

# Employment Record

**Name** Lee, Caleb A.     
 **Empl** 14595     
 **Computer #** B937     
 **Date of Hire** 05/02/09     
 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
05/02/2009	Jailer 12.5 hr	SPR0526021	5034	\$1,101.88	41	DATE OF HIRE
08/22/2009				\$1,153.12	0	Jailer certification
10/02/2010	Deputy C	SDR0313059	5041	\$1,206.96	43	Graduated Basic Mandate
10/01/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
09/29/2012	Deputy A			\$1,342.01	0	Anniversary promotion
03/01/2014	Investigator	SCI0508031	5051	\$1,476.22	46	Promotion
01/03/2015	Investigator			\$1,560.84	0	Tier Level Salary Increase
03/12/2016				\$1,592.06	0	Cost of Living
12/30/2017				\$1,615.94	0	Salary with 1.5% cola.
02/24/2018				\$1,672.50	0	2018 Cluster Increase
06/06/2018	INVESTIGATOR	SCI82DE032	5051	\$1,672.50	18	NEW PCN AND PAY GRADE
09/08/2018				\$1,744.42	0	SALARY ADJUSTMENT
01/22/2019				\$1,770.58	0	CLUSTER INCREASE PART II
03/09/2019				\$1,859.11	0	SENIOR INVESTIGATOR
05/04/2019	INVESTIGATOR SERGE	SDA82GM001	5011	\$2,013.60	20	PROMOTED
06/27/2020				\$53,138.90	0	COLA INCREASE
12/25/2021				\$58,200.00	0	2022 SALARY INCREASE

# Employment Record

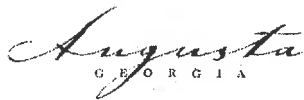
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10/01/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
09/29/2012	Deputy A			\$1,342.01	0	Anniversary promotion
03/01/2014	Investigator			\$1,476.22	46	Promotion
01/03/2015	Investigator	SC10508031	5051	\$1,560.84	0	Tier Level Salary Increase
03/12/2016				\$1,592.06	0	Cost of Living
12/30/2017				\$1,615.94	0	Salary with 1.5% cola.
02/24/2018				\$1,672.50	0	2018 Cluster Increase
06/06/2018	INVESTIGATOR	SC182DE032	5051	\$1,672.50	18	NEW PCN AND PAY GRADE
09/08/2018				\$1,744.42	0	SALARY ADJUSTMENT
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01/21/2012				\$1,282.68	0	salary increase
09/29/2012	Deputy A			\$1,342.01	0	Anniversary promotion
03/01/2014	Investigator	SCI0508031	5051	\$1,476.22	46	Promotion
01/03/2015	Investigator			\$1,560.84	0	Tier Level Salary Increase
03/12/2016				\$1,592.06	0	Cost of Living
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05/04/2019	INVESTIGATOR SERGE	SDA82GM001	5011	\$2,013.60	20	PROMOTED



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

Employee Name: Caleb A. Lee EMP I.D.: 14595 DEPT #: 5051 Proposed Effective Date: 5/4/19

PART 1: TYPE OF REQUEST --> #1: must fill out Part 2-A ONLY --> #2-12: must fill out Part 2-B & Part 3 --> #13: must fill out Part 2-C & Part 3 --> #14: fill out Part 2 & 3

- 1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: Address: Home Phone #: Cell Phone #: Office Phone #:

Employee Signature (required for personal information changes): Date:

B. POSITION INFORMATION

Table with columns: CHANGE FROM, CHANGE TO. Rows include Dept #, Job Title, FLSA Status, Pay Class, Salary Grade, PCN, Daily Hours, Hourly Rate, Bi-Weekly Salary, Annual Salary, Supplemental Pay, Safety Sensitive, GL Account number, Employee Replaced.

C. SEPARATION INFORMATION

Table with columns: SEPARATION FROM SERVICE REASON. Rows include VQ 01 Resignation, VQ 02 Failure to Report to Work/AWOL, VQ 03 Lay-Off/RIF, VQ 04 Death, VQ 05 Loss of Job Requirements, VQ 06 Termination, VQ 07 Retirement, Date Hired, Last Day Worked, Separation Date, Terminated 3 days ADM Given, Proper Notice Given, Eligible for Re-Hire, VAC BAL, COMP BAL.

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? YES NO (if no, must give explanation for request)

Employee is promoted. Job description attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL

Approval table with fields: This Request was Processed By: Bonnie Hayes, Contact Phone #: (706) 821-1095, Date Of Request: 4/17/2019, Department Director Signature: John Francisco, Concurrency Date: 4/17/19.

If a transfer between departments, both director signatures required\*\*\*

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date:

Table with fields: EMP MGR/Date, HR MGR/Date, HR Comp/Date, EMP RELATIONS/Date, HR DIR/Date, City ADM/Date.

# Employment Record

Name Lee, Caleb A.      Empl 14595      Computer # B937      Date of Hire 05/02/09      Transferred/Rehired \_\_\_\_\_

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01/21/2012				\$1,282.68	0	salary increase
09/29/2012	Deputy A			\$1,342.01	0	Anniversary promotion
03/01/2014	Investigator	SCI0508031	5051	\$1,476.22	46	Promotion
01/03/2015	Investigator			\$1,560.84	0	Tier Level Salary Increase
03/12/2016				\$1,592.06	0	Cost of Living
12/30/2017				\$1,615.94	0	Salary with 1.5% cola.
02/24/2018				\$1,672.50	0	2018 Cluster Increase
06/06/2018	INVESTIGATOR	SCI82DE032	5051	\$1,672.50	18	NEW PCN AND PAY GRADE
09/08/2018				\$1,744.42	0	SALARY ADJUSTMENT
03/09/2019				\$1,859.11	0	SENIOR INVESTIGATOR



The City of Augusta
Human Resources Department
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Table with columns: CHANGE FROM, CHANGE TO. Rows include Dept #, Job Title, FLSA Status, Pay Class, Salary Grade, PCN, Daily Hours, Hourly Rate, Bi-Weekly Salary, Annual Salary, Supplemental Pay, Safety Sensitive, GL Account number.

C. SEPARATION INFORMATION

Table with columns: SEPARATION FROM SERVICE REASON: (VQ 01-07), Date Hired, Last Day Worked, Separation Date, Terminated 3 days ADM Given, Proper Notice Given, Eligible for Re-Hire, VAC BAL, COMP BAL.

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? [X] YES [ ] NO (if no, must give explanation for request)

Employee is a senior investigator. Job description attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Bonnie Hayes Contact Phone #: (706) 821-1095 Date Of Request: 2/8/2019
Department Director Signature: [Signature] Concurrence Date: 2/11/19
Department Director Signature (2): [Signature] Concurrence Date:

If a transfer between departments, both director signatures required\*\*\*

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: [ ] PAYROLL [ ] BENEFITS Verified: [ ] Employee Information [ ] Position Information [ ] Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date:

EMP MGR/Date: HR MGR/Date: HR Comp/Date:
EMP RELATIONS/Date: HR DIR/Date: City ADM/Date:

# Employment Record

Name Lee, Caleb A.      Empl 14595      Computer # B937      Date of Hire 05/02/09      Transferred/Rehired \_\_\_\_\_

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10/02/2010	Deputy C	SDR0313059	5041	\$1,206.96	43	Graduated Basic Mandate
10/01/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
09/29/2012	Deputy A			\$1,342.01	0	Anniversary promotion
03/01/2014	Investigator	SCI0508031	5051	\$1,476.22	46	Promotion
01/03/2015	Investigator			\$1,560.84	0	Tier Level Salary Increase
03/12/2016				\$1,592.06	0	Cost of Living
12/30/2017				\$1,615.94	0	Salary with 1.5% cola.
02/24/2018				\$1,672.50	0	2018 Cluster Increase
06/06/2018	INVESTIGATOR	SCI82DE032	5051	\$1,672.50	18	NEW PCN AND PAY GRADE
09/08/2018				\$1,744.42	0	SALARY ADJUSTMENT



The City of Augusta
Human Resources Department
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Employee Name: Caleb A. Lee EMP I.D.: 14595 DEPT #: 5051 Proposed Effective Date: 9/8/2018

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8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: Address: Employee Signature (required for personal information changes): Date: Home Phone #: Cell Phone #: Office Phone #:

B. POSITION INFORMATION

C. SEPARATION INFORMATION

Table with columns for Position Information (Change From, Change To) and Separation Information (Reasons for Separation, Date Hired, Last Day Worked, etc.).

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? [X] YES [ ] NO (if no, must give explanation for request)

Salary adjustment to keep divisions between ranks. Job descriptions attached. The Sheriff's Office has the funding.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Bonnie Hayes Contact Phone #: ( 706 ) 821 - 1095 Date Of Request: 8/10/2018
Department Director Signature: John Francisco Concurrence Date: 8/10/18

If a transfer between departments, both director signatures required\*\*\*

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Received on (date): Effective on the PP begin/end date of: Processed By/Date:

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09/29/2012	Deputy A			\$1,342.01	0	Anniversary promotion
03/01/2014	Investigator	SCI0508031	5051	\$1,476.22	46	Promotion
01/03/2015	Investigator			\$1,560.84	0	Tier Level Salary Increase
03/12/2016				\$1,592.06	0	Cost of Living
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01/21/2012				\$1,282.68	0	salary increase
09/29/2012	Deputy A			\$1,342.01	0	Anniversary promotion
03/01/2014	Investigator	SCI0508031	5051	\$1,476.22	46	Promotion
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03/12/2016				\$1,592.06	0	Cost of Living

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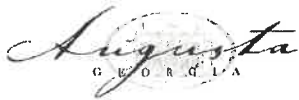
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03/01/2014	Investigator	SCI0508031	5051	\$1,476.22	46	Promotion



The City of Augusta  
Human Resources Department  
Request for Personnel Action (RPA)

HR-1 FORM  
**COPY**  
*original to HR 02/25/14*

Employee Name: Lee, Caleb A. EMP I.D.: 14595 DEPT #: 5051 Proposed Effective Date: 3/1/2014

PART 1: TYPE OF REQUEST ---#1: must fill out Part 2-A ONLY ---#2-12: must fill out Part 2-B & Part 3 ---#13: must fill out Part 2-C & Part 3 ---#14: fill out Part 2 & 3

- 1.  Name/Phone/Add
- 2.  Reclassification
- 3.  Position Abolishment
- 4.  Transfer
- 5.  Promotion
- 6.  Demotion
- 7.  Interim Appointment
- 8.  Suspension
- 9.  New Position
- 10.  Work Hours
- 11.  Rate of Pay
- 12.  Budget #
- 13.  Separation
- 14.  Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: (      )      -

Cell Phone #: (      )      -

Office Phone #: (      )      -

Employee Signature (required for personal information changes): \_\_\_\_\_ Date: \_\_\_\_\_

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	<b>5051</b>	<b>5051</b>
Job Title	<b>Deputy</b>	<b>Investigator</b>
FLSA Status (E or NE)	<b>NE</b>	<b>NE</b>
Pay Class	<b>100</b>	<b>100</b>
Salary Grade	<b>43</b>	<b>46</b>
PCN	<b>SCI0313004</b>	<b>SCI0508031</b>
Daily Hours	<b>8 Hrs.; 30 Min. A/D</b>	<b>8 Hrs.; 30 Min. A/D</b>
Hourly Rate	<b>\$16.78</b>	<b>\$18.45</b>
Bi-Weekly Salary	<b>\$1,342.01</b>	<b>\$1,476.22</b>
Annual Salary	<b>\$34,892.26</b>	<b>\$38,381.72</b>
Supplemental Pay	<b>N/A</b>	<b>\$19.23 = CLOTHING</b>
Safety Sensitive (Y or N)	<b>Y</b>	<b>Y</b>
GL Account number:	<b>273031210</b>	<b>273031210</b>
Employee Replaced (Name & I.D.):	<b>Charles M. Mulherin / 10223</b>	

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- VQ 01 Resignation
- VQ 02 Failure to Report to Work/AWOL
- VQ 03 Lay-Off/RIF
- VQ 04 Death
- VQ 05 Loss of Job Requirements
- VQ 06 Termination
- VQ 07 Retirement

Date Hired: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Separation Date: \_\_\_\_\_

Terminated 3 days ADM Given:  YES  NO

Proper Notice Given:  YES  NO

Eligible for Re-Hire?  YES  NO

VAC BAL: \_\_\_\_\_      COMP BAL: \_\_\_\_\_

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation?  YES  NO (if no, must give explanation for request)

Employee is being promoted to Investigator effective March 1, 2014. The Sheriff's Office does have the funding to support this promotion/  
pay increase. See attached job description.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Lilby Hackney</u>	Contact Phone #: ( <u>706</u> ) <u>469</u> - <u>3350</u>	Date Of Request: <u>2/24/2014</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>2/24/14</u>
Department Director Signature (2):		Concurrence Date:

If a transfer between departments, both director signatures required\*\*\*

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Distributed necessary copies to:  PAYROLL  BENEFITS      Verified:  Employee Information  Position Information  Separation Information

Received on (date): \_\_\_\_\_ Effective on the PP begin/end date of: \_\_\_\_\_ Processed By/Date: \_\_\_\_\_

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date:

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 Lee, Caleb A.

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The City of Augusta  
Human Resources Department  
Request for Personnel Action (RPA)

COPY

Employee Name: Lee, Caleba A. EMP ID.: 14595 DEPT #: 5041 Proposed Effective Date: 1/4/2014

PART 1: TYPE OF REQUEST ---► #1: must fill out Part 2-A ONLY ---► #2-12: must fill out Part 2-B & Part 3 ---► #13: must fill out Part 2-C & Part 3 ---► #14: fill out Part 2 & 3

- 1.  Name/Phone/Add 2.  Reclassification 3.  Position Abolishment 4.  Transfer 5.  Promotion 6.  Demotion 7.  Interim Appointment
- 8.  Suspension 9.  New Position 10.  Work Hours 11.  Rate of Pay 12.  Budget # 13.  Separation 14.  Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone #: (        ) -  
Cell Phone #: (        ) -  
Office Phone #: (        ) -

Employee Signature (required for personal information changes): \_\_\_\_\_ Date: \_\_\_\_\_

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5041	5051
Job Title	Deputy	Deputy
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	43	43
PCN	SDR0313059	SCI0313004
Daily Hours	12 Hr.; 30 Min. A/D	8 Hr.; 30 Min. A/D
Hourly Rate		
Bi-Weekly Salary	\$1,342.01	\$1,342.01
Annual Salary	\$34,892.26	\$34,892.26
Supplemental Pay		
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031310	273031210
Employee Replaced (Name & I.D.): <b>Tempory PCN</b>		

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired:	
Last Day Worked:	
Separation Date:	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation?  YES  NO (if no, must give explanation for request)

Employee is being placed in a temporary PCN until completion of the two (2) month "trail period" in department 5051. Job description attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Libby Hackney Contact Phone #: ( 706 ) 469 - 3350 Date Of Request: 1/2/2014

Department Director Signature: [Signature] Concurrence Date: 01/03/2014

Department Director Signature (2): \_\_\_\_\_ Concurrence Date: \_\_\_\_\_

If a transfer between departments, both director signatures required\*\*\*

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to:  PAYROLL  BENEFITS Verified:  Employee Information  Position Information  Separation Information

Received on (date): \_\_\_\_\_ Effective on the PP begin/end date of: \_\_\_\_\_ Processed By/Date: \_\_\_\_\_

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date:



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

Employee Name: Caleb A. Lee EMP I.D.: 14595 DEPT #: 5041 Proposed Effective Date: 9/29/2012

PART 1: TYPE OF REQUEST --> #1: must fill out Part 2-A ONLY --> #2-12: must fill out Part 2-B & Part 3 --> #13: must fill out Part 2-C & Part 3 --> #14: fill out Part 2 & 3

- 1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION
Name Change:
Address:
Employee Signature (required for personal information changes):
Date:

B. POSITION INFORMATION

Table with columns: CHANGE FROM, CHANGE TO. Rows include Dept #, Job Title, FLSA Status, Pay Class, Salary Grade, PCN, Daily Hours, Hourly Rate, Bi-Weekly Salary, Annual Salary, Supplemental Pay, Safety Sensitive, GL Account number.

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:
VQ 01 Resignation
VQ 02 Failure to Report to Work/AWOL
VQ 03 Lay-Off/RIF
VQ 04 Death
VQ 05 Loss of Job Requirements
VQ 06 Termination
VQ 07 Retirement
Date Hired:
Last Day Worked:
Separation Date:
Terminated 3 days ADM Given: YES NO
Proper Notice Given: YES NO
Eligible for Re-Hire? YES NO
VAC BAL: COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? YES NO (if no, must give explanation for request)

ANNIVERSARY PROMOTION

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Sally Patton Contact Phone #: (706) 821-1433 Date Of Request: 9/5/2012
Department Director Signature: [Signature] Concurrence Date: 9/5/12
Department Director Signature (2): Concurrence Date:

If a transfer between departments, both director signatures required\*\*\*

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date:

Table with 3 columns: EMP MGR/Date, HR MGR/Date, HR Comp/Date; EMP RELATIONS/Date, HR DIR/Date, City ADM/Date



The City of Augusta
Human Resources Department
Request for Personnel Action (RPA)

Employee Name: Caleb A. Lee EMP I.D.: 14595 DEPT #: 5041 Proposed Effective Date: 10/1/2011

PART 1: TYPE OF REQUEST ---#1: must fill out Part 2-A ONLY ---#2-12: must fill out Part 2-B & Part 3 ---#13: must fill out Part 2-C & Part 3 ---#14: fill out Part 2 & 3

- 1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION
Name Change:
Address:
Employee Signature (required for personal information changes):
Date:

Table with columns: B. POSITION INFORMATION (CHANGE FROM, CHANGE TO) and C. SEPARATION INFORMATION (SEPARATION FROM SERVICE REASON: VQ 01-07, Date Hired, Last Day Worked, Separation Date, etc.)

PART 3: EXPLANATION FOR REQUEST
ANNIVERSARY PROMOTION
See Attached Documentation? YES NO (if no, must give explanation for request)

PART 4: DEPARTMENT APPROVAL
This Request was Processed By: Sally Patton
Department Director Signature: [Signature]
Date Of Request: 9/9/2011

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information

Received on (date): Effective on the PP begin/end date of: Processed By/Date:

Table with 3 columns: EMP MGR/Date, HR MGR/Date, HR Comp/Date; EMP RELATIONS/Date, HR DIR/Date, City ADM/Date



The City of Augusta  
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Caleb A. Lee EMP I.D.: 14595 DEPT #: 5034 Proposed Effective Date: 10/2/2010

**PART 1: TYPE OF REQUEST --> #1: must fill out Part 2-A ONLY --> #2-12: must fill out Part 2-B & Part 3 --> #13: must fill out Part 2-C & Part 3 --> #14: fill out Part 2 & 3**

- 1.  Name/Phone/Add    2.  Reclassification    3.  Position Abolishment    4.  Transfer    5.  Promotion    6.  Demotion    7.  Interim Appointment
- 8.  Suspension    9.  New Position    10.  Work Hours    11.  Rate of Pay    12.  Budget #    13.  Separation    14.  Other:

**PART 2: PREPARATION FOR PERSONNEL ACTION**

**A. PERSONAL INFORMATION**

Name Change: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: (     ) -     -

Cell Phone #: (     ) -     -

Office Phone #: (     ) -     -

Employee Signature (required for personal information changes): \_\_\_\_\_ Date: \_\_\_\_\_

**B. POSITION INFORMATION**

	CHANGE FROM	CHANGE TO
Dept #	5034	5041
Job Title	Jailer 12.5 hr	Deputy 8 hr
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	42	43
PCN	SPR0526021	SDR0313059
Daily Hours	12.5	8
Hourly Rate		
Bi-Weekly Salary	\$1,153.12	\$1,206.96
Annual Salary	\$29,981.12	\$31,380.96
Supplemental Pay		
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273032511	273031310
Employee Replaced (Name & I.D.): <b>Michael Vining Emp #5418</b>		

**C. SEPARATION INFORMATION**

SEPARATION FROM SERVICE REASON:

- VQ 01 Resignation
- VQ 02 Failure to Report to Work/AWOL
- VQ 03 Lay-Off/RIF
- VQ 04 Death
- VQ 05 Loss of Job Requirements
- VQ 06 Termination
- VQ 07 Retirement

Date Hired: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Separation Date: \_\_\_\_\_

Terminated 3 days ADM Given:  YES  NO

Proper Notice Given:  YES  NO

Eligible for Re-Hire?  YES  NO

VAC BAL: \_\_\_\_\_     COMP BAL: \_\_\_\_\_

**PART 3: EXPLANATION FOR REQUEST** See Attached Documentation?  YES  NO (if no, must give explanation for request)

Blank area for explanation of request.

