT
THE CHANGE(S):					
✓ All Applicable Boxes		FROM		TC	),
© DEPARTMENT			/	3326	
№ ЈОВ				Jailor	
<b>⊠</b> SHIFT				FT	
© RATE				15.00	
☐ ADDRESS/PHONE					
BENEFIT PLAN	/				
NOTHER GYONE				12 A	
□ OTHER	.				
THE REASON FOR	THE C	HANGE(	S):		
HIRED				ARY PERIOD CO	MPLETED
☐ RE-HIRED		□ LEN	IGTH OF S	SERVICE INCRE	ASE
☐ PROMOTION		□ RE-	EVALUAT	ION OF EXISTIN	G JOB
DEMOTION		☐ RES	SIGNATION	N	
TRANSFER		□ RET	TREMENT	•	
☐ MERIT INCREASE			'OFF		
☐ WAGE SCALE CHANGE		DIS	CHARGE		
LEAVE OF ABSENCE F	ROM	(DATE)		UNTIL ———	(DATE)
TYPE OF LEAVE					
OTHER (Explain)	60 mor	Hhly CI	alhin	a Allowa	me
				J	
AUTHORIZATION:					
EMPLOYEE SIGNATURE				DATE	
-/-					
SUPERVISOR/SIGNATURE				DATE 2	2-15
HUMAN RESOURCES MANAGE	BL			DATE ///	115

	OYEE #	SOCIAL	SECURITY NO	
623-16				-  x
Deliford, Ande	P(50)11	ADDRESS		
PHONE CITY	Y/STATE/ZIP		DEPARTME 3394	NT SHIFT
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	И		ТО
☐ DEPARTMENT	Schmitter region is		7.11	1000
□JOB				
SHIFT				
RATE	15.00	)	15	. 7 X
☐ ADDRESS/PHONE				
☐ BENEFIT PLAN				
WOTHER / 31ade	12 A		128	
OTHER				
THE REASON FOR	THE CHANG	E(S).		
☐ HIRED		NO. 10.0000 (1900)	ARY PERIOD	COMPLETED
RE-HIRED		LENGTH OF		
PROMOTION		RE-EVALUAT	ION OF EXIS	TING JOB
DEMOTION		RESIGNATIO	N	
TRANSFER		RETIREMENT		
MERIT INCREASE		LAYOFF		
WAGE SCALE CHANGE		DISCHARGE		
☐ LEAVE OF ABSENCE FRO	OM (DATE)		UNTIL	(DATE)
TYPE OF LEAVE				
OTHER (Explain)				
-				
AUTHORIZATION:				
EMPLOYEE SIGNATURE	· ·		DATE	
	/			
SUPERVISOR SIGNATURE	-/		DATE (	3-16
HUMAN RESOURCES MANAGER	Bol		DATE	3-16

NAME DELIFORD ADDRESS  PHONE CITY/STATE/ZIP  THE CHANGE(S):  All Applicable Boxes  FROM  JOB  SUGEPARTMENT  JOB  JOBESS/PHONE BENEFIT PLAN  OTHER TY ADDRESS/PHONE BENEFIT PLAN  OTHER TY ADDRESS/PHONE BENEFIT PLAN  OTHER PROBATIONARY PERIOD COMPLETED CHENGTH OF SERVICE INCREASE PROMOTION BENOTION BENOTION BENOTION BENOTION BENOTION BERIT INCREASE WAGE SCALE CHANGE LEAVE OF ABSENCE FROM  TYPE OF LEAVE  MOTHER (Explain) PLEASE TEMOVE FROM CLAIMING CLIVEN CONTROL  AUTHORIZATION: EMPLOYEE SIGNATURE SUPÉRVISOR SIGNATURE  HUMAN/RESOURCES MANAGER  DATE  DATE  DATE  DATE  DATE  HUMAN/RESOURCES MANAGER  ADDRESS/PHONE  BENOM  TO  DEPARTMENT SHIFT  SHET  SHIFT  SHET  SHET  SHET  SHIFT  SHET  S		EMPLOYEE #			SOCIAL S	SECL	JRIT	Y NO	i Messa	18 J. A. T. H.