**PART 4: DEPARTMENT APPROVAL**

This Request was Processed By: <b>Susan A. Epps</b>	Contact Phone #: ( 706 ) 821 - 1095	Date Of Request: 9/28/2010
Department Director Signature:		Concurrence Date: 9/28/10
Department Director Signature (2):		Concurrence Date:

If a transfer between departments, both director signatures required\*\*\*

**BELOW IS FOR HUMAN RESOURCES ONLY**

- Distributed necessary copies to:  PAYROLL     BENEFITS    Verified:  Employee Information     Position Information     Separation Information

Received on (date): \_\_\_\_\_ Effective on the PP begin/end date of: \_\_\_\_\_ Processed By/Date: \_\_\_\_\_

EMP MGR/Date:	HR MGR/Date:	HR Comp/Date:
EMP RELATIONS/Date:	HR DIR/Date:	City ADM/Date:



Georgia Peace Officer Standards and Training Council  
P.O. Box 349 Clarkdale, Georgia 30111

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## Officer Profile Report For:

**CALEB A LEE**

\*\*\* - \*\* - [REDACTED]

SEX: M RACE: W BIRTH: [REDACTED] - Saturday  
EDUC: BS

---

### Officer Certifications

P2LE0510053	P2 ISSUED LAW ENF OFC	05/12/2010
PBJA091378S	JAILER	09/01/2009

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### Officer Speed Detection Certifications

No Speed Detection Certification currently in File.

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### Instructor Certifications

No Instructor Certification currently in File.

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### Investigations

No Cases In File

---

### Employment History

AGENCY NAME	CODE	Started	To
RICHMOND COUNTY SHERIFFS OFFICE	G1614	05/02/2009	Present

---

### Training History

DATE	NUMBER	COURSE	HOURS
09/17/2010	BML06G1	BASIC LAW ENFORCEMENT TRAINING CRS.	408

TOTAL HOURS for 2010: 408

08/21/2009	CJJ85G1	BASIC JAIL TRAINING COURSE	80
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TOTAL HOURS for 2009: 80

Grand Total Hours: 488

# Employment Record

Name Lee, Caleb A. Empl Computer # B937 Date of Hire 05/02/09 Transferred/Rehired \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
05/02/2009	Jailer 12.5 hr	SPR0526021	5034	\$1,101.88	41	DATE OF HIRE
08/22/2009				\$1,153.12	0	Jailer certification

**CITY OF AUGUSTA  
PERSONNEL ACTION REQUEST FORM**

All spaces must be completed. If a category is not applicable, please write N/A in the space. Failure to complete the Form in its entirety will result in this form not being processed and returned to you for completion.

Completed forms should be submitted to the attention of the Human Resources P/R Coordinator for processing.

EMPLOYEE NAME Caleb Lee DEPT # 5034

SOCIAL SECURITY # [REDACTED] EMP # 14595

Effective Date: August 22, 2009


Reason for Change: Jailer certification

\*\*\*\*\*

<u>CLASSIFICATION</u>	<u>CHANGE FROM:</u>	<u>CHANGE TO:</u>
Dept Number	<u>5034</u>	<u>5034</u>
Job Title	<u>Jailer 12.5</u>	<u>Jailer 12.5</u>
PAY CLASS/SG	_____	_____
PCN	<u>SPR0526021</u>	<u>SPR0526021</u>
Daily Hours	<u>12.5</u>	<u>12.5</u>
Annual Rate of Pay	<u>\$28,648.88</u>	<u>\$29,981.12</u>
Biweekly Rate of Pay	<u>\$1101.88</u>	<u>\$1153.12</u>
Clothing/Shoe/Tool Allowance <i>(Circle One)</i>	_____	_____
Car Usage / Auto Allowance	_____	_____
EMT/Paramedic Pay	_____	_____
Supplemental Pay	_____	_____
Employee Replaced:	_____	_____
Employee ID #	_____	_____

\*Transferring Director: \_\_\_\_\_  
Department Director
Date

\*Inter-departmental Transfers require the signature of both Department Directors.

  
 Department Director
 
8/24/09  
 Date

BELOW IS FOR HR USE ONLY:

\*\*\*\*\*

H/R Director \_\_\_\_\_  
 H/R Manager \_\_\_\_\_  
 H/R Emp. Mgr \_\_\_\_\_



STATE OF GEORGIA  
COUNTY OF RICHMOND

2021 Law Enforcement and First Responder Grant Supplement  
Employee Affidavit

Personally appeared before the undersigned officer, duly authorized to administer oaths, CALEB LEE, and who, after first being duly sworn, stated that the following information is true and correct and that all terms specified herein are expressly acknowledged:

I am an employee of the Augusta Richmond County Board of Commissioners in the SHERIFF'S OFFICE (Department/Office).

I hereby affirm and acknowledge that I am an eligible recipient for the Georgia law enforcement and first responder grant supplement, and I will receive and accept only one (1) grant payment. I further agree and affirm that if I work and/or volunteer for more than one entity, that Augusta Richmond County is my primary agency, and I will receive this supplement from Augusta Richmond County ONLY.

If I should receive more than one payment under the Law Enforcement and First Responder Grant Supplement, I must return any overpayment and, where applicable, the County may withhold funding from my wages until all funds have been returned. I further acknowledge that my failure to return any overpayment may result in prosecution and/or termination for fraud.

Caleb Lee  
Signature

12/08/21  
Date

CALEB LEE  
Printed Name

RICHMOND COUNTY SHERIFF'S OFFICE  
Department

[REDACTED]  
Social Security Number

14595  
Employee ID Number

Sworn to and subscribed before me,  
This 8 day of Dec, 2021

[Signature]  
Notary Public

My commission expires: \_\_\_\_\_



**ACKNOWLEDGEMENT OF RECEIPT OF THE RICHMOND COUNTY SHERIFF'S  
OFFICE UNIFORMED SERVICES AND REEMPLOYMENT RIGHTS ACT OF 1994  
("USERRA") POLICY**

1. The Undersigned Acknowledges that she/he is an Employee of the Richmond County Sheriff's Office
2. The Undersigned Employee Acknowledges that she/he has received a copy of the Richmond County Sheriff's Office Uniformed Services and Reemployment Rights Act of 1994 ("USERRA") Policy.
3. The Undersigned Employee Acknowledges that she/he has read the Richmond County Sheriff's Office USERRA Policy.
4. The Undersigned Employee Acknowledges that she/he has read the Richmond County Sheriff's Office USERRA Policy and understands the information in the Policy or that they have the right to speak with a Representative of the Richmond County Sheriff's Office should they have questions about the policy.
5. The Undersigned Employee Acknowledges that by signing this document they Acknowledge that they have received the Richmond County Sheriff's Office "USERRA" Policy and that a copy of this Acknowledgment will be placed in their personnel file with the Richmond County Sheriff's Office.

I have this 15<sup>th</sup> of MARCH 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.

  
\_\_\_\_\_  
Signature  
Richmond County Sheriff's Office Employee

CALEB LEE  
\_\_\_\_\_  
Printed Name

# Augusta, Georgia

## Job Description

**Approved Title:** Investigator  
**Working Job Title:** Investigator/CID  
**Department:** Sheriff (5051)  
**Reports To:** Lieutenant  
**Job Code:** 82DE  
**Pay Grade:** 18  
**Original Date Prepared:** August 25, 1997  
**FLSA Classification:** Non-exempt  
**Date Revised:** June 26, 2018

**Does the Position Have Direct Reports?** Yes  No   
**If Yes, What is the Title of the Position that Reports to this Position:**  
**Is the Position Safety Sensitive?** Yes  No

**GENERAL SUMMARY:** Implements the criminal investigation of assigned cases that may assist courts with judicial proceedings within the guidelines of the Criminal Code of Georgia, federal statutory law, procedural laws, department directives, standard operating procedures, and county ordinances. Reports to Lieutenant or other designated person and works with general public, business representatives, judges, attorneys, health care representatives, co-workers, suspects, persons involved in and convicted of criminal acts, and law enforcement representatives from federal, state, and local agencies to provide law enforcement support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Implements the criminal investigation of assigned cases and develops informant sources.
20 %	Investigates assigned cases to determine the circumstances of criminal activities.
15 %	Determines the chain of events leading to the commission of crimes by interviewing complainants, witnesses, victims, suspects, and informants and obtains written and/or signed statements.
15 %	Apprehends and arrests suspects.
10 %	Processes and preserves evidence from crime scenes.
5 %	Assists other law enforcement agencies with investigations by providing information on criminal activities.
5 %	Cooperates with prosecuting attorneys to present evidence and information during judicial proceedings.
<b>As Required</b>	Performs other duties of a similar nature or level.

100% Total: 100 (This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Investigate assigned cases in a timely and through manner.
- Accurately document investigative activity.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School Diploma, Trade School or G.E.D.  
**Experience:** 2+ years of experience in a similar certified position, or sufficient experience to perform the principal duties and responsibilities.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of federal and state laws, penal codes, constitutional guidelines, local ordinances, and departmental rules and regulations, county geographical area, criminal investigation methods, judicial processes and proceedings, and crime scene processing methods used to collect and preserve evidence.
- Familiarity with using photography and surveillance equipment, audio and video equipment, radios, and various emergency equipment, and operating motor vehicles.

- Proficiency in using firearm self-defense techniques, interviewing techniques and processing, recording, and filing evidence.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to obtain meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act and the Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid State of Georgia operator/driver's license for the type vehicle or equipment operated.
- Interview Techniques.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification; GCIC Certification

**Some positions may require:**

- May supervise and/or train designated subordinate personnel.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No

Is travel from office to other locations required of this position? Yes  No

If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No

If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

Caleb A. Lee  
Employee (Print Name)

4/17/19  
Date

Job & Training  
Line or Staff Management

4/17/19  
Date

Job & Training  
Department Director

4/17/19  
Date

\_\_\_\_\_  
Compensation Administration Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director

\_\_\_\_\_  
Date

# Augusta, Georgia

## Job Description

**Approved Title:** Investigative Sergeant      **Job Code:** 82GM      **FLSA Classification:** Non-exempt  
**Working Job Title:** Internal Affairs Sergeant      **Pay Grade:** 20      **Date Revised:** June 12, 2018  
**Department:** Sheriff (5011)      **Original Date Prepared:** August 25, 2002  
**Reports To:** Internal Affairs Lieutenant & Chief Deputy  
**Does the Position Have Direct Reports?** Yes  No   
**If Yes, What is the Title of the Position that Reports to this Position:**  
**Is the Position Safety Sensitive?** Yes  No

**GENERAL SUMMARY:** Conducts the investigation of complaints filed both internally and by the public within the guidelines of state and federal laws, County ordinances, and department policies and procedures. Reports to the Internal Affairs Lieutenant, and the Chief Deputy or other designated person and works with employees, business owners, prospective employees, other state and federal law enforcement personnel, and the public to provide operational support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
15 %	Investigate alleged policy and procedure violations of employees.
15 %	Answers Georgia Open Records Requests.
15 %	Acts as liaison officer between departments and other law enforcement agencies.
15 %	Conducts pre-employment and post-employment backgrounds.
10 %	Investigate officer involved shootings.
10 %	Process expungement requests.
10 %	Maintains and secures all IAU files and acts as custodian of all subpoenaed personnel files.
10 %	Present internal cases to the Richmond County Sheriff's Disciplinary Review Board and Appeals Board.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

(This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Investigate complaints filed both internally and by the public.
- Testify in court proceedings.
- Special assignments from the Sheriff.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School Diploma, Trade School or G.E.D.

**Experience:** 2+ years of experience in Investigator position, or sufficient experience to perform the principal duties and responsibilities.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of internal affairs investigation procedures, supervisory and administrative theory, techniques, and methods, and sophisticated surveillance and intelligence-gathering equipment and techniques.
- Familiarity with federal and state laws, County ordinances, and departmental policies and procedures.
- Proficient in giving testimony in various settings.
- Mastery of operating a personal computer.

- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess a valid state driver's license.
- Maintain required in service training.
- Interview Techniques.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification; GCIC Certification

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No   
 Is travel from office to other locations required of this position? Yes  No   
 If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No   
 If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None   
 One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

Caleb A. Lee \_\_\_\_\_ Date 4/17/19  
 Employee (Print Name)

John A. Francis \_\_\_\_\_ Date 4/17/19  
 Line or Staff Management

\_\_\_\_\_ Date 4/17/19  
 Department Director

\_\_\_\_\_ Date \_\_\_\_\_  
 Compensation Administration Staff

\_\_\_\_\_ Date \_\_\_\_\_  
 HR Director

[Start](#) | [Admin](#) | [Report](#) | [Training](#) | [Officers](#) | [Applications](#) | [Help](#) | [Logout](#)

## Edit Officer Employment Status Change Request

[Return to this Officer's Demographics page](#)

Security Level Agency Administrator

**This individual has a POST user role access such as an agency user, you will want to change their access if they are no longer employed with your agency.**

**Identifying Information** Update information for this employment status change request record.

**Please Note : A status of Medical Disability is obtained with a new employment status change request.**

**Officer** O153858 CALEB ANDREW LEE

**Agency** RICHMOND COUNTY SHERIFFS OFFICE

**Start Date** April 23, 2019

**End Date**  /  /  (mm/dd/yyyy)

**Rank\***

**Date of Rank**  /  /  (mm/dd/yyyy)

**Status\***

**Upload Description \***

[Logout](#) | [Profile](#)

# Augusta, Georgia

## Job Description

**Approved Title:** Investigator  
**Working Job Title:** Investigator/CID  
**Department:** Sheriff (5051)  
**Reports To:** Lieutenant  
**Job Code:** 82DE  
**Pay Grade:** 18  
**Original Date Prepared:** August 25, 1997  
**FLSA Classification:** Non-exempt  
**Date Revised:** June 26, 2018

**Does the Position Have Direct Reports?** Yes  No   
**If Yes, What is the Title of the Position that Reports to this Position:**  
**Is the Position Safety Sensitive?** Yes  No

**GENERAL SUMMARY:** Implements the criminal investigation of assigned cases that may assist courts with judicial proceedings within the guidelines of the Criminal Code of Georgia, federal statutory law, procedural laws, department directives, standard operating procedures, and county ordinances. Reports to Lieutenant or other designated person and works with general public, business representatives, judges, attorneys, health care representatives, co-workers, suspects, persons involved in and convicted of criminal acts, and law enforcement representatives from federal, state, and local agencies to provide law enforcement support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Implements the criminal investigation of assigned cases and develops informant sources.
20 %	Investigates assigned cases to determine the circumstances of criminal activities.
15 %	Determines the chain of events leading to the commission of crimes by interviewing complainants, witnesses, victims, suspects, and informants and obtains written and/or signed statements.
15 %	Apprehends and arrests suspects.
10 %	Processes and preserves evidence from crime scenes.
5 %	Assists other law enforcement agencies with investigations by providing information on criminal activities.
5 %	Cooperates with prosecuting attorneys to present evidence and information during judicial proceedings.
As Required	Performs other duties of a similar nature or level.

100% Total: 100 (This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Investigate assigned cases in a timely and through manner.
- Accurately document investigative activity.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School Diploma, Trade School or G.E.D.  
**Experience:** 2+ years of experience in a similar certified position, or sufficient experience to perform the principal duties and responsibilities.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of federal and state laws, penal codes, constitutional guidelines, local ordinances, and departmental rules and regulations, county geographical area, criminal investigation methods, judicial processes and proceedings, and crime scene processing methods used to collect and preserve evidence.
- Familiarity with using photography and surveillance equipment, audio and video equipment, radios, and various emergency equipment, and operating motor vehicles.



- Proficiency in using firearms, self-defense techniques, interviewing techniques, and processing, recording, and filing evidence.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to obtain meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act and the Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid State of Georgia operator/driver's license for the type vehicle or equipment operated.
- Interview Techniques.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification; GCIC Certification

**Some positions may require:**

- May supervise and/or train designated subordinate personnel.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No

Is travel from office to other locations required of this position? Yes  No

If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No

If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

<u>Caleb A Lee</u>	<u>2/8/19</u>
Employee (Print Name)	Date
<u>Joh &amp; Francis</u>	<u>2/8/19</u>
Line or Staff Management	Date
<u>Joh &amp; Francis</u>	<u>2/8/19</u>
Department Director	Date
_____	_____
Compensation Administration Staff	Date
_____	_____
HR Director	Date

# CALEB LEE



My objective is to further my career at the Richmond County Sheriff's Office by continuing to strive to become a better employee every day with the goal to obtain supervisory duties.

## EXPERIENCE

### **RICHMOND COUNTY SHERIFF'S OFFICE, Augusta, Georgia**

*Criminal Investigator, Jan 2014 - Present*

- Violent Crimes Division
- Property Crimes Division
- FTO
- Supervision 1, 2, and 3 completed
- Interviews and Interrogation course completed

*Deputy Sheriff / Road Patrol, Oct 2010 - Jan 2014*

- SFST certified

*Deputy Sheriff / Jailer, May 2009 - Oct 2014*

### **DMD, PC, Augusta, Georgia**

*Medical Office Manager, Jan 2004 - Apr 2009*

- Direct, supervise and evaluate work activities of clerical, assistants, hygienists and other personnel.
- Conduct and administer fiscal operations, including accounting, planning budgets, authorizing expenditures, establishing rates for services, and coordinating financial reporting.
- Direct or conduct recruitment, hiring and training of personnel.

### **TOYS R US, Chattanooga, Tennessee**

*Retail Customer Service Associate, May 1999 - Jun 2002*

## EDUCATION

### **RIDGELAND HIGH SCHOOL, Rossville, Georgia**

*High School Diploma, May 1999*

### **DALTON STATE COLLEGE, Dalton, Georgia**

*Associate Degree in Science, May 2002*

### **AUGUSTA UNIVERSITY, Augusta, Georgia**

*Bachelor of Science, Dec 2004, 3.1 GPA*

Sheriff Richard Roundtree  
Richmond County Sheriff's Office  
400 Walton Way  
Augusta, Georgia 30901

Dear Sheriff Roundtree,

I would like to thank the Richmond County Sheriff's Office - Criminal Investigation Division and specifically Detective Caleb Lee for the prompt and professional services provided following a series of robberies that occurred at my home in June, July and August. (Case #18-347870)

I am 69 and retired and live in Augusta with my 44-year-old mentally handicapped son who is mute. Following an injury to my knee in May, home health services were required. My injury restricted my mobility and my son and I were very much dependent on the help of the caregivers that were employed.

On September 26 I was unable to find several pieces of my jewelry which held great sentimental value to me as they were crafted by my late father and were gifted to me decades ago. They also were of significant worth. I called the Richmond County Sheriff's Office and reported the theft.

The officer who arrived on the scene (Morgan) was considerate and conducted himself in a most professional manner. He established my case file and told me that I would receive a call for further investigation. Detective Lee called a few days later. His initial interview was professional and considerate and with his careful inquiry and several follow-up contacts he was able to compile enough information to identify and apprehend the home health care employee who had robbed me. He also acquired proof of her pawning my gold rings at several locations.

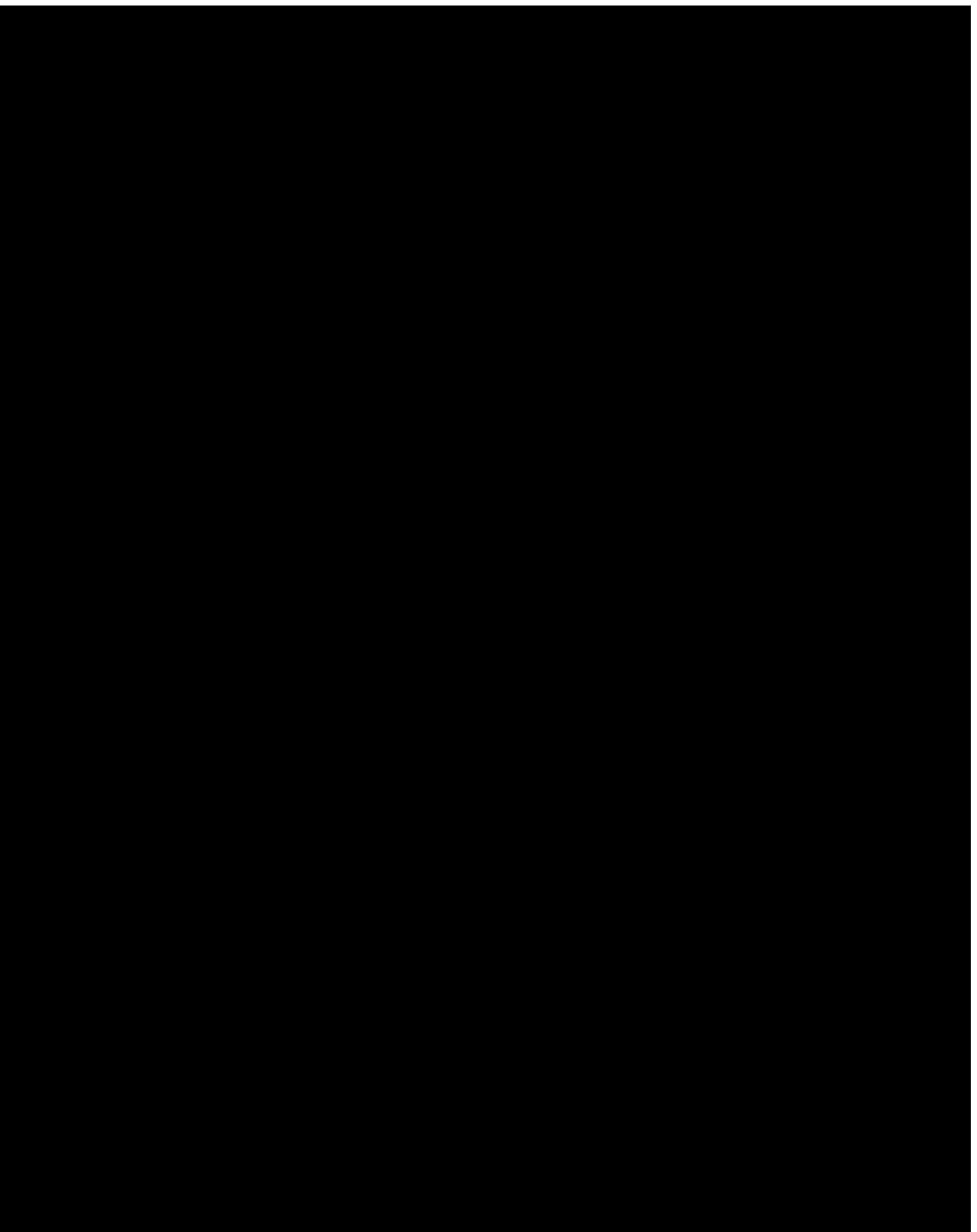
I am writing you, Sheriff, to praise Deputy Lee for the good job he did, and to commend him for the timely and thorough case he has compiled to present to the District Attorney's Office for prosecution.

However, I would like to ask that you convey to Deputy Lee an apology from me. In my initial interview with him I made a comment that he would not be able to help recover my jewelry; that I was grieved because I would never see any of it ever again.

I was wrong. He came to my house this week and presented me with one of my precious rings that had been salvaged from one of the pawn shops. So, Sheriff, I felt it important to pass this information on to you. That you have officers that are challenged by their God-given need to see justice done and take pride in the work they do. Please tell him "thank you" again for me - for I truly am thankful.

Sincerely,  
Nan Eaton  
1754 Kissingbower Road  
Augusta, Georgia 30904





# Augusta, Georgia

## Job Description

**Approved Title:** Investigator  
**Working Job Title:** Investigator/CID  
**Department:** Sheriff (5051)  
**Reports To:** Lieutenant

**Job Code:** 82DE  
**Pay Grade:** 18  
**Original Date Prepared:** August 25, 1997

**FLSA Classification:** Non-exempt  
**Date Revised:** June 26, 2018

**Does the Position Have Direct Reports?** Yes  No

**If Yes, What is the Title of the Position that Reports to this Position:**

**Is the Position Safety Sensitive?** Yes  No

**GENERAL SUMMARY:** Implements the criminal investigation of assigned cases that may assist courts with judicial proceedings within the guidelines of the Criminal Code of Georgia, federal statutory law, procedural laws, department directives, standard operating procedures, and county ordinances. Reports to Lieutenant or other designated person and works with general public, business representatives, judges, attorneys, health care representatives, co-workers, suspects, persons involved in and convicted of criminal acts, and law enforcement representatives from federal, state, and local agencies to provide law enforcement support.

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Implements the criminal investigation of assigned cases and develops informant sources.
20 %	Investigates assigned cases to determine the circumstances of criminal activities.
15 %	Determines the chain of events leading to the commission of crimes by interviewing complainants, witnesses, victims, suspects, and informants and obtains written and/or signed statements.
15 %	Apprehends and arrests suspects.
10 %	Processes and preserves evidence from crime scenes.
5 %	Assists other law enforcement agencies with investigations by providing information on criminal activities.
5 %	Cooperates with prosecuting attorneys to present evidence and information during judicial proceedings.
<b>As Required</b>	Performs other duties of a similar nature or level.

**100% Total:** 100

**(This section's percentage must total 100%).**

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Investigate assigned cases in a timely and through manner.
- Accurately document investigative activity.

### **REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School Diploma, Trade School or G.E.D.

**Experience:** 2+ years of experience in a similar certified position, or sufficient experience to perform the principal duties and responsibilities.

### Knowledge/Skills/Abilities:

- Considerable knowledge of federal and state laws, penal codes, constitutional guidelines, local ordinances, and departmental rules and regulations, county geographical area, criminal investigation methods, judicial processes and proceedings, and crime scene processing methods used to collect and preserve evidence.
- Familiarity with using photography and surveillance equipment, audio and video equipment, radios, and various emergency equipment, and operating motor vehicles.

- Proficiency in using firearms, self-defense techniques, interviewing techniques, and processing, recording, and filing evidence.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to obtain meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act and the Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid State of Georgia operator/driver's license for the type vehicle or equipment operated.
- Interview Techniques.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification; GCIC Certification

**Some positions may require:**

- May supervise and/or train designated subordinate personnel.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No

Is travel from office to other locations required of this position? Yes  No

If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No

If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

Caleb A. Lee  
Employee (Print Name)

8/10/18  
Date

Job & Francis  
Line or Staff Management

8/10/18  
Date

Job & Francis  
Department Director

8/10/18  
Date

\_\_\_\_\_  
Compensation Administration Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director

\_\_\_\_\_  
Date

**Bonnie Hayes**

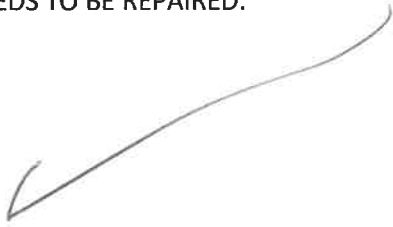
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**From:** Ttreon Bush  
**Sent:** Monday, August 28, 2017 10:44 AM  
**To:** Jack Francisco; [REDACTED] Steve Smead; Sean Morgan; Sanita Cheatham; Daniel Dunlap; Belinda S. Bunch; Bonnie Hayes; Deanna Carreras  
**Subject:** XTS2500 RADIO

ON 082817 CALEB LEE (B937) RECEIVED XTS2500 RADIO# 205CKT6206-ID# 717548, TO REPLACE RADIO# 205CHR4626-ID# 705264. RADIO# 205CHR4626-ID# 705264 NEEDS TO BE REPAIRED.

THANKS

T. BUSH  
QUARTERMASTER  
RICHMOND COUNTY SHERIFF'S OFFICE  
PHONE: 706-821-1703  
FAX: 706-821-1701



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AED:104.1





- Proficiency in using firearms, self-defense techniques, interviewing techniques, processing, recording, and filing evidence.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to obtain meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act and the Peace Officer's Standards and Training Act.
- Possess or have ability to obtain a valid State of Georgia operator/driver's license for the type vehicle or equipment operated.
- Interview Techniques.

**Certification:** Georgia Post Mandate Peace Officer Certification; GCIC Certification

**Some positions may require:**

- May supervise and/or train designated subordinate personnel.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No   
 Is travel from office to other locations required of this position? Yes  No   
 If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:  
 Positions in this class typically require: walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

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**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No   
 If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None   
 One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

CAWEL A. LEE  
 Employee (Print Name)

02/24/2014  
 Date

[Signature]  
 Line of Staff Management

2/24/14  
 Date

[Signature]  
 Department Director

2/24/14  
 Date

\_\_\_\_\_  
 Compensation Administration Staff

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 HR Director

\_\_\_\_\_  
 Date

## Libby Hackney

---

**From:** Jimmy Young  
**Sent:** Monday, February 24, 2014 10:36 AM  
**To:** Libby Hackney  
**Subject:** RE: Assignments

Information is listed below

---

**From:** Libby Hackney  
**Sent:** Monday, February 24, 2014 10:18 AM  
**To:** Jimmy Young  
**Subject:** Assignments

Good Morning, Lt. Young!

I need to know where the following employees will be assigned.

Bert C. Gates- Property Crimes Section/ Larceny Unit assigned to Car 703  
Alfred L. McClendon- Property Crimes Section/ Burglary Unit assigned to Car 708  
Caleb A. Lee (also need work hours)- Property Crimes Section/ Burglary Unit assigned to Car 721  
Caleb Lee will be on an 8 hour schedule

Thanks for your help!

Libby S. Hackney  
Personnel Office  
Richmond County Sheriff's Office  
Phone: 706-469-3350  
Fax: 706-821-1060  
[www.RCSOGA.org](http://www.RCSOGA.org)



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### Add Officer Employment Status Change Request

[Return to Officer](#)

Officer Key O153858

Name CALEB A LEE

**New employment status change request for CALEB A LEE added.**

[Logout](#) | [Profile](#)

The current time is 11:42 am. Your session will expire after 20 minutes of inactivity.

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## Edit Officer Employment Status Change Request

[Return to this Officer's Demographics page](#)

**Identifying Information** Update information for this employment status change request record.

**Please Note :** A status of Medical Disability is obtained with a new employment status change request record.

**Officer** O153858 CALEB A LEE

**Agency** RICHMOND COUNTY SHERIFFS OFFICE

**Start Date** May 2, 2009

**End Date**  /  /  (mm/dd/yyyy)

**Rank\*** INVESTIGATOR

**Date of Rank**  /  /  (mm/dd/yyyy)

**Status\*** Actively Employed in Law Enforcement

**Upload Description \***

[Logout](#) | [Profile](#)

The current time is 11:43 am. Your session will expire after 20 minutes of inactivity.

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05/02/2009

**PROMOTION CHECKLIST:**

**Name:** Caleb A. Lee

**Eff. Date:** 03/01/2014

Invt. 46

New World

Current salary: #1342.01/34,892.26/16.78

Access

New salary: #1476.22/38,381.72/18.45

Roster

Computer Number: B937

Vacancy/Replacement List

Employee Number: 14595

C11 (POST)

GL # 5051-273031210

PCN List SC10313004  
Replaced: Charles M. Mulkerin  
Emp. #: 10223  
PCN: SC10508031

8 Hr., 30m A/D

RPA Form

Job Description

Payroll Slip

Radio Number

Clothing Allowance (if applicable) #19.23

ADP Rule 20016906

Pay Cal.  
02/24/2014  
Caleb A. Lee  
Invt.  
03/01/2014  
#1476.22

# Augusta, Georgia

## Job Description

COPY

Approved Title: Deputy Job Code: 0313 FLSA Classification: Non-exempt  
 Working Job Title: Deputy - Investigator Trainee Pay Grade: 43 Date Revised: January 18, 2014  
 Department: Sheriff (5051) Original Date Prepared: January 18, 2014  
 Reports To: Sergeant  
 Does the Position Have Direct Reports? Yes  No   
 If Yes, What is the Title of the Position that Reports to this Position:  
 Is the Position Safety Sensitive? Yes  No

**GENERAL SUMMARY:** Enforces federal, state, and local laws to protect lives and property within the guidelines of state and federal laws, traffic laws, local ordinances, and departmental policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, court systems, attorneys, judges, medical personnel, the public, and law enforcement officers to provide field operation support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Observes training officer on a daily basis to become acquainted with investigative procedures, policies, and practices. (On the job training to become an investigator.)
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains assigned vehicle and equipment.
As Required	Performs other duties of a similar nature or level.

100% Total: 100 (This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Learning the investigative procedures and policies associated with becoming a full-time investigator.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School diploma, trade school, or G.E.D.

**Experience:** 2+ years of experience in a similar certified position, or sufficient experience to perform the principal duties and responsibilities.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of the court system and procedures, and criminal investigation techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Proficiency in restraining persons without causing physical harm, and performing first aid and CPR.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification

**Some positions may require:**

•

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No

Is travel from office to other locations required of this position? Yes  No

If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No

If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None

One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

CAROL A. LEE  
Employee (Print Name)

01/23/2014  
Date

Robert Patten  
Line or Staff Management

01/24/2014  
Date

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compensation Administration Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director

\_\_\_\_\_  
Date



# RICHMOND COUNTY SHERIFF'S OFFICE

**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

October 1, 2013

Deputy Caleb A. Lee  
Richmond County Sheriff's Office  
Augusta, Georgia 30901

Deputy Lee:

I, as Sheriff of the Richmond County Sheriff's Office, do hereby very proudly commend:

Deputy Caleb A. Lee and Deputy Beverly Hoffman-Wright are to be commended for their actions on September 23, 2013 which resulted in the saving of a life.

Dated this day, the First of October, Two Thousand and Thirteen.

On September 23, 2013, Deputy Caleb A. Lee and Deputy Beverly Hoffman-Wright responded to 4305 White Pines Court in reference to a welfare check. The deputies were advised by an out of state caller that the subject, Ubell Nimo was threatening to commit suicide and wished for this agency to check on his well-being. Upon arrival, Deputies Lee and Hoffman-Wright could hear an unknown type motor running in the garage but could not access the garage from the outside of the residence. The deputies found the front door unlocked and entered the residence. Deputies Lee and Hoffman-Wright found Nimo unresponsive in the garage with a gas weed eater and a gas blower running. The deputies opened the main garage door and were able to remove Nimo from the garage into the fresh air but not before both deputies were exposed to large amounts of carbon monoxide. Gold Cross responded to the scene and transported both deputies and Nimo to University Hospital for treatment. The quick and selfless actions of Deputy Lee and Deputy Hoffman-Wright were paramount in saving Nimo's life.

Deputy Lee and Deputy Hoffman-Wright are to be commended for their response. The actions of these deputies without a doubt saved a life. Our agency and community are very grateful for your service with the Richmond County Sheriff's Office.

Commendation issued by,

Richard Roundtree  
Sheriff



**Augusta, Georgia**  
**Job Description**

Approved Title: Deputy Job Code: 0313 FLSA Classification: Non-exempt  
 Working Job Title: Road Patrol Deputy Pay Grade: 43 Date Revised: September 25, 2011  
 Department: Sheriff (5041) Original Date Prepared: August 25, 1997  
 Reports To: Sergeant  
 Does the Position Have Direct Reports? Yes  No   
 If Yes, What is the Title of the Position that Reports to this Position:  
 Is the Position Safety Sensitive? Yes  No

**GENERAL SUMMARY:** Enforces federal, state, and local laws to protect lives and property within the guidelines of state and federal laws, traffic laws, local ordinances, and departmental policies and procedures. Reports to the Sergeant or other designated person, and works with co-workers, court systems, attorneys, judges, medical personnel, the public, and law enforcement officers to provide field operation support.

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
35 %	Patrols assigned zone to detect and deter criminal activity and traffic violations, and responds to calls.
35 %	Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
10 %	Apprehends, arrests, and processes offenders.
10 %	Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5 %	Testifies in judicial proceedings.
5 %	Inspects and maintains patrol car/motorcycle.
As Required	Performs other duties of a similar nature or level.

100% Total: 100 (This section's percentage must total 100%).

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

- Patrolling assigned zone to detect and deter criminal activity.
- Establish departmental rapport, respect and trust with the residents and the employees of the areas patrolled.

**REQUIRED MINIMUM QUALIFICATIONS:**

**Education:** High School diploma, trade school, or G.E.D.

**Experience:** 0 - 2 years of experience in a similar position, or sufficient experience to perform the principal duties and responsibilities.

**Knowledge/Skills/Abilities:**

- Considerable knowledge of the court system and procedures, and traffic investigation techniques and procedures.
- Familiarity with relevant federal and state laws, criminal and traffic codes, juvenile law, search and seizure laws, County ordinances, departmental policies and procedures, and geographical layout of the County.
- Proficiency in restraining persons without causing physical harm, and performing first aid and CPR.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

**Skills:**

- Possess or have ability to meet current requirements set forth in the Georgia Mandate Law Enforcement Training Act/Peace Officer's Standards and Training Act.

- Possess or have ability to obtain a valid state operator/driver's license for the type vehicle or equipment operated.
- Mastery of operating a police car, firearms, and emergency equipment.
- Possess or have the ability to meet the standards of training to be Certified in the carrying and deployment of the Taser.

**Certification:** Georgia Post Mandate Peace Officer Certification

**Some positions may require:**

- Serve as Field Training Officer (Certification Required), and charged with training new patrol personnel.

**OTHER:**

Does this position require staff call up in an emergency situation? Yes  No   
 Is travel from office to other locations required of this position? Yes  No   
 If yes, what is the percentage of travel involved? Less than 50%? Yes  No  More than 50%? Yes  No

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, restraining persons and repetitive motions. Work is performed in an office setting, an automobile, and field sites with exposure to noise, diseases, cold and inclement weather that may require the use of protective devices.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

**FINANCIAL RESPONSIBILITY:**

Is this position involved in a budgetary or financial approval responsibility? Yes  No   
 If yes, please indicate size of budget or financial approval responsibility in annual dollar amount: \$ 0

**TRAINING & SUPERVISORY RESPONSIBILITY:**

How many people are being supervised or trained? None   
 One staff Yes  No  Two to five staff Yes  No  Six to ten staff Yes  No  More than ten staff Yes  No

The preceding job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to this job.

**REVIEW/APPROVALS**

CALEB A. LEE  
 Employee (Print Name)  
Robert Pantaw  
 Line or Staff Management

01/02/2014  
 Date  
01/03/2014  
 Date

\_\_\_\_\_  
 Department Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Compensation Administration Staff

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 HR Director

\_\_\_\_\_  
 Date

## Libby Hackney

---

**From:** Gary Powell  
**Sent:** Thursday, January 02, 2014 11:42 AM  
**To:** Libby Hackney  
**Subject:** FW: Caleb Lee Transfer

---

**From:** Scott Peebles  
**Sent:** Thursday, January 02, 2014 11:41 AM  
**To:** Gary Powell  
**Cc:** Gerald Metzler; James Gordon; Blaise Dresser; Patrick Young  
**Subject:** Caleb Lee Transfer

Capt.,  
Caleb Lee's last day on the Road Patrol will be Sunday. He will be reporting to CID on Tuesday of next week to start is two month "try out". His first week will be in Crime Scene, and by the end of that week, I will let you know which division he will be assigned to. Thanks.

**Scott Peebles, Major**  
**Field Operations / Criminal Investigations Division**  
**Richmond County Sheriff's Office**  
**400 Walton Way**  
**Augusta, GA 30901**  
**Office: 706-821-1029**  
**Mobile: 706-533-5892**  
**[www.RCSOGA.org](http://www.RCSOGA.org)**



Please consider the environment before printing this email.

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AED:104.1



# RICHMOND COUNTY SHERIFF'S OFFICE

**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

October 1, 2013

Deputy Caleb A. Lee

Richmond County Sheriff's Office

Augusta, Georgia 30901

Deputy Lee:

I, as Sheriff of the Richmond County Sheriff's Office, do hereby very proudly commend:

Deputy Caleb A. Lee and Deputy Beverly Hoffman-Wright are to be commended for their actions on September 23, 2013 which resulted in the saving of a life.

Dated this day, the First of October, Two Thousand and Thirteen.

On September 23, 2013, Deputy Caleb A. Lee and Deputy Beverly Hoffman-Wright responded to 4305 White Pines Court in reference to a welfare check. The deputies were advised by an out of state caller that the subject, Ubell Nimo was threatening to commit suicide and wished for this agency to check on his well-being. Upon arrival, Deputies Lee and Hoffman-Wright could hear an unknown type motor running in the garage but could not access the garage from the outside of the residence. The deputies found the front door unlocked and entered the residence. Deputies Lee and Hoffman-Wright found Nimo unresponsive in the garage with a gas weed eater and a gas blower running. The deputies opened the main garage door and were able to remove Nimo from the garage into the fresh air but not before both deputies were exposed to large amounts of carbon monoxide. Gold Cross responded to the scene and transported both deputies and Nimo to University Hospital for treatment. The quick and selfless actions of Deputy Lee and Deputy Hoffman-Wright were paramount in saving Nimo's life.

Deputy Lee and Deputy Hoffman-Wright are to be commended for their response. The actions of these deputies without a doubt saved a life. Our agency and community are very grateful for your service with the Richmond County Sheriff's Office.

Commendation issued by,

A handwritten signature in cursive script that reads "Richard Roundtree".

Richard Roundtree  
Sheriff



**Employee / Civilian Recognition Submission**

Employee/Civilian Name: Dep. Caleb Lee

Division/Shift: B/S

Submitted By: Sgt. Darrell Grooms B34

Division/Shift: B/S

Request for: **Commendation**

Date of incident if applicable: 09/23/2013

Case Number if applicable: 13-194376

Please describe in detail as to why the above named individual is being submitted for specific recognition within the Richmond County Sheriff's Office:

Deputies Hoffman-Wright and Lee were dispatched to 4305 White Pine Court in reference to a welfare check on a suicidal male subject. Upon arrival, Deputies could hear an engine running inside the enclosed garage but were not able to make entry through the garage. Deputies entered the residence, located a B/M subject, U'Bell Nimo, unresponsive inside the garage where a small gas powered yard implement was running, filling the garage with carbon monoxide. Deputies entered the garage, disregarding their own safety, and removed Nimo from fume filled garage. Deputies were effected by the fumes and both Deputies as well as Nimo had to be taken to the hospital by Gold-Cross for treatment. The actions of these two Deputies reflect positively on them, their shift, their supervisors, and the department as a whole.