PHONE CITY/STATE/ZIP DEPARTMENT SHIFT  THE CHANGE(S):  All Applicable Boxes FROM TO  DOEPARTMENT 33 alv  MJOB JAILET  PRATE 15.38  ADDRESS/PHONE BENEFIT PLAN  POTHER TY A DE 1 A TO  OTHER  THE REASON FOR THE CHANGE(S):  HIRED PROMOTION RESIGNATION RETIREMENT  MAGE SCALE CHANGE LAYOFF PER DISCHARGE  UNTIL DATE  TYPE OF LEAVE  OTHER (Explain) PLACE REMOVE FROM CLARING ALLOWANCE  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE   10-18-16				11	z   <u>-</u>					
PHONE CITY/STATE/ZIP DEPARTMENT 3326  THE CHANGE(S):  VAII Applicable Boxes FROM TO  SUCEPARTMENT 3326  SHIFT  STATE  ADDRESS/PHONE  BENEFIT PLAN  OTHER TY ADDRESS/PHONE  BENEFIT PLAN  PROBATIONARY PERIOD COMPLETED  LENGTH OF SERVICE INCREASE  PROMOTION  RESIGNATION  RESIGNATION  RETIREMENT  ANYOFF TO MALE  OTHER (Explain)  TYPE OF LEAVE  OTHER (Explain)  TYPE OF LEAVE  OTHER (Explain)  TYPE OF LEAVE  OTHER (Explain)  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DA	Deliford, A	nherson		Al	DDRESS					
THE CHANGE(S):  VAII Applicable Boxes  FROM  SOEPARTMENT  JOB  SHIFT  FT  FAATE  ADDRESS/PHONE  BENEFIT PLAN  VOTHER GYAGE  OTHER  THE REASON FOR THE CHANGE(S):  HIRED  PROMOTION  RE-HIRED  PROMOTION  RESIGNATION  RESIGNATION  RETIREMENT  WAGE SCALE CHANGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain) PLEASE FROM CATE  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE		CITY/STATE/Z	IP.							SHIFT
All Applicable Boxes  FROM  JOB  JOB  JOHN  SHIFT  FT  RATE  ADDRESS/PHONE  BENEFIT PLAN  VOTHER FRAGE  OTHER  HIRED  PROBATIONARY PERIOD COMPLETED  LENGTH OF SERVICE INCREASE  PROMOTION  RE-EVALUATION OF EXISTING JOB  RETIREMENT  MERIT INCREASE  WAGE SCALE CHANGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain)  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE			RECEIVED.					d	٥	ELPE NO
SUBERATMENT  MJOB  JOH  SHIFT  FT  FAATE  ADDRESS/PHONE  BENEFIT PLAN  MOTHER GY ADE  OTHER  THE REASON FOR THE CHANGE(S):  HIRED  RE-HIRED  RE-HIRED  PROMOTION  DEMOTION  TRANSFER  MERIT INCREASE  WAGE SCALE CHANGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  MOTHER (Explain)  TYPE OF LEAVE  MOTHER (Explain)  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE	THE CHANGE(S	):				4000			PART MICH	
MJOB  MJOB  MADRESS/PHONE  BENEFIT PLAN  MOTHER TY ALC  OTHER  THE REASON FOR THE CHANGE(S):  HIRED  RE-HIRED  PROMOTION  DEMOTION  TRANSFER  MERIT INCREASE  WAGE SCALE CHANGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  MOTHER (Explain)  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  D	✓ All Applicable Boxes		FRO	M					то	
MATE  ADDRESS/PHONE  BENEFIT PLAN  MOTHER  THE REASON FOR THE CHANGE(S):  HIRED  RE-HIRED  PROBATIONARY PERIOD COMPLETED  RE-HIRED  RE-EVALUATION OF EXISTING JOB  RESIGNATION  RESIGNATION  TRANSFER  MERIT INCREASE  WAGE SCALE CHANGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain)  TYPE OF LEAVE  OTHER (Explain)  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DA			33 au	7				_		
□ ADDRESS/PHONE □ BENEFIT PLAN □ OTHER □ 123 □ OTHER  THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RESIGNATION □ TRANSFER □ MERIT INCREASE □ LAYOFF □ WAGE SCALE CHANGE □ LEAVE OF ABSENCE FROM  TYPE OF LEAVE □ OTHER (Explain) □ DATE  SUPERVISOR SIGNATURE  DATE  DATE  DATE	М JOB		Jaile	(					-	
□ ADDRESS/PHONE □ BENEFIT PLAN □ OTHER □ DATE □ OTHER □ DATE □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RESIGNATION □ RESIGNATION □ RETIREMENT □ MERIT INCREASE □ LAYOFF □ PROBATION □ DISCHARGE □ LEAVE OF ABSENCE FROM □ DISCHARGE □ LEAVE OF ABSENCE FROM □ UNTIL □ DATE  TYPE OF LEAVE □ OTHER (Explain) Please remove from Clathing Callowance  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DATE  DATE	SHIFT		FT				-		_	