# RICHMOND COUNTY SHERIFF'S OFFICE

401 WALTON WAY, AUGUSTA GA 30901

## INCIDENT REPORT

CASE NO. **2013-00194376**

EVENT	DATE REPORTED	TIME	INCIDENT TYPE	<input type="checkbox"/> JUVENILE INVOLVED
	09/23/2013	09:11	Suicide (9901)	
	OCCURRED BETWEEN	TIME	LOCATION OF OCCURRENCE	REPORTING DISTRICT
	09/23/2013	09:11	43 ■ WHITE PINE COURT	
	AND	TIME	REPORTING OFFICER (NAME AND ID #)	STATUS / DATE
	09/23/2013	09:21	EWEST, MELISSA ANN #24804	EXCEPTIONAL CLEARANCE (3) 09/23/2013

OFFENSES	STATUTE/ORDINANCE #	COMMIT/ATTEMPT	DESCRIPTION OF STATUTE/ORDINANCE
	1 94-SUICIDE	Attempted (1)	SUICIDE
	2		
	3		
4			

SUBJECT	SUBJECT CODE	NAME (LAST, FIRST, MIDDLE)		SSN					
	OTHER	NIMO, U'BELL		--					
	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)			PRIMARY PHONE	OTHER PHONE				
	43 ■ WHITE PINE COURT AUGUSTA, GA 30906								
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	INJURY/TREATMENT
	■ 1991	22	Black(3)	M	508	120	Black(2)	Brown (3)	
DL # /DL STATE	BUILD	DISTINCTIVE FEATURE		OCCUPATION					
058073312 / GA									
SCHOOL/EMPLOYER NAME			SCHOOL/EMPLOYER PHONE						
SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)									

SUBJECT	SUBJECT CODE	NAME (LAST, FIRST, MIDDLE)		SSN					
	OTHER	HOFFMAN-WRIGHT, BEVERLY							
	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)			PRIMARY PHONE	OTHER PHONE				
	400 WALTON WAY AUGUSTA, GA 30901								
	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	INJURY/TREATMENT
			White/Hispanic(1)	F					
DL # /DL STATE	BUILD	DISTINCTIVE FEATURE		OCCUPATION					
SCHOOL/EMPLOYER NAME			SCHOOL/EMPLOYER PHONE						
RICHMOND COUNTY SHERIFFS OFFICE			(706)821-1000						
SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)									
400 WALTON WAY AUGUSTA, GA, 30901									

I HEREBY CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF GEORGIA THAT THE FOREGOING IS TRUE AND CORRECT:			
REPORTING DEPUTY	DATE	REVIEWING SUPERVISOR	DATE
EWEST, MELISSA ANN	09/23/2013	EWEST, MELISSA ANN	09/23/2013

**RICHMOND COUNTY SHERIFF'S OFFICE**  
INCIDENT REPORT

CASE NO

**2013-00194376**

**SUBJECTS**

<b>SUBJECT</b>	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)					SSN	
	OTHER		LEE, CALEB						
	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)						PRIMARY PHONE	OTHER PHONE	
	400 WALTON WAY AUGUSTA, GA 30901								
	DOB		AGE	RACE		SEX	HEIGHT	WEIGHT	HAIR COLOR
3			White/Hispanic(1)		M				
DL # /DL STATE			BUILD	DISTINCTIVE FEATURE			OCCUPATION		
SCHOOL/EMPLOYER NAME							SCHOOL/EMPLOYER PHONE		
RICHMOND COUNTY SHERIFFS OFFICE							(706)821-1000		
SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)							STATEMENT TAKEN		
400 WALTON WAY AUGUSTA, GA 30901									
<b>SUBJECT</b>	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)					SSN	
	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)						PRIMARY PHONE	OTHER PHONE	
	DOB		AGE	RACE		SEX	HEIGHT	WEIGHT	HAIR COLOR
4									
DL # /DL STATE			BUILD	DISTINCTIVE FEATURE			OCCUPATION		
SCHOOL/EMPLOYER NAME							SCHOOL/EMPLOYER PHONE		
SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)							STATEMENT TAKEN		
<b>SUBJECT</b>	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)					SSN	
	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)						PRIMARY PHONE	OTHER PHONE	
	DOB		AGE	RACE		SEX	HEIGHT	WEIGHT	HAIR COLOR
5									
DL # /DL STATE			BUILD	DISTINCTIVE FEATURE			OCCUPATION		
SCHOOL/EMPLOYER NAME							SCHOOL/EMPLOYER PHONE		
SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)							STATEMENT TAKEN		
<b>SUBJECT</b>	SUBJECT CODE		NAME (LAST, FIRST, MIDDLE)					SSN	
	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)						PRIMARY PHONE	OTHER PHONE	
	DOB		AGE	RACE		SEX	HEIGHT	WEIGHT	HAIR COLOR
6									
DL # /DL STATE			BUILD	DISTINCTIVE FEATURE			OCCUPATION		
SCHOOL/EMPLOYER NAME							SCHOOL/EMPLOYER PHONE		
SCHOOL/EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)							STATEMENT TAKEN		
REPORTING DEPUTY NAME AND ID#			DATE		REVIEWING SUPERVISOR			DATE	
EWEST, MELISSA ANN			09/23/2013		EWEST, MELISSA ANN			09/23/2013	

**RICHMOND COUN. / SHERIFF'S OFFICE**  
**INCIDENT REPORT**

**CASE NO. 2013-00194376**

**OFFENSE 1**

SCENE/LOCATION CODE: <b>Single Residence (11)</b>		HATE BIAS CRIME <b>No Bias/Not Applicable(88)</b>		CRIMINAL ACTION <b>Other(Describe in Narrative)</b>	
WEAPON TYPE		WEAPON TYPE		WEAPON TYPE	
BURGLARY INFORMATION:	METHOD OF ENTRY	POINT OF ENTRY	POINT OF EXIT	BURGLARY TOOL USED	

**OFFENSE 2**

SCENE/LOCATION CODE:		HATE BIAS CRIME:		CRIMINAL ACTION:	
WEAPON TYPE		WEAPON TYPE		WEAPON TYPE	
BURGLARY INFORMATION:	METHOD OF ENTRY	POINT OF ENTRY	POINT OF EXIT	BURGLARY TOOL USED	

**OFFENSE 3**

SCENE/LOCATION CODE:		HATE BIAS CRIME:		CRIMINAL ACTION:	
WEAPON TYPE		WEAPON TYPE		WEAPON TYPE	
BURGLARY INFORMATION:	METHOD OF ENTRY	POINT OF ENTRY	POINT OF EXIT	BURGLARY TOOL USED	

**OFFENSE 4**

SCENE/LOCATION CODE:		HATE BIAS CRIME:		CRIMINAL ACTION:	
WEAPON TYPE		WEAPON TYPE		WEAPON TYPE	
BURGLARY INFORMATION:	METHOD OF ENTRY	POINT OF ENTRY	POINT OF EXIT	BURGLARY TOOL USED	

**GENERAL M.O.'S (MARK ALL APPLICABLE)**

<b>ALARM</b> <input type="checkbox"/> 1 - WORKED <input type="checkbox"/> 2 - FAILED/BYPASSED		<input type="checkbox"/> 34 - TOOK CLOTHES <input type="checkbox"/> 35 - TOOK MONEY <input type="checkbox"/> 36 - TOOK JEWELRY <input type="checkbox"/> 37 - TOOK GUN <input type="checkbox"/> 38 - TOOK ALCOHOL/FOOD <input type="checkbox"/> 39 - TOOK SM ELECTRONICS <input type="checkbox"/> 40 - TOOK LG ELECTRONICS <input type="checkbox"/> 41 - TOOK FURNITURE <input type="checkbox"/> 42 - REMOVED AC/FAN <input type="checkbox"/> 43 - BROKE INTO MACHINE <input type="checkbox"/> 44 - BROUGHT WEAPON <input type="checkbox"/> 45 - TOOK BEDDING/BASKET/SUITCASE <input type="checkbox"/> 46 - TOOK RENTAL PROPERTY		<input type="checkbox"/> 77 - STOLE REGISTER/SAFE <input type="checkbox"/> 78 - USED NAME <input type="checkbox"/> 79 - USED NOTE <input type="checkbox"/> 80 - USED UNIQUE PHRASE <input type="checkbox"/> 81 - USED STOLEN CAR		<input type="checkbox"/> 109 - INSERTED FINGER <input type="checkbox"/> 110 - ABNORMAL GENITALS	
<b>WEATHER</b> <input type="checkbox"/> 3 - CLEAR <input type="checkbox"/> 4 - CLOUDY <input type="checkbox"/> 5 - RAIN <input type="checkbox"/> 6 - FOG		<input type="checkbox"/> 38 - TOOK ALCOHOL/FOOD <input type="checkbox"/> 39 - TOOK SM ELECTRONICS <input type="checkbox"/> 40 - TOOK LG ELECTRONICS <input type="checkbox"/> 41 - TOOK FURNITURE <input type="checkbox"/> 42 - REMOVED AC/FAN <input type="checkbox"/> 43 - BROKE INTO MACHINE <input type="checkbox"/> 44 - BROUGHT WEAPON <input type="checkbox"/> 45 - TOOK BEDDING/BASKET/SUITCASE <input type="checkbox"/> 46 - TOOK RENTAL PROPERTY		<b>STOLEN/DAMAGED VEHICLE</b> <input type="checkbox"/> 82 - MINIMAL DAMAGE <input type="checkbox"/> 83 - RADIO/SM ELEC STOLEN <input type="checkbox"/> 84 - WHEELS/TIRES STOLEN <input type="checkbox"/> 85 - BODY PARTS STOLEN <input type="checkbox"/> 86 - MAJOR PARTS STOLEN <input type="checkbox"/> 87 - STRIPPED <input type="checkbox"/> 88 - BURNED		<b>SUSPECT WORE</b> <input type="checkbox"/> 120 - GLOVES <input type="checkbox"/> 121 - UNIQUE CAP/HAT <input type="checkbox"/> 123 - JACKET W/ WORDING <input type="checkbox"/> 124 - SKI MASK <input type="checkbox"/> 125 - STOCKING MASK <input type="checkbox"/> 126 - COSTUME MASK <input type="checkbox"/> 127 - MASK-OTHER <input type="checkbox"/> 128 - BANDAGE <input type="checkbox"/> 140 - CLEAN-CUT <input type="checkbox"/> 141 - BODY ORDER <input type="checkbox"/> 142 - DIRTY NAILS <input type="checkbox"/> 143 - RAGGED CLOTHES <input type="checkbox"/> 144 - EXPENSIVE CLOTHES <input type="checkbox"/> 145 - EXPENSIVE JEWELRY <input type="checkbox"/> 146 - COSTUME JEWELRY <input type="checkbox"/> 147 - UNIFORMED	
<b>LIGHTING</b> <input type="checkbox"/> 7 - DAYLIGHT <input type="checkbox"/> 8 - DARK UNLIT <input type="checkbox"/> 9 - DARK-DIM LIT <input type="checkbox"/> 10 - DARK-WELL LIT		<b>SUSPECT DEemeanOR</b> <input type="checkbox"/> 50 - ANGRY <input type="checkbox"/> 51 - APOLOGETIC <input type="checkbox"/> 52 - CALM/ORGANIZED <input type="checkbox"/> 53 - DISORIENTED <input type="checkbox"/> 54 - DRUNK/HIGH <input type="checkbox"/> 55 - IRRATIONAL <input type="checkbox"/> 56 - NERVOUS <input type="checkbox"/> 57 - POLITE <input type="checkbox"/> 58 - VIOLENT		<b>TYPE OF FORCE</b> <input type="checkbox"/> 90 - BIT <input type="checkbox"/> 91 - BOUND/GAGGED <input type="checkbox"/> 92 - CUT OR STAB <input type="checkbox"/> 93 - CHOKED <input type="checkbox"/> 94 - HIT OR KICKED <input type="checkbox"/> 95 - SHOT <input type="checkbox"/> 96 - RAPE/SEX ASSAULT <input type="checkbox"/> 97 - APPROACHED FROM REAR <input type="checkbox"/> 98 - LOCKED IN		<b>NEIGHBORHOOD WATCH</b> <input type="checkbox"/> 150 - ACTIVE	
<b>VICTIM FORCED TO</b> <input type="checkbox"/> 11 - DISROBE <input type="checkbox"/> 13 - GET IN TRUNK <input type="checkbox"/> 14 - OPEN REGISTER <input type="checkbox"/> 15 - LIE DOWN <input type="checkbox"/> 16 - OPEN SAFE <input type="checkbox"/> 17 - PUT PROPERTY IN SACK/BAG <input type="checkbox"/> 18 - ENTER VEHICLE <input type="checkbox"/> 19 - DRIVE VEHICLE <input type="checkbox"/> 20 - BEG/PLEAD		<b>ADDITIONAL ACTIONS</b> <input type="checkbox"/> 70 - DEMANDED JEWELRY <input type="checkbox"/> 71 - DEMANDED MONEY <input type="checkbox"/> 72 - DISPLAYED WEAPON <input type="checkbox"/> 73 - CLAIMED ARMED <input type="checkbox"/> 74 - WENT BEHIND COUNTER <input type="checkbox"/> 75 - ATTEMPTED/OPENED CASH REGISTER <input type="checkbox"/> 76 - ATTEMPTED/OPENED SAFE		<b>RAPE ACTION</b> <input type="checkbox"/> 100 - MULTIPLE RAPE <input type="checkbox"/> 101 - USED CONDOM <input type="checkbox"/> 102 - USED LUBRICANT <input type="checkbox"/> 103 - ANAL INTERCOURSE <input type="checkbox"/> 104 - DEMANDED ORAL SEX <input type="checkbox"/> 105 - PERFORMED ORAL SEX <input type="checkbox"/> 106 - USED FOREIGN OBJECT <input type="checkbox"/> 107 - NO ERECTION <input type="checkbox"/> 108 - EJACULATED		<b>SUSPECT ACTION</b> <input type="checkbox"/> 24 - ATE/DRANK <input type="checkbox"/> 25 - DEFECATED/URINATED <input type="checkbox"/> 26 - MASTURBATED <input type="checkbox"/> 27 - USED PHONE <input type="checkbox"/> 28 - CUT PHONE CORD <input type="checkbox"/> 30 - KNEW LOCATION OF VALUABLES <input type="checkbox"/> 31 - RANSACKED <input type="checkbox"/> 32 - SELECTIVE SEARCH <input type="checkbox"/> 33 - SNATCH & RUN	



**RICHMOND COUNTY SHERIFF'S OFFICE**  
**INCIDENT REPORT**

CASE NO.

**2013-00194376**

**NARRATIVE**

2013-00194376

**OFFICERS REPORT**

Deputies Hoffman-Wright and Lee were dispatched to 43 [REDACTED] White Pine Court in reference to a welfare check. Deputies were advised by the caller, who was calling from out of state, that the subject Ubell Nimo was threatening to commit suicide and wished for this agency to check his welfare. Upon arrival, Deputies were advised they had a 911 open line at the residence and static could be heard through the phone lines. Deputies heard an unknown type motor running in the garage but could not access the garage from the outside of the residence. Deputies found the front door was unlocked and entered the residence. Deputies found Nimo unresponsive in the garage with the gas weed eater and gas blower running. Deputies opened the main garage door and were able to remove Nimo from the garage and into fresh air but not before both Deputies were exposed to large amounts of Carbon Monoxide. On Duty Supervisors were notified and responded to the incident location. GoldCross Med Unit 26 responded to the location and transported both Deputies and Nimo to University Hospital for treatment.

This report was completed by Cpl. Ewest, B684 Unit 227.

REPORTING DEPUTY NAME AND ID#

**EWEST, MELISSA ANN**

DATE

**09/23/2013**

REVIEWING SUPERVISOR

**EWEST, MELISSA ANN**

DATE

**09/23/2013**

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 0090  
CONNECTION TEL 97067370664  
SUBADDRESS  
CONNECTION ID  
ST. TIME 03/30 11:15  
USAGE T 00'42  
PGS. SENT 3  
RESULT OK



Room B-275 Law Enforcement Center  
401 Walton Way  
Augusta, Georgia 30911  
Ofc (706) 821-1000  
Fax (706) 821-1064

# Richmond County Sheriff's Office

**RONALD STRENGTH  
SHERIFF**

**To:** Molly McDonald **From:** Susan Epps  
**Fax:** **Pages:** 3  
**Phone:** **Date:** 3/30/2012  
**Re:** Caleb Lee **CC:**

Urgent  For Review  Please Comment  Please Reply  Please Recycle

• **Comments:**



Room B-275 Law Enforcement Center  
401 Walton Way  
Augusta, Georgia 30911  
Ofc (706) 821-1000  
Fax (706) 821-1064

# Richmond County Sheriff's Office

**RONALD STRENGTH**  
**SHERIFF**

**To:** Molly McDonald

**From:** Susan Epps

**Fax:**

**Pages:** 3

**Phone:**

**Date:** 3/30/2012

**Re:** Caleb Lee

**CC:**

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

● **Comments:**

# Request for Verification of Employment

0278211792

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** Lender - Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1.  
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return DIRECTLY to lender named in item 2.  
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.

## Part I - Request

1. To (Name and address of employer) <b>Augusta-Richmond County Sheriff's Dept</b>  <b>530 Greene Street, Room 211</b> <b>Augusta, GA 30901</b>	2. From (Name and address of lender) <b>Molly McDonald</b> <b>GEORGIA BANK &amp; TRUST COMPANY OF AUGUSTA</b> <b>3515 WHEELER RD.</b> <b>AUGUSTA, GA 30909</b> <b>Phone 706-739-1760</b> Fax <b>706-737-0664</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>M. McDonald</i>	4. Title	5. Date <b>3/30/12</b>	6. Lender's No. (Optional)
----------------------------------------------	----------	---------------------------	----------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant <b>Caleb A Lee</b>	8. Signature of Applicant <b>See attached borrower's authorization</b>  <b>X</b>
--------------------------------------------------------	-------------------------------------------------------------------------------------------

## Part II - Verification of Present Employment

9. Applicant's Date of Employment <b>May 2, 2009</b>	10. Present Position <b>Deputy Sheriff</b>	11. Probability of Continued Employment <b>Good</b>
---------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------

12A. Current Gross Pay Base (Enter Amount and Check Period)			13. For Military Personnel Only		14. Overtime or Bonus is Applicable, is its continuance likely?	
* \$1,286.68 <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Other (specify)			Pay Grade		Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <b>Bi-weekly</b>			Type		Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	
12B. Gross Earnings			Base Pay		15. If paid hourly - avg. hours per week	
Type	Year To Date	Past Year	Monthly Amount		16. Date of applicant's next pay increase	
* Base Pay	<b>7657.62</b>	<b>31719.90</b>	\$		<b>10-2-12</b>	
* Overtime	<b>NA</b>	<b>NA</b>	\$		17. Projected amount of next pay increase	
Commissions	<b>NA</b>	<b>NA</b>	\$		<b>Bi-weekly increase to \$1,342.01</b>	
* Bonus	<b>NA</b>	<b>NA</b>	\$		18. Date of applicant's last pay increase	
* Total			\$		<b>1-21-12</b>	
			Variable Housing Allowance		19. Amount of last pay increase	
			\$		<b>From \$1,263.45 to \$1,286.68</b>	

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)			
22. Date Terminated	Base	Overtime	Commissions	Bonus
24. Reason for Leaving	25. Positions Held			

## Part IV - Authorized Signature

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer <i>Susan A. Epps</i>	27. Title (Please print or type) <b>Admin. Asst.</b>	28. Date <b>3-30-12</b>
29. Please print or type name signed in item 26. <b>Susan A. Epps</b>	30. Phone No. <b>706-821-1095</b>	

### Borrower's Certification & Authorization

#### Certification

The undersigned certify the following:

- I/We have applied for a mortgage loan from **GEORGIA BANK & TRUST COMPANY OF AUGUSTA** in applying for the loan.  
I/We completed a loan application containing various information on the purposes of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application with the employer and/or other documents, nor did I/We omit any pertinent information.
- I/We understand and agree that **GEORGIA BANK & TRUST COMPANY OF AUGUSTA** reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
- I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

#### Authorization to Release Information

To Whom It May Concern:

- I/We have applied for a mortgage loan from **GEORGIA BANK & TRUST COMPANY OF AUGUSTA**. As part of the application process, **GEORGIA BANK & TRUST COMPANY OF AUGUSTA** may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
- I/We understand and agree that **GEORGIA BANK & TRUST COMPANY OF AUGUSTA** reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
- GEORGIA BANK & TRUST COMPANY OF AUGUSTA** or any investor that purchases the mortgage may address this authorization to any party names in the loan application.
- A copy of this authorization may be accepted as an original.
- Your prompt reply to **GEORGIA BANK & TRUST COMPANY OF AUGUSTA** or the investor that purchased the mortgage is appreciated.

[Redacted Signature]

3-7-12  
Date

*Caleb Lee*  
Caleb A Lee

030712  
Date

Social Security Number: [Redacted]

Social Security Number: [Redacted]



**Georgia Bank & Trust Company  
Mortgage Division**

3515 Wheeler Road, Bldg A, Ste A  
Augusta, GA 30909

# Fax

**Date:** March 30, 2012

**To:** Susan Epps

**Phone:**

**Fax:** 706-821-1637

**From:** Molly McDonald

**Phone:** 706.739.1780 ext. 3228

**Fax:** 706.737.0664

**Re:** Verification of Employment

**Email:** [mmcdonald@georgiabankandtrust.com](mailto:mmcdonald@georgiabankandtrust.com)

**Comments:**

**\*\*Confidentiality Notice\*\***

This information contained in this message is legally privileged and confidential. It is for the individual or entity name above. If the reader of this message is not the intended recipient, you are hereby notified that the distribution or copy of this telecopy is strictly prohibited. Please notify us immediately by telephone. Thank you.

Law Enforcement Center  
401 Walton Way, Room B275  
Augusta, Georgia 30901-5835  
(706) 821-1065 FAX (706) 821-1064  
www.augustaga.gov



# Richmond County Sheriff's Office

**RONALD STRENGTH**  
**SHERIFF**

## POLICY RECEIPT ACKNOWLEDGEMENT

In August 2011, Chapter 19, "Persons with Mobility Devices," was developed, adopted, and implemented in the Richmond County Sheriff's Office Policy and Procedures Manual.

I am aware of this addition to the policy manual. I have been issued the policy, I have read the policy, and I understand the policy. I further understand that if a supervisor or member of the training staff have not already discussed the policy with me, it will be done within the near future.

I have received, read and understand the above referenced policy, which was adopted into the R.C.S.O. Policy & Procedures Manual as Chapter 19 in August of 2011:

*Dep. Caleb Lee 18937*  
Employee Signature

*091711*  
Date

*CALEB LEE*  
Printed Name

*[Signature]*  
Witness



**Georgia Peace Officer Standards & Training Council**  
**Peace Officer Application for Certification**

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*[Signature]*

**CERTIFICATION OF CANDIDATE – PAGE 1**

Projected Academy: GPSTC-Augusta	Projected Academy Start Date	07/05/2010
Candidate's Last Name LEE	Candidate's Position (Select One)	
Candidate's First Name CALEB	Patrol/Police Ofc	
Candidate's Middle Name ANDREW		
Give suffix (such as Jr. , Sr., II, III, IV, V, etc.) :		
Maiden Name	Date of Employment <b>7/5/2010</b> (mm/dd/yyyy)	
RACE White (not Hispanic or Latino)	SEX/GENDER Male	

Education (select highest level that documentation is provided for in this application)  
**Bachelor's Degree**

Social Sec# [REDACTED]	Date of Birth (mm/dd/yyyy) [REDACTED]
---------------------------	---------------------------------------------

HEIGHT 5 ft 10 in	WEIGHT 180 lbs	HAIR COLOR BROWN	EYE COLOR BLUE
----------------------	-------------------	------------------------	----------------------

Are you a citizen of the United States?  
 Yes  No

AGENCY MAKING APPLICATION RICHMOND COUNTY SHERIFF'S OFFICE	AGENCY PHONE# (AREA CODE) - NUMBER (706)-821-1000
---------------------------------------------------------------	---------------------------------------------------------

NAME OF AGENCY CONTACT (Agency Person Processing Application) <b>LIBBY S. HACKNEY</b>	CONTACT PHONE# (AREA CODE) - NUMBER (706)-469-3350 EXT
------------------------------------------------------------------------------------------	--------------------------------------------------------------

EMAIL ADDRESS OF AGENCY CONTACT  
 lhackney@augustaga.gov

The above listed candidate is/will be employed with your agency as which of the following:  
 Full-time peace officer  
 (Note: Full-time employment is a minimum of 30 hours/week or 120 hours/28 day period.)

**Checklist** (Please check each block below to verify that a complete application is provided.)

- |                                                                                        |                                                                  |                                                              |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Page 2 Agreement/Photo                             | <input checked="" type="checkbox"/> Page 6 Education             | <input checked="" type="checkbox"/> Page 10 Criminal History |
| <input checked="" type="checkbox"/> Page 3 PH Release                                  | <input checked="" type="checkbox"/> Page 7 Military              | <input checked="" type="checkbox"/> Page 11 Printout/FPs     |
| <input checked="" type="checkbox"/> Page 4 Verification                                | <input checked="" type="checkbox"/> Page 8 Entrance Exam/LE Hist | <input checked="" type="checkbox"/> Page 12 Attestation      |
| <input checked="" type="checkbox"/> Page 5 Birth/Citizen                               | <input checked="" type="checkbox"/> Page 9 Driver Hist           | <input checked="" type="checkbox"/> Physician's Affidavit    |
| <input checked="" type="checkbox"/> Birth Certificate or other docs provided           | <input type="checkbox"/> DD214 form                              |                                                              |
| <input type="checkbox"/> Naturalization Papers. (both must be attached.)               | <input type="checkbox"/> Discharge explanation                   |                                                              |
| <input type="checkbox"/> Notarized/Written Statement required (see Appendix 9)         | <input checked="" type="checkbox"/> Entrance Exam Results        |                                                              |
| <input checked="" type="checkbox"/> High School Diploma/GED/Homeschool Affidavit       | <input checked="" type="checkbox"/> GCIC/NCIC Printout           |                                                              |
| <input checked="" type="checkbox"/> Electronic Fingerprint Submission Results attached | <input checked="" type="checkbox"/> Driver's History             |                                                              |
| <input type="checkbox"/> Fingerprint Cards mailed to GCIC                              |                                                                  |                                                              |

05/07/2010





**Georgia Peace Officer Standards & Training Council**  
**Peace Officer Application for Certification**

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**CANDIDATE AGREEMENT & PHOTOGRAPH – PAGE 2**

*Please read and sign in the presence of the agency head or authorized representative acknowledging your acceptance and understanding of this agreement.*

I, CALEB ANDREW LEE  
(FULL NAME OF CANDIDATE – First Middle Last),

*when approved for Basic Law Enforcement Academy Training, agree to obey all rules and regulations, and understand that I am subject to dismissal from the Training Academy for any infractions or failure to achieve the scholastic standard set by the Georgia POST Council. I further certify that I am in good health, physically fit, and of good moral character and release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the Georgia Public Safety Training Center, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.*

*I understand that I must satisfactorily complete a basic training course prior to performing the duties of a peace officer, according to O.C.G.A. §35-8-9.*

*This application will be valid for 18 months only. If not certified by that time, a new application must be submitted according to POST Council Rule 464-3-.01.*



*Caleb Lee*  
Candidate Signature

*04/21/10*  
Date

*James Powell*  
Agency Head or Authorized Representative Signature



**Georgia Peace Officer Standards & Training Council**  
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**PERSONAL HISTORY RELEASE - PAGE 3**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name LEE		First Name CALEB	Middle Name ANDREW
DATE OF BIRTH (mdyyyy) [REDACTED]	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER [REDACTED]
Social Security Number: [REDACTED]			
Email Address @			
ADDRESS: Street [REDACTED]		Apartment/Unit#	
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	

Caleb Lee  
 Candidate Signature (including maiden name)

04/21/10  
 Date

Deborah S. Hackney  
 Notary Public Signature

Notary Public, Richmond County, Georgia  
 My Commission Expires March 1, 2013

04/21/2010  
 Date



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**VERIFICATION/RECOMMENDATION/ACKNOWLEDGEMENT - PAGE 4**

I have verified the information provided by the candidate contained in this application, and I am aware that it is my responsibility to provide POST with a complete and accurate application on behalf of my agency. My initials have been placed in the upper right hand corner on each page to signify my review of the information provided, and I accept responsibility for the veracity of this application. Based on my verification, this candidate has met the requirements of O.C.G.A. § 35-8-8.

*Litely S. Hackney*  
 Signature - Agency Employee Responsible for Verification

04/21/2010  
 Date

**BACKGROUND INVESTIGATION**

**CALEB ANDREW LEE**

(FULL NAME OF CANDIDATE - FIRST, MIDDLE INITIAL, LAST)

Date Candidate was interviewed:  
 (mm/dd/yyyy)  
 2/20/2009

Name of Interviewer (First Last)  
 CHESTER HUFFMAN

The Background Investigator verified the following information with the appropriate authorities:

- Education (High School & College)       Yes    No
- Prior LE Employment & Certification       Yes    No    Not applicable
- Military       Yes    No    Not applicable
- Criminal History       Yes    No
- Traffic History       Yes    No

Name of Background Investigator (First Last)  
 PATRICK YOUNG

Date Background Investigation Completed  
 (mm/dd/yyyy) 4/14/2009

*Patrick Young*  
 Signature of Person Conducting Background Investigation

**AGENCY HEAD RECOMMENDATION**

The candidate named in this application was found to satisfy the requirements of O.C.G.A. § 35-8-8, and is recommended by me for attendance to a Basic Law Enforcement Training Course and for certification upon successfully completing this training. I am aware of POST reimbursement guidelines and understand that the candidate must be a paid, full-time employee during training to receive reimbursement.

(NOTE: Once this application is approved a POSTFORM #2 authorizing the academy/school attendance will be issued. No person shall perform the duties of a peace officer until successful completion of the Basic Law Enforcement Training Course.)

“(a) No person required to comply with the certification provisions of this chapter shall be employed or appointed by any law enforcement unit without certification from the Council that the applicant has met the pre-employment requirements established in this chapter.”

*Jim Powell*  
 Agency Head Signature

04/21/2010  
 Date



**Georgia Peace Officer Standards & Training Council**  
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**BIRTH & CITIZENSHIP VERIFICATION – PAGE 5**

Does candidate's name match the name on their birth certificate?  **Yes**  **No**  
 If **No**, please list all of the names that candidate has had since birth and explain discrepancy (adoption, marriage, name change, etc).  
 (Documentation for a name change for anything other than marriage **MUST** be attached.)

Check here if name change documentation is attached

Names: (List chronologically with most recent first):

Name:            Used from (YR)            to (YR)  
 Name:            Used from (YR)            to (YR)  
 Name:            Used from (YR)            to (YR)  
 Name:            Used from (YR)            to (YR)

Explanation(s) for name changes:

Was Candidate born in the United States?     **Yes**  **No**

Country of birth if other than U.S.:

City:

State:

Was the candidate a U.S. military dependent at the time of birth?     **Yes**  **No**

Is the candidate a naturalized citizen?     **Yes**  **No**

**NOTE:** If naturalized, a certified copy of the naturalization papers OR a copy of their U.S. passport must be submitted.

**ATTACHMENTS**

Attached to this page is a copy of the candidate's certified birth certificate:     **YES**  **NO**

If **NO**, attached is a copy of the candidate's valid Georgia Driver's License  **and:**  
 (must have at least one of the following documents – **check** the ones that are attached)

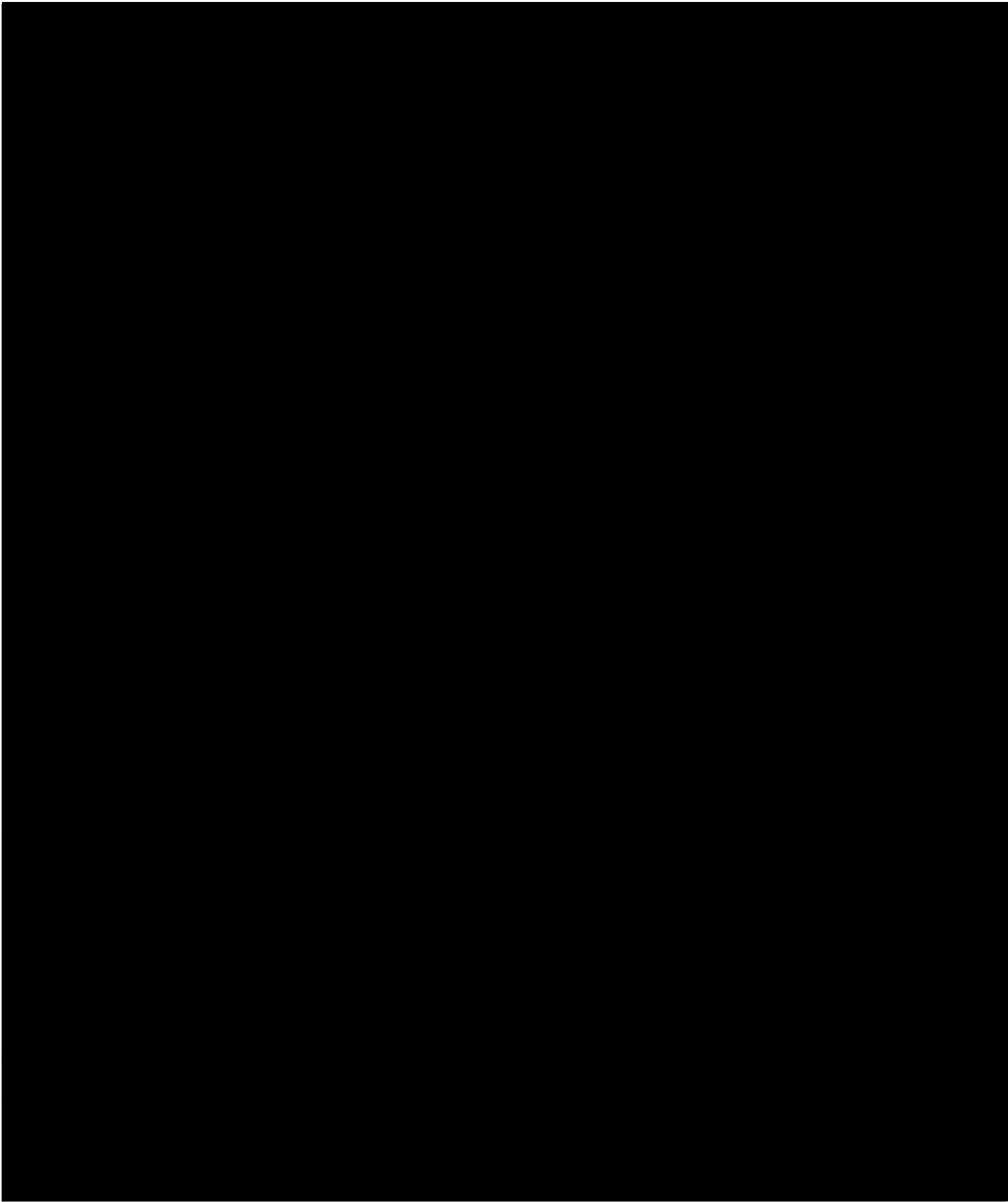
- Baptismal Record (w/full name & date of birth)
- Draft Card (w/full name & date of birth)
- Court Records (w/full name & date of birth)
- Passport (w/full name & date of birth)
- Citizenship Papers (w/full name & date of birth)
- Armed Forces Discharge Paper (DD214) (w/full name & date of birth)
- Certified Copy of School Records (w/full name & date of birth)

**IMPORTANT NOTE:** If any of the above documents are used for this verification, the documents must show **the full name** and **date of birth** of the candidate. In order to establish the **place of birth**, the candidate must submit a **signed & notarized statement** (Appendix 9) indicating that the candidate is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and country of birth.

If the candidate is a **naturalized citizen**, a **certified copy of the naturalization papers or a copy of their U.S. passport** and a completed Appendix 9 must be submitted.

Appendix 9 attached (Appendix 9 is the required signed & notarized statement listed above)

Certified copy of naturalization papers or U.S. passport is attached



10  
11  
12

13  
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**Georgia Peace Officer Standards & Training Council**  
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[Signature]

**EDUCATION – PAGE 6**

**Please attach High School Diploma or GED or Home School Affidavit to this page.**

Candidate graduated high school from: *(select one)* Public High School

*(Important Note: School must have a state, regional, or national accreditation that POST accepts – see [www.chea.org](http://www.chea.org) for acceptable accrediting agencies.)*

High School Name:  
RIDGELAND HIGH SCHOOL

Location of High School (City/State):  
ROSSVILLE, GA

Year Graduated (yyyy)  
1999

H.S. Phone #  
(706)-820-9063

**COLLEGE**

Candidate received their highest college degree from:  
AUGUSTA STATE UNIVERSITY

Year Graduated w/highest degree (yyyy)  
2004

The degree was a/an: Bachelor's Degree

**Note:** If candidate wishes to have their college degree recorded in their profile, a copy of their diploma or a certified copy of their college/university transcript can be attached in addition to their high school diploma.

Check here if candidate has ALSO attached a college diploma/transcript for their profile.

List colleges/universities attended or obtained a degree from *(list colleges/universities):*  
*(Use and attach appendix 4 for additional degrees obtained and/or colleges attended)*

College/Univ: DALTON STATE COLLEGE

Attended from (mo/yr to mo/yr): to

Did not obtain degree

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): to

Did not obtain degree

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:

Attended from (mo/yr to mo/yr): to

Did not obtain degree

Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

**\* IMPORTANT NOTE:** If the candidate obtained their diploma from a correspondence school or received a diploma via the internet, the hiring agency will need to check & attach accreditation of the school. Schools issuing diplomas must be accredited by one of the POST accepted accrediting agencies *(see [www.chea.org](http://www.chea.org) for acceptable accrediting agencies).*

UGA  
6/19/98  
UGA  
6/99

DATE OF BIRTH PLACE OF BIRTH COUNTY SECONDARY SCHOOLS PERMANENT RECORD

Student Name: Lee, Caleb Andrew  
 Telephone: [Redacted]  
 Address: [Redacted]  
 Date of Birth: [Redacted]  
 Place of Birth: [Redacted]  
 Sex: M/F  
 Race: [Redacted]  
 School: [Redacted]  
 Address: [Redacted]  
 City: [Redacted]  
 State: [Redacted]  
 Zip: [Redacted]

GRADUATED  
 MAY 22 1999  
 COLLEGE PREP DIPLOMA  
 TRANSCRIPT

Class Standing: 9th  
 Program of Study: [Redacted]  
 Type of Credential: [Redacted]  
 Diploma Certificate Other: [Redacted]

SCHOOL YEAR	HOME ROOM	DAYS PRESENT	DAYS ABSENT	GRADE OR POINT AVERAGE	CREDITS THIS SEMESTER	CUMULATIVE CREDITS
95-96	121	121	2	3.4	4	4
96-97	121	121	2	3.6	6	10

Supplemental file available.

CLASS	GRADE	ABS	TEACHER	GRADE	ABS	CREDIT
PHYSICAL SCI A	93	0	CHAUNBERL	86	0	1
CITIZENSHIP	90	0	COUPEY	97	0	1
HEALTH (MALE)	92	0	GEN PE (MALE)	100	0	1
ALG IA	96	0	CHEMISTRY	SELVIDGE	100	0
ENGLISH I A	90	0				1
Grade Average for Term: 96.78						

CLASS	GRADE	ABS	TEACHER	GRADE	ABS	CREDIT
PHYSICS 12 (2)	93	1	BUCKLER	98	1	1
ENGLISH IV 12 (7)	91	0	GESSON	90	0	1
ADV ALGEBRA 11	90	0	HILLEY	90	0	1
PE/PERSONAL	100	0	OLIVER	100	0	1
Grade Average for Term: 93.50						

CLASS	GRADE	ABS	TEACHER	GRADE	ABS	CREDIT
PSYCHOLOGY 11	91	0	JENKINS	91	0	1
US HISTORY 11 (6)	99	0	SIKES	101	0	1
SAT PREP 11 (2)	99	0	TURNER	99	0	1
ENGLISH III 11 (2)	95	0	TURNER	95	0	1
Grade Average for Term: 96.50						

CLASS	GRADE	ABS	TEACHER	GRADE	ABS	CREDIT
FRENCH III 11 (1)	98	1	COUPEY	98	1	1
ECONOMICS 12	96	2	JENKINS	96	2	1
BOTANY 10 (1)	96	1	MAYO	96	1	1
WT TRAIN & STAIRLING	91	1	STARLING	91	1	1
Grade Average for Term: 95.75						

RIDGELAND HIGH SCHOOL  
1st Term 98-99  
Lee, Caleb Andrew

RIDGELAND HIGH SCHOOL  
2nd Term 98-99  
Lee, Caleb Andrew

RIDGELAND HIGH SCHOOL  
1st Term 97-98  
Lee, Caleb Andrew

RIDGELAND HIGH SCHOOL  
2nd Term 97-98  
Lee, Caleb Andrew

Ridgeland High School  
1st Term 96-97  
Lee, Caleb Andrew

Ridgeland High School  
2nd Term 96-97  
Lee, Caleb Andrew

SSN \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Father of Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Immunization Completed  Eye Exam  Dental Records

Activities, Honors, and Awards:

Codes: 1. 9th Grade 2. 10th Grade 3. 11th Grade 4. 12th Grade 5. Extra

**TEST SCORES:**

First CALEB M.L. A  
 Percentiles Year 96  
 16 Grade 10  
 37 Optional Code  
 22 School Code 112615

PSAT/NMSQT

Lee LEE Scores  
 Verbal 39  
 Math 42  
 Selection Index 123

PSAT/NMSQT

Lee LEE Scores  
 Verbal 65  
 Math 26  
 Writing Skills 17  
 Selection Index 126

GEORGIA HIGH SCHOOL GRADUATION TESTS

NAME: CALEB A LEE GRADE: 11  
 ID NO. [REDACTED] TEST DATE: OCT97

PASS	TOTAL	SCALE	LEVEL (I - VII)	S	C	BF
FAIL	SCORE	RANK				
P	527	98	V	V	V	V

WRITING

LAST LEE FIRST CALEB M.L. A  
 TEST DATE: MAR98 GRADE 11  
 SAT I - M 490 SAT I - M 500  
 SAT Program Scores on the Revised Scale

NAME: CALEB A LEE GRADE: 11  
 ID NO: [REDACTED] TEST DATE: MAR98

PASS	SCALED	XILE
FAIL	SCORE	RANK
P	538	48

SOC STU

PASS	SCALED	XILE
FAIL	SCORE	RANK
P	510	52

SCIENCE

NAME: LEE CALEB A GRADE: 11  
 ID NO: [REDACTED] TEST DATE: MAR98

TEST SCORES:	22	20	24	23	22	N
SUBSCORES:	13	10	10	12	10	11
READING	13	10	10	12	10	11
LANGUAGE	22	20	24	23	22	N
MATHEMATICS	10	98				

NAME LEE CALEB A GRADE 11 ASVAB 19F SEX M

\*\*\*\*\* PERCENTILES \*\*\*\*\*

AA	VA	MA	CS	AR	WK	PC	NO	CS	AS	MK	MC	EI
87	94	80	95	77	91	90	82	85	88	81	66	31
GR/OS	GR/OP	GR/CDM	GR/CDM	GR/CDM	GR/CDM	GR/CDM	GR/CDM	GR/CDM	GR/CDM	GR/CDM	GR/CDM	GR/CDM
88	88	88	88	88	88	88	88	88	88	88	88	88

TEST DATE 02/03/98 SID 265891  
 CAREER INTENT. 4 YRS COLLEGE

SCHOOL ACCREDITED BY THE COMMISSION OF COLLEGES AND SCHOOLS - 1989



# Augusta State University

Under the authority of the Regents of the University System of Georgia and upon the approval of the Faculty, hereby confers upon

Caleb Andrew Lee

the degree of

Bachelor of Science

Biology

together with all the rights, privileges and honors appertaining thereto in consideration of the completion of the studies prescribed by the University.