BENEFIT PLAN  OTHER TY ALC   DATE  OTHER THE REASON FOR THE CHANGE(S):  HIRED   PROBATIONARY PERIOD COMPLETED     RE-HIRED   LENGTH OF SERVICE INCREASE     PROMOTION   RESIGNATION   RESIGNATION     TRANSFER   RETIREMENT     WAGE SCALE CHANGE   DISCHARGE     LEAVE OF ABSENCE FROM   LOATE     TYPE OF LEAVE   OTHER (Explain)   PLAGE   PROVE   PROVE   PROPERTIES     WATHORIZATION:  EMPLOYEE SIGNATURE   DATE    SUPERVISOR SIGNATURE   DATE    DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DATE    DATE   DATE   DATE   DA	RATE		15.3	8			-			
THE REASON FOR THE CHANGE(S):    HIRED	☐ ADDRESS/PHONE									
THE REASON FOR THE CHANGE(S):    HIRED	☐ BENEFIT PLAN									
THE REASON FOR THE CHANGE(S):    HIRED	VOTHER Grade		123				-	_	_	
HIRED  RE-HIRED  RE-EVALUATION OF EXISTING JOB  RESIGNATION  RETIREMENT  RETIREMENT  LAYOFF  DISCHARGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain)  RETIREMENT  LAYOFF  DISCHARGE  DISCHARGE  LONTIL  RETIREMENT  LAYOFF  DISCHARGE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE	OTHER									
HIRED  RE-HIRED  RE-EVALUATION OF EXISTING JOB  RESIGNATION  RETIREMENT  RETIREMENT  LAYOFF  DISCHARGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain)  RETIREMENT  LAYOFF  DISCHARGE  DISCHARGE  LONTIL  RETIREMENT  LAYOFF  DISCHARGE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE	THE REASON F	OR THE	CHANC	GE(S	):					-110
PROMOTION DEMOTION RESIGNATION RESIGNATION RESIGNATION RETIREMENT RETIREMENT LAYOFF DISCHARGE UNTIL ROTE  TYPE OF LEAVE OTHER (Explain) RESIGNATION RETIREMENT RETIRE					10.000	RY F	PER	IOD	сом	PLETED
DEMOTION TRANSFER RETIREMENT MERIT INCREASE WAGE SCALE CHANGE DISCHARGE LEAVE OF ABSENCE FROM TYPE OF LEAVE OTHER (Explain) CINOMICE  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DATE  DATE  DATE  DATE  DATE  DATE	RE-HIRED			LENG	TH OF S	SERV	ICE	INC	REAS	E
TRANSFER  MERIT INCREASE  WAGE SCALE CHANGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain) Please remove from Clathing  Cullowance  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DATE  DATE  DATE  DATE  DATE  DATE	PROMOTION			RE-E	VALUATI	ON (	OF E	EXIS	TING	JOB
MERIT INCREASE  WAGE SCALE CHANGE  LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain) Please remove from Clathing  Callowance  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DATE  DATE  DATE	DEMOTION			RESIG	GNATION	N				
WAGE SCALE CHANGE LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain) Please remove from Clathing Callowance  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DATE  DATE  DATE	TRANSFER			RETIF						. /
WAGE SCALE CHANGE LEAVE OF ABSENCE FROM  TYPE OF LEAVE  OTHER (Explain) Please remove from Clathing Callowance  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DATE  DATE  DATE	MERIT INCREASE			LAYO	FF	Te	or	121	100	LEI
TYPE OF LEAVE  MOTHER (Explain) Please remove from Clathing  (LILLOWANCE)  AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE  DATE  DATE  DATE  DATE  DATE  DATE	WAGE SCALE CHAI	NGE		DISC			, ,			
AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE	LEAVE OF ABSENC	E FROM	(DATE)			UN.	TIL -		(DA	ITE)
AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE	TYPE OF LEAVE									
AUTHORIZATION:  EMPLOYEE SIGNATURE  DATE	OTHER (Explain)	Please	rem	CVE	Fr	000		010	Ap.	na
EMPLOYEE SIGNATURE  DATE									)	
EMPLOYEE SIGNATURE  DATE										
EMPLOYEE SIGNATURE  DATE   AIITHODIZATIO	NI.	×								
10.20-10		1.1.				D	ATE			
10.20-10									-/	9
HUMAN RESOURCES MANAGER B	SUPERVISOR SIGNATURE		0			D	ATE	10	2	6-16
M	HUMAN RESOURCES MANA	AGER BE	1			D	ATE	0/1	9/	16