In Witness Whereof, the seal of the University and the signatures of the Chancellor of the University System of Georgia and of the duly authorized officers of the University are hereunto affixed.

Given at Augusta in the State of Georgia, on this eleventh day of December, two thousand and four

*Thomas C. Meredith*  
Chancellor of the University System

*[Signature]*  
Registrar and Director of Admissions



*William B. Borloughs*  
President of the University

*Samuel Aull*  
Vice President for Academic Affairs

(706) 737-1400  
SACS



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**MILITARY – PAGE 7**

**PLEASE ATTACH YOUR MILITARY DISCHARGE OR DD214 HERE.**  
(DD214 (Member 4 form version) must indicate type of discharge.)

Did this candidate serve in the military?  Yes  No  
(If "NO", go to the next page. If Yes, complete this page.)

Candidate served in the (check as apply):  Air Force  Army  Coast Guard  Marines  
 Navy  National Guard  Reserves – Give Branch  
 Other Department of Defense service – list

**IMPORTANT NOTE:** If the candidate recently served or is currently serving in the reserves, it is acceptable to attach a letter from their current military reserve commander regarding their service record.

Candidate's dates of enlistment:

FROM (MONTH/YEAR) TO (MONTH/YEAR)  
FROM (MONTH/YEAR) TO (MONTH/YEAR)  
FROM (MONTH/YEAR) TO (MONTH/YEAR)

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable?  Yes  No  
(If Yes, go to the next page. If No, candidate's character of service was listed as (choose applicable one from pull down menu below):

A brief **explanation** regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).



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**ENTRANCE EXAM & LE EMPLOYMENT HISTORY – PAGE 8**

**ENTRANCE EXAM (POST FORM EE)** is attached to this page.

**LAW ENFORCEMENT CERTIFICATION HISTORY**

1. Has the candidate ever been certified or previously submitted an application to GA Post Council?  
 Yes  No

2. Has the candidate ever been certified as an officer in another state?  Yes  No  
 (If **YES**, list state & certification #'s. Use appendix 6 for additional listings if necessary.)

STATE (Ex. GA):                      CERTIFICATION#

STATE (Ex. GA):                      CERTIFICATION#

If the candidate answers "**YES**" to #2 above, POST requires written proof from the other state's POST Council or equivalent that the officer's certification in that state is in "good standing." See Reference Manual for more details on "Good Standing". (Check box below to verify that proof of good standing is attached.)

3. Has the candidate ever been denied an application for certification for a law enforcement professional position (i.e. police, jail, communications, probation, parole, etc) in GA or another state?  
 Yes  No  N/A If **YES**, a written signed explanation must be provided. Check box below if attached.)

4. Has the candidate's certification ever been disciplined or sanctioned in another state?  
 YES  NO  N/A (If **YES**, provide a written signed explanation & check box below if attached.)

Attachments to this page:

- Proof of Officer's "**good standing'/certification status** (needed for states other than Georgia ONLY)
- A written & signed explanation of the **officer's denial**.
- A written & signed explanation of the **officer's discipline or sanction**.

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

Please list law enforcement agencies that you have worked for in chronological order (with most recent first). See appendix 6 for additional pages for employment history if necessary.

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**EQUIVALENCY RATING FOR PRIOR LAW ENFORCEMENT EXPERIENCE**

- POST response** regarding this rating **is being requested** with this application.  
 (**IMPORTANT NOTE:** If an equivalency rating is desired, see Appendix 12 for form/details. Additional processing time may be required if an equivalency rating is requested with the submittal of this application. Prior submittal is suggested.)
- POST response** regarding this rating **is attached** with this application.



# Georgia Peace Officer Standards and Training Council Entrance Examination Access Form

## APPLICANT

O.C.G.A. 35-8-8 requires each candidate for peace officer certification to successfully complete a job related academy entrance examination approved by the POST Council in conformity with state and federal law. Such examination shall be administered prior to entrance to the basic course provided for in Code Sections 35-8-9 and 35-8-11. Candidates who do not perform satisfactorily on the examination shall be ineligible to retake such examination for a period of six (6) months after an unsuccessful attempt. The provisions of this paragraph establish only the minimum requirements of academy entrance examinations for peace officer candidates in this state.

NAME: Lee, Caleb A.  
(Last) (First) (Middle)

HOME ADDRESS: [REDACTED]  
(Street Address) (Apt. Number)

[REDACTED] [REDACTED] [REDACTED]  
(City) (State) (Zip Code)

RACE: White SEX: Male SS# [REDACTED]

CHECK PURPOSE FOR TESTING: Law Enforcement X Corrections/Probation \_\_\_\_\_

I understand the Entrance Exam score may be used for employment purposes and authorize P.O.S.T. to supply the results (PASS/FAIL ONLY) to other law enforcement agencies that may consider me for employment. Additionally, I understand that The Technical College System of Georgia will provide copies of all test scores to P.O.S.T. for analytical and data purposes.

Caleb Lee 04/21/10  
(Applicant's Signature) (Date)

### \*\*\*\*\*NOTICE\*\*\*\*\*

Each applicant should:

1. Be on time (once testing begins, no one will be allowed entrance into testing area).
  2. Bring a valid driver's license or other picture I.D. to test site.
  3. No telephones or other electronic devices are permitted in the testing area.
  4. Plan (2) hours for test taking and administrative time.
  5. Return this form and test results with your application for certification to Georgia POST Council.
- \*You may bring a calculator into the testing center for completion of the math skills test. Only calculators approved by ACT may be used. For more information go to: <http://www.act.org/aap/taking/calculator.html>.

### \*\*\*\*\*NOTICE TO TCSG TESTING FACILITY\*\*\*\*\*

Please do the following in regard to using the ASSETT or COMPASS for testing potential peace officer academy students (law enforcement and corrections/probation):

1. Ask to see a copy of the student's Georgia Peace Officer Standards and Training Council Entrance Examination Access Form (do not keep this form – the student needs this form for P.O.S.T.-related business).
2. Charge the student the normal application fee.
3. Enter the application into BANNER with the following codes: (POSTL) for law enforcement or (POSTC) for corrections/probation.
4. Test the student (normally, you will be using COMPASS).
5. Provide the student with test results as quickly as possible (if you are using COMPASS, in most instances, you should be able to give the student a copy of the results as soon as the testing is completed). Official test results should be printed and placed in a sealed TCSG envelope. You may also provide the student with a second copy, for their records.

SSN \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Immunization Completed  Eye Exam  Dental Records

Activities, Honors, and Awards:

Code: 1. 9th Grade 2. 10th Grade 3. 11th Grade 4. 12th Grade 5. Extra

**TEST SCORES:**

First CALEB M.L. A  
 Percentiles Year 96  
 39 Grade 10  
 39 Optional Code  
 22 School Code 112615

First CALEB M.L. A  
 Percentiles Year 97  
 34 Grade 11  
 17 Optional Code  
 24 School Code 112615

Verbal Scores  
 Math 45  
 Selection Index 123

Verbal Scores  
 Math 42  
 Selection Index 128

PSAT/NMSQT  
 LEE CALEB M.L. A  
 Scores  
 Verbal 45  
 Math 42  
 Writing Skills 41  
 Selection Index 128

PSAT/NMSQT  
 LEE CALEB M.L. A  
 Scores  
 Verbal 45  
 Math 42  
 Writing Skills 41  
 Selection Index 128

GEORGIA HIGH SCHOOL GRADUATION TESTS

NAME: CALEB A LEE GRADE: 11  
 ID NO. [REDACTED] TEST DATE: OCT97

PASS	TOTAL	SCALE	LEVEL (I - VII)				
			C/O	S	C	SF	
P	527	48	V	V	V	V	

WRITING

LEE CALEB M.L. A

TEST DATE: MAR98 GRADE: 11

SAT - V SAT - M  
 490 500

ACT Program  
 The College Board  
 Score Recentered Scale

NAME: CALEB A LEE GRADE: 11

PASS	SCALE	FILE	FAIL
F	523	71	

SOC STU

PASS	SCALE	FILE	FAIL
P	518	52	

SCIENCE

LEE CALEB A

ACT

TEST SCORES: 22 20 24 23 22 N

SUBSCORES: 13 10 10 12 10 11 14 63

NAME LEE CALEB A GRADE 11 ASVAB 19F SEX M

\*\*\*\*\* PERCENTILES \*\*\*\*\*

AA	GR/GS	GR/GP	GR/COM	YTHPOP
87	89	89	88	
94	91	91	93	80
80	83	83	81	75
86	94	90	90	82
77	84	84	80	
91	89	89	90	
94	90	90	86	
82	68	68	76	65
95	85	85	90	76
51	88	69	53	
84	81	82	80	
66	91	78	67	
31	51	41	27	

TEST DATE 02/03/98 SID 265891  
 CAREER INTENT. 4 YRS COLLEGE

SCHOOL ACCREDITED BY THE SOCIETY OF COLLEGE AND UNIVERSITY BUREAU - 1989



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**Certified Driver History - PAGE 9**

Attached is a certified copy of candidate's GA driver's history or printed from GCIC

Attached is a certified copy of candidate's driver's history from another state

**IMPORTANT NOTE:**

Certified copy of an individual's driver's history must be the approved/accepted version by the state's department that governs driver's licenses and driver histories.

Candidate has possessed driver's licenses in what states in the past 10 years: (Check what applies)

Georgia Driver's License ONLY during past 10 years

Military Driver's License ONLY during past 10 years

Military Driver's License (From (yr) To (yr) )

States other than Georgia (list years and states below)

<b>YEARS:</b>	From (yr)	To (yr)	State:	From (yr)	To (yr)	State:
	From (yr)	To (yr)	State:	From (yr)	To (yr)	State:
	From (yr)	To (yr)	State:	From (yr)	To (yr)	State:

Has candidate ever been given a traffic citation?

**Yes** (If **Yes**, complete this section.)  **No** (If **No**, go to next page.)

Has candidate received more than three citations during the past five years?  **Yes**  **No**

Has candidate ever had their license suspended?  **Yes** (If yes, check which reason and give year)  **No**

Year:  DUI/DWI  Points  Insurance related  Other If other, give brief reason below:

Reason:

List any traffic citation received during the past five years. Use Appendix 2 if necessary.

DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION

Candidate's Last Name

**LEE**

Information verified by Candidate:

Candidate's Signature

*Calib Lee*

1L01GA1210002456620.

TRCH-5180 S DDSKQ 05 6/10 10:42:53 - 05/06/10 :42:53 8FS91CYV9691

KR.GAGBI0051.TRCH.TXT

NAM/LEE, CALEB.DOB/[REDACTED].SEX/M.PUR/J.ATN/POWELL/LH.

NAME:LEE, CALEB ANDREW

ADDR:[REDACTED]

LIC NUM:[REDACTED]

ADAP:N

SEX:M

DOB:[REDACTED]

HGT:510 WGT:175 EYE:BLU

CLASS: C ISSUE DT:02/17/2009 EXPIRE DT:[REDACTED] 2014

TYPE:REGULAR

SURR DT:

RESTRICTION:A/NONE

ENDORSEMENT:NONE

COMMERCIAL STATUS:NOT LICENSED

NON-COMMERCIAL STATUS:VALID

PERMIT STATUS:NONE

ACTIVE SUSPENSIONS:NONE

\* DRIVER LICENSE HISTORY REPORT \*

THIS RECORD IS FROM THE GEORGIA DEPARTMENT OF DRIVER SERVICES FILES AND

IS TO BE USED FOR OFFICAL COURT OR LAW ENFORCEMENT USE ONLY.

GA.LAW 24-3-17 AND 40-5-2 AS AMENDED, PROVIDES FOR ANY COURT OR CLERK OF COURT ELECTRONICALLY CONNECTED BY A TERMINAL DEVICE TO THE DEPARTMENT OF DRIVER SERVICES TO RECEIVE AND USE INFORMATION OBTAINED BY THE TERMINAL WITHOUT THE NEED FOR ADDITIONAL CERTIFICATION.

END OF NAM/DOB/SEX/ INQUIRY

1L01GA1210002456620.

TRCH-5181 S SVO 05/C 10 10:42:53 - 05/06/10 10 ?:53 8FS91CYV9691

TXT THE FOLLOWING GEORGIA SEX OFFENDER RECORD PERTAINS TO:

ORI/GA1210002	NAM/LEE, CALEB	SEX/M	RAC/	DOB/	
FBI/	SOC/	SID/	MNU/		

\*\*\* SEX OFFENDER RECORD NOT ON FILE \*\*\*  
\*\*\*\*\* END OF RECORD \*\*\*\*\*



1L01GA1210002456620.

TRCH-5182 S NCIC1

05/06/10 10:42:56 - 05/06/10 10:42:56 8FS91CYV9691

1L0125211C67092QWA

GA1210002

NO NCIC WANT NAM/LEE, CALEB DOB, [REDACTED] SEX/M

\*\*\*MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.



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**CRIMINAL HISTORY – PAGE 10**

Please read the following information carefully before completing the next pages. Pursuant to Title 35, Chapter 8 of the Official Code of Georgia Annotated and the Rules of the Georgia Peace Officer Standards and Training council, each applicant is required to disclose ***EACH AND EVERY*** arrest and/or citation which the applicant has received, along with the disposition of ***EACH AND EVERY*** arrest and/or citation. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. **NOTE: Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.**

Has the candidate lived only in the state of Georgia:  Yes  No

Has the candidate ever been arrested?  Yes If Yes, complete this section.  No If No, go to the Next Section.

Has the candidate ever been convicted of a felony?  Yes  No

Has candidate ever been charged with a crime of domestic/ family violence?  Yes  No  
 (If YES, a copy of the police incident report **and** the court disposition regarding the arrest must be attached.)

Is the candidate currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition?  Yes  No (If Yes, submit copy of the order.)

List all felonies first. List all other charges in chronological order (with most recent first). Use Appendix 1 if necessary.

DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u>  <u>CHARGE</u> (pick from list, if not on list provide below)  If not on list, give charge:  <u>DISPOSITION:</u>  If OTHER, give disposition below:	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service
DATE OF ARREST m/d/yyyy	<u>ARRESTING AGENCY</u>  <u>CHARGE</u> (pick from list, if not on list provide below)  If not on list, give charge:  <u>DISPOSITION:</u>  If OTHER, give disposition below:	<u>CONVICTED:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Check all that apply:</u> <input type="checkbox"/> Fine Amount: <input type="checkbox"/> Probation Time(mos/yrs): <input type="checkbox"/> Incarceration Time(mos/yrs): <input type="checkbox"/> Community Service

**Attachments:**  Police Incident Report  Court Disposition  Signed/Notarized Statement re: incident

Candidate's Last Name

LEE

Information verified by Candidate:

*Calib Lee*

Candidate's Signature

1L01GA1210002456627.

TRCH-5198 S GA-CCH

06/10 10:45:31 - 05/06/10 0:45:31 BQS91CYV97GP

IR.GASIR0000.GA1210002.

GEORGIA CRIMINAL HISTORY NAME AND IDENTIFIER SEARCH

REQUESTED BY:

DATE: 20100506 PUR: Z ATTN: POWELL/LH

ARN: PUR Z

RESPONSE DATE: 20100506

-----  
QUERY REQUESTED ON:

NAM/LEE, CALEB

DOB/

SEX/M

RAC/W

SOC/

-----  
NO RECORD FOUND

-----  
END OF RECORD  
-----

1L01GA1210002456627.

TRCH-5199 S NCIC1

06/10 10:45:31 - 05/06/10 :45:31 BQS91CYV97GP

1L0125211C67102QWA

GA1210002

NO NCIC WANT SOC/

NO NCIC WANT NAM/LEE, CALEB DOB/ RAC/W SEX/M

\*\*\*MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

1L01GA1210002456627.

TRCH-5200 S NCIC2

05/06/10 10:45:37 - 05/06/10 10:45:37 BQS91CYV97GP

NL0125211C67102QH

GA1210002

NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX

(III) FOR NAM/LEE, CALEB. SEX/M. RAC/W. DOB/[REDACTED]. SOC/[REDACTED]. PUR/J.

END

1L01GA1210002456620.

TRCH-5183 S DEPTCOR

05/06/10 10:43:16 - 05/06/10 10:43:16 8FS91CYV9691

\*\*\* NO CURRENT PROBATION OR PAROLE INFORMATION FOR:

RE: NAME/LEE, CALEB SEX/M RACE/ DOB/ [REDACTED] SSN/ [REDACTED]



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**GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 11**

State law requires a fingerprint check to be conducted by both GCIC and NCIC for candidates for certification. Agencies have three (3) options for meeting this requirement. Check option your agency has chosen below:

**OPTION 1:** (Recommended) Attached **Electronic Fingerprint Results** for GCIC/NCIC  
(Both GCIC & NCIC results required.)

See Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) for fingerprinting service or go to a local law enforcement agency that has an electronic fingerprinting system such as LIVESCAN.) See *Appendix 13* for more details.

**IMPORTANT NOTE:**

If the agency attaches both GCIC and NCIC electronic fingerprint results, then a printout from the GCIC and NCIC criminal history is not required.

**OPTION 2:** Attached original & complete printout of GCIC/NCIC criminal history & agency has submitted fingerprint cards to GCIC for processing

Two (2) fingerprint cards sent to:  
Georgia Crime Information Center  
Records Section  
P.O. Box 370748  
Decatur, Georgia 30037-0748

Results from the Georgia Crime Information Center and results from the FBI/National Crime Information Center will be sent to the employing agency if OPTION 2 is used. Both of these results must be received at POST before a certification can be issued. It is the employing agency's responsibility to submit these results to POST if Option 2 is chosen. These results will be sent to the employing agency from GCIC and FBI/NCIC, and the agency must then send these results to POST.

**OPTION 3:** Attached GCIC "processed" card result & NCIC "processed" card result

- GCIC processed fingerprint cards have the results from GCIC noted on the card.
- FBI/NCIC result will be the Civil Applicant Response and Rap Sheet if applicable.

**IMPORTANT NOTE:**

It is strongly recommended that an agency use an electronic fingerprint submission for processing prints (either Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) or a local law enforcement agency's electronic fingerprinting system). Agencies that do not have access to such systems are encouraged to check with larger agencies in their area to see if one is available. By attaching these electronic fingerprint submission results, agencies are able to improve the efficiency of the certification process.

Please do not send "unprocessed" fingerprint cards with this application. Doing so significantly slows down the process of certification.



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**CANDIDATE ATTESTATION - PAGE 12**

I have personally reviewed this application regarding ALL INFORMATION provided by me including my criminal and driver history. I attest and affirm that the information provided in this application including my criminal and traffic history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for certification as a peace officer (O.C.G.A. §35-8-7.1) and could result in criminal prosecution (O.C.G.A. §16-10-20). Each page is signed by me confirming verification of the data on that individual page. I understand that any page not signed and verified by me could result in a delay of processing of this application.

Last Name LEE	Social Sec# [REDACTED]
First Name CALEB	Date of Birth (mm/dd/yyyy) [REDACTED]
Middle Name ANDREW	Suffix:

Caleb Andrew Lee  
 Applicant Signature (Sign Full Name)

04/21/10  
 Date

**AGENCY ATTESTATION**

As the agency head (or designee for the agency head), I have reviewed this application regarding ALL INFORMATION provided by the candidate including the criminal and driver history. I attest and affirm that the information provided in this application including the criminal and traffic history are within the hiring standards of our department and adhere to the requirements set forth by the Georgia Peace Officer Standards Training Council.

**Gary A. Powell**  
 Print Name of Agency Head (or designee)

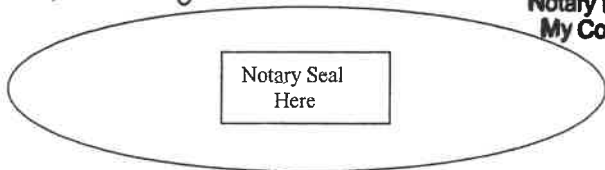
Gary Powell  
 Agency Head (or designee) Signature

04/21/2010  
 Date

Lilibey S. Hackney  
 Notary Public

04/21/2010  
 Date

**Notary Public, Richmond County, Georgia**  
**My Commission Expires March 1, 2013**







# POST Policy Statement

## O.C.G.A. § 35-8-22

O.C.G.A. § 35-8-22 titled "Reimbursement of training expenses by subsequent employer of peace officer; collection procedure" states that the Council shall set standards for reimbursement by hiring agencies or peace officers based upon actual expenses incurred in mandated or formalized training by individual departments.

The code section stipulates that if a peace officer is hired by another agency **within 15 months** after completing **mandated or formalized** training requirements, then the total expense of training, including salary paid during training, shall be reimbursed by the hiring agency to the agency who initially paid for such training.

If the peace officer is hired during a period of **15 to 24 months** after mandated or formalized training requirements are completed, then one-half (Y2) of the total expense of training shall be reimbursed by the hiring agency to the agency who initially paid for such training.

### Definitions:

**Mandated Training** - training which is required by state law. The basic training course identified in O.C.G.A. § 35-8-9 is the only course "mandated" by state law.

**Formalized Training**- training identified in an agency's standard operating procedure (S.O.P.) manual which dictates training that all new basic recruits must complete as part of their employment with the hiring agency.

Since the State of Georgia bears the tuition cost for the majority of Georgia's peace officers, it does not become an issue when attempting to seek reimbursement. Reimbursement of the officer's salary paid during training is typically the only issue.

The State of Georgia or any county or municipality thereof which initially paid for the training of a peace officer shall submit an itemized, sworn statement to the new employer of the peace officer and shall demand payment by the hiring agency and may **enforce collection of such obligation through civil remedies** and procedures. (O.C.G.A. § 35-8-22(b))

**NOTE:** Effective July 1, 2003, in order for the State of Georgia or any county or municipality thereof to demand reimbursement, the demanding governmental unit must be able to document that the peace officer in question signed an acknowledgment of the terms of this Code section or an employment contract specifying the provisions of this Code section prior to such peace officer's employment with the demanding governmental unit. (O.C.G.A. § 35-8-22(c))

I have read and understand the above P.O.S.T. Policy Statement relating to O.C.G.A. §35-8-22:

Caleb Jee  
Employee Signature

04/21/10  
Date

Gibbey S. Hackney  
Witness



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**CERTIFICATION OF CANDIDATE - PAGE 1**

Projected Academy: GPSTC-Augusta		Projected Academy Start Date		UNKNOWN
Candidate's Last Name LEE			Candidate's Position <b>Jail Officer</b>	
Candidate's First Name CALEB				
Candidate's Middle Name ANDREW				
Give suffix (such as Jr. , Sr., II, III, IV, V, etc.) :				
Maiden Name			Date of Employment <b>5/2/2009</b> <i>(mm/dd/yyyy)</i>	
RACE White (not Hispanic or Latino)			SEX/GENDER Male	
Education <i>(check highest level that documentation is provided for in this application)</i> Bachelor's Degree				
Social Sec# [REDACTED]			Date of Birth <i>(mm/dd/yyyy)</i> [REDACTED]	
HEIGHT 5 ft 10 in	WEIGHT 180 lbs	HAIR COLOR BROWN	EYE COLOR BLUE	
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
AGENCY MAKING APPLICATION RICHMOND COUNTY SHERIFF'S OFFICE			AGENCY PHONE# <i>(AREA CODE) - NUMBER</i> (706)-821-1000	
NAME OF AGENCY CONTACT <i>(Agency Person Processing Application)</i> <b>LIBBY S. HACKNEY</b>			CONTACT PHONE# <i>(AREA CODE) - NUMBER</i> (706)-469-3350 EXT [REDACTED]	
EMAIL ADDRESS OF AGENCY CONTACT lhackney@augustaga.gov				
The above listed candidate is/will be employed with your agency as which of the following: <input checked="" type="checkbox"/> <b>Full-time jail officer</b> <i>(Full-time employment is a minimum of 30 hours/ week or 120 hours/28 day period.)</i>				
<b>Checklist</b> (Please check each block below to verify that a complete application is provided.)				
<input checked="" type="checkbox"/> Page 2 Agreement/Photo	<input checked="" type="checkbox"/> Page 6 Education	<input checked="" type="checkbox"/> Page 10 Criminal History		
<input checked="" type="checkbox"/> Page 3 PH Release	<input checked="" type="checkbox"/> Page 7 Military	<input checked="" type="checkbox"/> Page 11 Printout/FPs		
<input checked="" type="checkbox"/> Page 4 Verification	<input checked="" type="checkbox"/> Page 8 Entrance Exam/LE Hist	<input checked="" type="checkbox"/> Page 12 Attestation		
<input checked="" type="checkbox"/> Page 5 Birth/Citizen	<input checked="" type="checkbox"/> Page 9 Driver Hist	<input checked="" type="checkbox"/> Physician's Affidavit		
<input checked="" type="checkbox"/> Birth Certificate or other docs provided	<input type="checkbox"/> DD214 form			
<input type="checkbox"/> Naturalization Papers. <i>(both must be attached.)</i>	<input type="checkbox"/> Discharge explanation			
<input type="checkbox"/> Notarized/Written Statement required (see Appendix 9)	<input checked="" type="checkbox"/> GCIC/NCIC Printout			
<input checked="" type="checkbox"/> High School Diploma/GED/Homeschool Affidavit	<input checked="" type="checkbox"/> Driver's History			
<input checked="" type="checkbox"/> Electronic Fingerprint Submission Results attached				
<input type="checkbox"/> Fingerprint Cards mailed to GCIC				

04/30/09



**Georgia Peace Officer Standards & Training Council**  
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**CANDIDATE AGREEMENT & PHOTOGRAPH - PAGE 2**

*Please read and sign in the presence of the agency head or authorized representative acknowledging your acceptance and understanding of this agreement.*

I, **CALEB ANDREW LEE**

*(FULL NAME OF CANDIDATE – First Middle Last),*

*when approved for Basic Jail Officer Training, agree to obey all rules and regulations, and understand that I am subject to dismissal from the Training Academy for any infractions or failure to achieve the scholastic standard set by the Georgia POST Council. I further certify that I am in good health, physically fit, and of good moral character and release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the Georgia Public Safety Training Center, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.*

*I understand that I must satisfactorily complete a basic training course, according to O.C.G.A. §35-8-24, and under POST Rules, I must attend the basic course within six (6) months of the initial date of employment in order to perform the duties of a jail officer.*

*This application will be valid for 18 months only. If not certified by that time, a new application must be submitted.*



*Caleb Lee*  
Candidate Signature

*4/27/09*  
Date

*Jim Powell*  
Agency Head or Authorized Representative Signature



**Georgia Peace Officer Standards & Training Council**  
**Jail Officer Application for Certification**

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**PERSONAL HISTORY RELEASE – PAGE 3**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name <b>LEE</b>		First Name <b>CALEB</b>	Middle Name <b>ANDREW</b>
DATE OF BIRTH (mdyyyy) [REDACTED]	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER [REDACTED]
Social Security Number:			
EMAIL ADDRESS [REDACTED]			
ADDRESS: Street [REDACTED]		Apartment/Unit# [REDACTED]	
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	

[Signature]  
Candidate Signature (including maiden name)

4/27/09  
Date

[Signature]  
Notary Public Signature  
Notary Public, Richmond County, Georgia  
My Commission Expires March 1, 2013

04/27/2009  
Date



**Georgia Peace Officer Standards & Training Council**  
**Jail Officer Application for Certification**

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**VERIFICATION/RECOMMENDATION/ACKNOWLEDGEMENT - PAGE 4**

I have verified the information provided by the candidate contained in this application, and I am aware that it is my responsibility to provide POST with a complete and accurate application on behalf of my agency. My initials have been placed in the upper right hand corner on each page to signify my review of the information provided, and I accept responsibility for the veracity of this application. Based on my verification, this candidate has met the requirements of O.C.G.A. § 35-8-8.

*Sibley S. Hackney*  
 Signature - Agency Employee Responsible for Verification

07/27/2009  
 Date

**BACKGROUND INVESTIGATION**

**CALEB ANDREW LEE**

(FULL NAME OF CANDIDATE - FIRST, MIDDLE INITIAL, LAST)

Date Candidate was interviewed:  
 (mm/dd/yyyy)  
2/20/2009

Name of Interviewer (First Last)  
**CHESTER HUFFMAN**

The Background Investigator verified the following information with the appropriate authorities:

- Education (High School & College)       Yes    No
- Prior LE Employment & Certification       Yes    No    Not applicable
- Military       Yes    No    Not applicable
- Criminal History       Yes    No
- Traffic History       Yes    No

Name of Background Investigator (First Last)  
**PATRICK YOUNG**

Date Background Investigation Completed  
 (mm/dd/yyyy) 4/14/2009

*Patrick Young*  
 Signature of Person Conducting Background Investigation

**AGENCY HEAD RECOMMENDATION**

The candidate named in this application was found to satisfy the requirements of O.C.G.A. § 35-8-24, and is recommended by me for attendance to a Basic Jail Officer Training Course and for certification upon successfully completing this training. I am aware of POST reimbursement guidelines and understand that the candidate must be a paid, full-time employee during training to receive reimbursement.

(NOTE: Once this application is approved a POSTFORM #2 authorizing the academy/school attendance will be issued. No person shall perform the duties of a jail officer without successful completion of the Basic Jail Officer Training Course per the POST Act & POST Rules.)

"(a) No person required to comply with the certification provisions of this chapter shall be employed or appointed by any law enforcement unit without certification from the Council that the applicant has met the pre-employment requirements established in this chapter."

*Greg Powell*  
 Agency Head Signature

07/27/2009  
 Date



**Georgia Peace Officer Standards & Training Council**  
**Jail Officer Application for Certification**

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 Of 7  
 Initials  
 [Handwritten initials]

**BIRTH & CITIZENSHIP VERIFICATION – PAGE 5**

Does candidate's name match the name on their birth certificate?  **Yes**  **No**  
 If **No**, please list all of the names that candidate has had since birth and explain discrepancy (adoption, marriage, name change, etc).  
 (Documentation for a name change for anything other than marriage **MUST** be attached.)

Check here if name change documentation is attached

**Names:** (List chronologically with most recent first):

Name: \_\_\_\_\_ Used from (YR) \_\_\_\_\_ to (YR) \_\_\_\_\_

Name: \_\_\_\_\_ Used from (YR) \_\_\_\_\_ to (YR) \_\_\_\_\_

Name: \_\_\_\_\_ Used from (YR) \_\_\_\_\_ to (YR) \_\_\_\_\_

Name: \_\_\_\_\_ Used from (YR) \_\_\_\_\_ to (YR) \_\_\_\_\_

**Explanation(s) for name changes:** \_\_\_\_\_

Was Candidate born in the United States?  **Yes**  **No**

Country of birth if other than U.S.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Was the candidate a U.S. military dependent at the time of birth?  **Yes**  **No**

Is the candidate a naturalized citizen?  **Yes**  **No**

**NOTE:** If naturalized, a certified copy of the naturalization papers OR a copy of their U.S. passport must be submitted.

**ATTACHMENTS**

Attached to this page is a copy of the candidate's certified birth certificate:  **YES**  **NO**

If **NO**, attached is a copy of the candidate's valid Georgia Driver's License  **and:**

(must have **at least one** of the following documents – **check** the ones that are attached)

- Baptismal Record (w/full name & date of birth)
- Draft Card (w/full name & date of birth)
- Court Records (w/full name & date of birth)
- Passport (w/full name & date of birth)
- Citizenship Papers (w/full name & date of birth)
- Armed Forces Discharge Paper (DD214) (w/full name & date of birth)
- Certified Copy of School Records (w/full name & date of birth)

**IMPORTANT NOTE:** If any of the above documents are used for this verification, the documents must show **the full name** and **date of birth** of the candidate. In order to establish the **place of birth**, the candidate must submit a **signed & notarized statement** (Appendix 9) indicating that the candidate is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and country of birth.

If the candidate is a **naturalized citizen**, a **certified copy of the naturalization papers or a copy of their U.S. passport** and a completed Appendix 9 must be submitted.

**Appendix 9 attached** (Appendix 9 is the required signed & notarized statement listed above)

Certified copy of **naturalization papers** or **U.S. passport** is attached



**Georgia Peace Officer Standards & Training Council**  
**Jail Officer Application for Certification**

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**EDUCATION - PAGE 6**

**Please attach High School Diploma or GED or Home School Affidavit to this page.**

Candidate graduated high school from: *(check one)*  
*(School must have a state, regional, or national accreditation that POST accepts - see [www.chea.org](http://www.chea.org) for acceptable accrediting agencies.)*

- Public School                       Private School                       Home School  
 Correspondence School             Internet School                       Obtained GED  
 A School Outside of the United States *(Must include written statement describing type of school, curriculum, and how it is equivalent to a U.S. High School diploma.)*

High School Name:  
**RIDGELAND HIGH SCHOOL**  
 Location of High School (City/State):  
**ROSSVILLE, GA**  
 Year Graduated (yyyy)  
**1999**  
 H.S. Phone #  
**(706)-820-9063**

**COLLEGE**

Candidate received their highest college degree from:  
**AUGUSTA STATE UNIVERSITY**

Year Graduated w/highest degree (yyyy)  
**2004**

The degree was a/an:  Associate's  Bachelor's  Master's  Doctorate degree.

**Note:** If candidate wishes to have their college degree recorded in their profile, a copy of their diploma or a certified copy of their college/university transcript can be attached in addition to their high school diploma.

Check here if candidate has ALSO attached a college diploma/transcript for their profile.

List colleges/universities attended or obtained a degree from *(list colleges/universities):*  
*(Use and attach appendix 4 for additional degrees obtained and/or colleges attended)*

College/Univ: **DALTON STATE COLLEGE**  
 Attended from (mo/yr to mo/yr):        to         
 Did not obtain degree  
 Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:         
 Attended from (mo/yr to mo/yr):        to         
 Did not obtain degree  
 Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

College/Univ:         
 Attended from (mo/yr to mo/yr):        to         
 Did not obtain degree  
 Obtained:  Associate's  Bachelor's  Master's  Doctorate degree.

**\* IMPORTANT NOTE:** If the candidate obtained their diploma from a correspondence school or received a diploma via the internet, the hiring agency will need to check accreditation of the school. Schools issuing diplomas must be accredited by one of the POST accepted accrediting agencies *(see [www.chea.org](http://www.chea.org) for acceptable accrediting agencies).*



**Georgia Peace Officer Standards & Training Council**  
**Jail Officer Application for Certification**

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**MILITARY - PAGE 7**

**PLEASE ATTACH YOUR MILITARY DISCHARGE OR DD214 HERE.**  
(DD214 (Member 4 form version) must indicate type of discharge.)

Did this candidate serve in the military?  Yes  No  
(If "NO", go to the next page. If Yes, complete this page.)

Candidate served in the (*check as apply*):  Air Force  Army  Coast Guard  Marines  
 Navy  National Guard  Reserves - Give Branch  
 Other Department of Defense service - list

**IMPORTANT NOTE:** If the candidate recently served or is currently serving in the reserves, it is acceptable to attach a letter from their current military reserve commander regarding their service record.

Candidate's dates of enlistment:

FROM (MONTH/YEAR) TO (MONTH/YEAR)

FROM (MONTH/YEAR) TO (MONTH/YEAR)

FROM (MONTH/YEAR) TO (MONTH/YEAR)

Was candidate's CHARACTER OF SERVICE/DISCHARGE honorable?  Yes  No  
(If Yes, go to the next page. If No, candidate's character of service was listed as (choose applicable one from pull down menu below):

A brief **explanation** regarding candidate's character of service/discharge must also be attached to this page (providing details for the reason for this character).





**Georgia Peace Officer Standards & Training Council**  
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 [Signature]

**ENTRANCE EXAM & LE EMPLOYMENT HISTORY – PAGE 8**

**LAW ENFORCEMENT CERTIFICATION HISTORY**

1. Has the candidate ever been certified or previously submitted an application to GA Post Council?  
 Yes  No

2. Has the candidate ever been certified as an officer in another state?  Yes  No  
 (If **YES**, list state & certification #'s. Use appendix 6 for additional listings if necessary.)

STATE (Ex. GA):      CERTIFICATION#

STATE (Ex. GA):      CERTIFICATION#

If the candidate answers "**YES**" to #2 above, POST requires written proof from the other state's POST Council or equivalent that the officer's certification in that state is in "good standing." See Reference Manual for more details on "Good Standing". (Check box below to verify that proof of good standing is attached.)

3. Has the candidate ever been denied an application for certification for a law enforcement professional position (i.e. police, jail, communications, probation, parole, etc) in GA or another state?  
 Yes  No  N/A If **YES**, a written signed explanation must be provided. Check box below if attached.)

4. Has the candidate's certification ever been disciplined or sanctioned in another state?  
 YES  NO  N/A (If **YES**, provide a written signed explanation & check box below if attached.)

Attachments to this page:

- Proof of Officer's "**good standing**"/certification status (needed for states other than Georgia ONLY)
- A written & signed explanation of the **officer's denial**.
- A written & signed explanation of the **officer's discipline or sanction**.

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

Please list law enforcement agencies that you have worked for in chronological order (with most recent first). See appendix 6 for additional pages for employment history if necessary.

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ to: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



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**Certified Driver History - PAGE 9**

Attached is a certified copy of candidate's GA driver's history or printed from GCIC

Attached is a certified copy of candidate's driver's history from another state

**IMPORTANT NOTE:**

Certified copy of an individual's driver's history must be the approved/accepted version by the state's department that governs driver's licenses and driver histories.

Candidate has possessed driver's licenses in what states in the past 10 years: (Check what applies)

Georgia Driver's License ONLY during past 10 years

Military Driver's License ONLY during past 10 years

Military Driver's License (From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_)

States other than Georgia (list years and states below)

**YEARS:** From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_ State: \_\_\_\_\_ From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_ State: \_\_\_\_\_

From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_ State: \_\_\_\_\_ From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_ State: \_\_\_\_\_

From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_ State: \_\_\_\_\_ From (yr) \_\_\_\_\_ To (yr) \_\_\_\_\_ State: \_\_\_\_\_

Has candidate ever been given a traffic citation?

**Yes** (If **Yes**, complete this section.)  **No** (If **No**, go to next page.)

Has candidate received more than three citations during the past five years?  **Yes**  **No**

Has candidate ever had their license suspended?  **Yes** (If yes, check which reason and give year)  **No**

Year: \_\_\_\_\_  DUI/DWI  Points  Insurance related  Other If other, give brief reason below:

Reason: \_\_\_\_\_


List any traffic citation received during the past five years. Use *Appendix 2* if necessary.

DATE OF CITATION	TRAFFIC VIOLATION	ISSUING AGENCY	DISPOSITION

Candidate's Last Name

**LEE**

Information verified by Candidate:

  
 Candidate's Signature

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

1L01GA1210079040038.

TRCH-4107 S DDSKQ 02/18/09 10:57:50 - 02/18/09 10:57:49 8FS91CJ19D3Z

KR.GAGBI0051.TRCH.TXT

OLN/[REDACTED]PUR/J.ATN/EPPS/SE

NAME:LEE, CALEB ANDREW #

ADDR:[REDACTED]

LIC NUM:[REDACTED]

ADAP:N

SEX:M

DOB:[REDACTED]

HGT:510 WGT:175 EYE:BLU

CLASS: C

ISSUE DT:02/17/2009 EXPIRE DT:[REDACTED]/2014

TYPE:REGULAR

SURR DT:

RESTRICTION:A/NONE

ENDORSEMENT:NONE

COMMERCIAL STATUS:NOT LICENSED

NON-COMMERCIAL STATUS:VALID

PERMIT STATUS:NONE

*Dis History*

City of Augusta  
2/18/09

Message Display

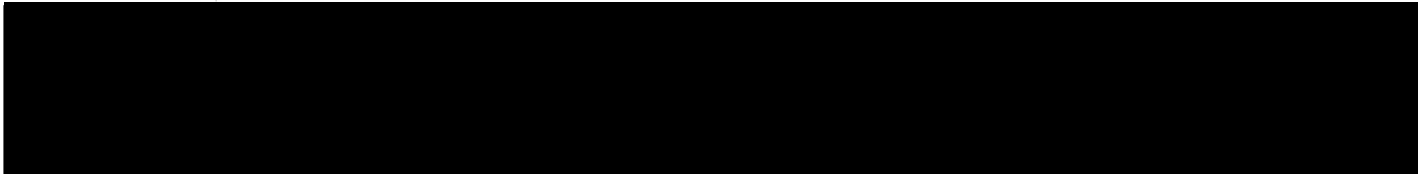
IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

ACTIVE SUSPENSIONS:NONE

\* DRIVER LICENSE HISTORY REPORT \*



THIS RECORD IS FROM THE GEORGIA DEPARTMENT OF DRIVER SERVICES FILES AND IS TO BE USED FOR OFFICAL COURT OR LAW ENFORCEMENT USE ONLY. GA.LAW 24-3-17 AND 40-5-2 AS AMENDED, PROVIDES FOR ANY COURT OR CLERK OF COURT ELECTRONICALLY CONNECTED BY A TERMINAL DEVICE TO THE DEPARTMENT OF DRIVER SERVICES TO RECEIVE AND USE INFORMATION OBTAINED BY THE TERMINAL WITHOUT THE NEED FOR ADDITIONAL CERTIFICATION.

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

END OF LICENSE NUMBER INQUIRY



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**CRIMINAL HISTORY - PAGE 10**

Please read the following information carefully before completing the next pages. Pursuant to Title 35, Chapter 8 of the Official Code of Georgia Annotated and the Rules of the Georgia Peace Officer Standards and Training Council, each applicant is required to disclose **EACH AND EVERY** arrest and/or citation which the applicant has received, along with the disposition of **EACH AND EVERY** arrest and/or citation. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. **NOTE: Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.**

Has the candidate lived only in the state of Georgia:  Yes  No

Has the candidate ever been arrested?  Yes If Yes, complete this section.  No If No, go to the Next Section.

Has the candidate ever been convicted of a felony?  Yes  No

Has candidate ever been charged with a crime of domestic/ family violence?  Yes  No  
 (If YES, a copy of the police incident report and the court disposition regarding the arrest must be attached.)

Is the candidate currently or ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition?  Yes  No (If Yes, submit copy of the order.)

List all felonies first. List all other charges in chronological order (with most recent first). Use Appendix 1 if necessary.

DATE OF ARREST m/d/yyyy	<p><u>ARRESTING AGENCY</u></p> <p><u>CHARGE</u> (pick from list, if not on list provide below)</p> <p>If not on list, give charge:</p> <p><u>DISPOSITION:</u></p> <p>If OTHER, give disposition below:</p>	<p><u>CONVICTED:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Check all that apply:</u></p> <p><input type="checkbox"/> Fine Amount: _____</p> <p><input type="checkbox"/> Probation Time(mos/yrs): _____</p> <p><input type="checkbox"/> Incarceration Time(mos/yrs): _____</p> <p><input type="checkbox"/> Community Service</p>
DATE OF ARREST m/d/yyyy	<p><u>ARRESTING AGENCY</u></p> <p><u>CHARGE</u> (pick from list, if not on list provide below)</p> <p>If not on list, give charge:</p> <p><u>DISPOSITION:</u></p> <p>If OTHER, give disposition below:</p>	<p><u>CONVICTED:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Check all that apply:</u></p> <p><input type="checkbox"/> Fine Amount: _____</p> <p><input type="checkbox"/> Probation Time(mos/yrs): _____</p> <p><input type="checkbox"/> Incarceration Time(mos/yrs): _____</p> <p><input type="checkbox"/> Community Service</p>

**Attachments:**  Police Incident Report  Court Disposition  Signed/Notarized Statement re: incident

Candidate's Last Name

LEE

Information verified by Candidate:

Candidate's Signature

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

1L01GA1210079040036.

TRCH-4103 S GA-CCH

02/18/09 10:56:34 - 02/18/09 10:56:34 BQS91CJ19CJF

IR.GASIR0000.GA1210079.

GEORGIA CRIMINAL HISTORY NAME AND IDENTIFIER SEARCH

REQUESTED BY:

DATE: 20090218 PUR: Z ATTN: EPPS/SE

ARN: PUR Z

RESPONSE DATE: 20090218

*W/SSN*

-----  
QUERY REQUESTED ON:

NAM/LEE, CALEB

DOB/ [REDACTED]

SEX/M

RAC/W

SOC/ [REDACTED]

*NOT FOUND*

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

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NO RECORD FOUND  
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END OF RECORD  
-----



City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

1L01GA1210079040036.

TRCH-4104 S NCIC2

02/18/09 10:56:37 - 02/18/09 10:56:37 BQS91CJ19CJF

NL012521134AA02QH

GA1210079

NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX  
(III) FOR NAM/LEE, CALEB. SEX/M. RAC/W. DOB/[REDACTED]. SOC/[REDACTED]. PUR/J.  
END

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

1L01GA1210079040036.

TRCH-4102 S NCIC1

02/18/09 10:56:33 - 02/18/09 10:56:33 BQS91CJ19CJF

1L012521134AA02QWA

GA1210079

NO NCIC WANT SOC/[REDACTED]

NO NCIC WANT NAM/LEE, CALEB DOB/[REDACTED] RAC/W SEX/M

\*\*\*MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

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TRCH-4105 S GA-CCH

02/18/09 10:57:15 - 02/18/09 10:57:15 BQS91CJ19CVJ

IR.GASIR0000.GA1210079.

GEORGIA CRIMINAL HISTORY NAME AND IDENTIFIER SEARCH

REQUESTED BY:

DATE: 20090218 PUR: Z ATTN: EPPS/SE

*w/out  
SSN*

ARN: PUR Z

RESPONSE DATE: 20090218

-----  
QUERY REQUESTED ON:

NAM/LEE, CALEB

DOB/ [REDACTED]

SEX/M

RAC/U

*[Faint handwritten notes]*

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

-----  
NO RECORD FOUND  
-----

END OF RECORD  
-----

City of Augusta  
2/18/09

Message Display

IF1010S1

F3=Exit F7=Previous F8=Next F21=Print

Unit:

1L01GA1210079040037.

TRCH-4106 S NCIC2

02/18/09 10:57:24 - 02/18/09 10:57:24 BQS91CJ19CVJ

NL012521134AA12QH

GA1210079

NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX

(III) FOR NAM/LEE, CALEB. SEX/M. RAC/U. DOB/[REDACTED]. PUR/J.

END



**Georgia Peace Officer Standards & Training Council**  
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**GCIC/NCIC PRINTOUT/FINGERPRINT RESULTS - PAGE 11**

State law requires a fingerprint check to be conducted by both GCIC and NCIC for candidates for certification. Agencies have three (3) options for meeting this requirement. Check option your agency has chosen below:

**OPTION 1:** (Recommended) Attached **Electronic Fingerprint Results** for GCIC/NCIC  
(Both GCIC & NCIC results required.)

See Georgia Applicant Processing Service (GAPS) at web site <http://www.ga.cogentid.com/index.htm> for fingerprinting service or go to a local law enforcement agency that has an electronic fingerprinting system such as LIVESCAN. See Appendix 13 for more details on GAPS.)

**IMPORTANT NOTE:**

If the agency attaches both GCIC and NCIC electronic fingerprint results, then a printout from the GCIC and NCIC criminal history is not required.

**OPTION 2:** Attached original & complete printout of GCIC/NCIC criminal history & agency has submitted fingerprint cards to GCIC for processing

Two (2) fingerprint cards sent to:  
Georgia Crime Information Center  
Records Section  
P.O. Box 370748  
Decatur, Georgia 30037-0748

Results from the Georgia Crime Information Center and results from the FBI/National Crime Information Center will be sent to the employing agency if OPTION 2 is used. Both of these results must be received at POST before a certification can be issued. It is the employing agency's responsibility to submit these results to POST if Option 2 is chosen. These results will be sent to the employing agency from GCIC and FBI/NCIC, and the agency must then send these results to POST.

**OPTION 3:** Attached GCIC "processed" card result & NCIC "processed" card result

- GCIC processed fingerprint cards have the results from GCIC noted on the card.
- FBI/NCIC result will be the Civil Applicant Response and Rap Sheet if applicable.

***IMPORTANT NOTE:***

It is strongly recommended that an agency use an electronic fingerprint submission for processing prints (either Georgia Applicant Processing Service at web site (<http://www.ga.cogentid.com/index.htm>) or a local law enforcement agency's electronic fingerprinting system). Agencies that do not have access to such systems are encouraged to check with larger agencies in their area to see if one is available. By attaching these electronic fingerprint submission results, agencies are able to improve the efficiency of the certification process.

Please do not send "unprocessed" fingerprint cards with this application. Doing so significantly slows down the process of certification.



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**CANDIDATE ATTESTATION – PAGE 12**

I have personally reviewed this application regarding ALL INFORMATION provided by me including my criminal and driver history. I attest and affirm that the information provided in this application including my criminal and traffic history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for certification as a peace officer (O.C.G.A. §35-8-7.1) and could result in criminal prosecution (O.C.G.A. §16-10-20). Each page is signed by me confirming verification of the data on that individual page. I understand that any page not signed and verified by me could result in a delay of processing of this application.

Last Name LEE	Social Sec# [REDACTED]
First Name CALEB	Date of Birth (mm/dd/yyyy) [REDACTED]
Middle Name ANDREW	Suffix:

Applicant Signature (Sign Full Name)

4/27/09  
 Date

**AGENCY ATTESTATION**

As the agency head (or designee for the agency head), I have reviewed this application regarding ALL INFORMATION provided by the candidate including the criminal and driver history. I attest and affirm that the information provided in this application including the criminal and traffic history are within the hiring standards of our department and adhere to the requirements set forth by the Georgia Peace Officer Standards Training Council.

**Gary A. Powell**

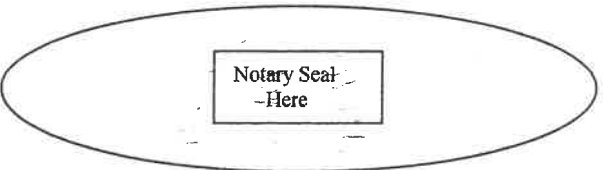
Print Name of Agency Head (or designee)

Agency Head (or designee) Signature

04/27/2009  
 Date

Notary Public  
 Notary Public, Richmond County, Georgia  
 My Commission Expires March 1, 2013

04/27/2009  
 Date



**POLICE TECHNICAL**

**LAW ENFORCEMENT'S BEST SOURCE FOR TECHNICAL TRAINING**

## Certificate of Completion

is hereby granted to

**Caleb Lee**

to certify the completion of 16 hours in

**Craigslist Investigations**

August 24-25, 2015

Savannah, GA

Additional copies of this certification may be obtained  
by contacting Police Technical 812.232.4200

Police Technical  
www.policetechnical.com  
info@policetechnical.com  
Federal ID # 27-0476643



# Richmond County Sheriff's Office



## Office of Professional Standards and Training

This is to certify that

**Caleb Lee**

Has completed a Sixteen hour course of study entitled

### Tactical Police Rifle Course

In witness thereof, the signatures of duly authorized officers affixed.

Given on the 24th day of February, 2015.

A handwritten signature in black ink, appearing to read "John Lee".

Training Captain

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

Course Coordinator

# Georgia Public Safety Training Center

This is to Certify that

**Caleb Lee**

Has successfully completed a 40 hour course of study entitled

## Criminal Investigation Fundamentals

(ABI18G)

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.  
Given on the 8th day of May, 2015.



*[Signature]*  
Executive Director  
Peace Officer Standards and Training Council

*[Signature]*  
Course Coordinator

*[Signature]*  
Director  
Georgia Public Safety Training Center

*[Signature]*  
Division Director  
Georgia Police Academy

# Augusta Technical College Peace Officers Training Academy

*This is to certify that*

**Caleb A. Lee**

*Has successfully completed a 24 hour course of study entitled*

**Standardized Field Sobriety Testing**

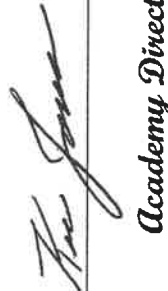
(AWS93G)

*In witness thereof, the signatures of duly authorized officers affixed.*

*Given this 10th day of May 2013.*

  
\_\_\_\_\_  
Course Coordinator

  
\_\_\_\_\_  
Assistant Course Coordinator

  
\_\_\_\_\_  
Academy Director

*The State of Georgia*

**PEACE OFFICER STANDARDS  
AND  
TRAINING COUNCIL**

*Hereby recognizes the accomplishments of*

***Caleb A. Lee***

as a

***Basic Peace Officer***

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

***PBLE101572S***

**Issue Date:  
10/05/2010**

*The State of Georgia*

***PEACE OFFICER STANDARDS***

**AND**

***TRAINING COUNCIL***

*Hereby recognizes the accomplishments of*

***Caleb A. Lee***

as a

***Basic Jail Officer***

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

***PBJA091378S***

**Issue Date:**

***09/01/2009***

# RCSO

## PERFORMANCE

## APPRAISAL



Sgt. Caleb Lee

2022

In 2017, the Richmond County Sheriff's Office declared in our Strategic Plan that our core values were Respect, Integrity, Teamwork and Excellence. Our overall mission is the reduction of gun violence in our community, to build trust and relationships in the community, invest in our human capital, to integrate, expand, and harness the use of technology for maximum effectiveness and efficiency, and to use SMART policing with Educational and Cyber Communities to maximize effectiveness and efficiency.

Although every division of the Sheriff's Office may have individual plans for accomplishing the strategic goals, every member of this agency is charged to embody our values to reach our goals.

Page 1: Specific Values. This page is to be completed for every employee.

**Respect**; is defined as a relation or reference to a particular thing or situation; an act of giving particular attention; high or special regard; the quality or state of being esteemed. Other words for respect are admiration, appreciation, esteem, estimation, favor, or regard. Respect is a noun or a verb so an individual can show respect or be respected.

**Integrity**; is a firm adherence to a code of especially moral or artistic values. Incorruptibility; soundness; completeness. It is also known as honesty, honor, and probity. Honor is a refusal to lie, steal or deceive in any way. Honor entails an active or anxious regard for the standards of one's profession, calling, or position. Integrity implies trustworthiness and incorruptibility to a degree that one is incapable of being false to a trust, responsibility, or pledge. Probity implies tried and proven honesty.

**Teamwork**; is work done by several associates with each doing a part, but all subordinating personal prominence to the efficiency of the whole. It is also known as collaboration, cooperation, and coordination.

**Excellence**; is the quality of being excellent, having an excellent or valuable quality, or showing virtue. Other terms for excellence are distinction, grace, merit, value, and virtue. The purpose of this employee evaluation is to insure that each member of the agency, regardless of the mission of their perspective units, embodies the values of this agency. The four main points of the evaluation require a simple yes or no answer on the behalf of the rater. Either answer will require an evaluation of what part the employee embodies, or lacks for a given value. Any rating that includes a "no" response requires the rater to identify steps to aid the employee in obtaining the values of the agency and to re-evaluate the employee on a quarterly basis until the employee succeeds at these goals. Any employee receiving a "no" rating in any one of these four categories is held from eligibility for advancement until the performance improves.

**RICHMOND COUNTY SHERIFF'S OFFICE  
PERFORMANCE APPRAISAL REPORT FORM**

<b>4. Employee Name:</b> Caleb Lee	<b>5. Employee Classification/Title:</b> SGT
<b>6. Division:</b> Internal Affairs/IA	

**1. Type of Review**  
xx \_\_\_\_\_ Annual \_\_\_\_\_ Other \_\_\_\_\_

**2. Review Period**  
From: 1/1/22 To: 12/31/22

**3. Next Review Date**  
12/31/23

**Specific Values**  
Respect Y  N

Sgt. Lee has been assigned to the division for a couple years and has gained more confidence in his ability and decision making. Sgt. Lee has respect from his peers and is continuing to gain trust with deputies. Sgt. Lee continues to gain the trust and respect from supervisors and Command Staff.

**Integrity** Y  N

Sgt. Lee shows great integrity within himself, this agency and his investigations.

**Teamwork** Y  N

Sgt. Lee is a team player within the division. He has demonstrated he is willing to help out in different aspects of the agency and has been helpful in the new hire process and interviewing prospective employees. Sgt. Lee volunteers for numerous events the RCSO puts on throughout the year.

**Excellence** Y  N

Sgt. Lee strives to make himself better and grow within the agency and this division and would like the challenge of being promoted to a Lieutenant. He has began Professional Management Program through Columbus State University and has excelled in the program.



**General Factors**

This section is for all line level personnel who are not in a supervisory capacity. These categories are wide ranging and generic to fit all positions.

1. Ability to make sound decisions / effective under stress

Y  N

2. Has initiative/accepts responsibility/volume of acceptable work

Y  N

3. Work knowledge and job skill level / problem solving

Y  N

4. Accepts directions / constructive criticism

Y  N

5. Accuracy, neatness, and thoroughness of work

Y  N

6. Observance of rules and safety practices

Y  N

7. Attendance / uniform and grooming / equipment maintenance

Y  N

**Supervisory Factors**

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

**1. Leadership**

Y  N

Sgt. Lee has begun taking leadership courses with Columbus State University.

**2. Decision Making**

Y  N

Sgt. Lee makes good sound decisions. I can count on him to make good decisions, especially when dealing with sensitive or complex investigations.

**3. Credibility With Subordinates**

Y  N

Sgt. Lee is fair and impartial when dealing with investigations and complaints and this has credited a credibility with subordinates.

**4. Ability to Plan and Schedule**

Y  N

Sgt. Lee is very organized and can also be counted on to complete any and all assignments in a timely manner. This is one of his strongest attributes.

**5. Resource Allocation**

Y  N

Sgt. Lee is able to accomplish this by determining which task has a higher priority and effectively getting the task complete.

**6. Develops / Trains subordinates**

Y  N

Sgt. Lee has gained better abilities at coaching up deputies and other employees that come to IA for guidance and corrective behavior.

**7. Evaluating Subordinates**

Y  N

Sgt. Lee is able to assist front line supervisors with discussing deputies weak and strong points along with helping correct behaviors that are not to the standard of RCSO.

**8. Delegation**

Y  N

Sgt. Lee is able to evaluate numerous complaints and decide if those need further attention from IA or can be sent to the front line supervisor for review.

**9. Job Knowledge/Skill**

Y  N

Sgt. Lee continues to grow as he continues his career in IA. He is gaining all the skills and knowledge necessary to become a great leader.

**OVERALL PERFORMANCE SUMMARY**

Date: 1/4/22

Immediate Supervisor's Signature: Glen Rahn

Digitally signed by Glen Rahn  
Date: 2023.01.04 10:22:15 -05'00'

Date: \_\_\_\_\_

Evaluation Meeting Conducted By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Notes on evaluation meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

I understand the contents of this appraisal and it has been discussed with me.

Date: 01/04/22 Signature: Caleb Fox

Employee Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RCSO

## PERFORMANCE

## APPRAISAL



Sgt. Caleb Lee

2021

In 2017, the Richmond County Sheriff's Office declared in our Strategic Plan that our core values were Respect, Integrity, Teamwork and Excellence. Our overall mission is the reduction of gun violence in our community, to build trust and relationships in the community, invest in our human capital, to integrate, expand, and harness the use of technology for maximum effectiveness and efficiency, and to use SMART policing with Educational and Cyber Communities to maximize effectiveness and efficiency.

Although every division of the Sheriff's Office may have individual plans for accomplishing the strategic goals, every member of this agency is charged to embody our values to reach our goals.

Page 1: Specific Values. This page is to be completed for every employee.

**Respect;** is defined as a relation or reference to a particular thing or situation; an act of giving particular attention; high or special regard; the quality or state of being esteemed. Other words for respect are admiration, appreciation, esteem, estimation, favor, or regard. Respect is a noun or a verb so an individual can show respect or be respected.

**Integrity;** is a firm adherence to a code of especially moral or artistic values. Incorruptibility; soundness; completeness. It is also known as honesty, honor, and probity. Honor is a refusal to lie, steal or deceive in any way. Honor entails an active or anxious regard for the standards of one's profession, calling, or position. Integrity implies trustworthiness and incorruptibility to a degree that one is incapable of being false to a trust, responsibility, or pledge. Probity implies tried and proven honesty.

**Teamwork;** is work done by several associates with each doing a part, but all subordinating personal prominence to the efficiency of the whole. It is also known as collaboration, cooperation, and coordination.

**Excellence;** is the quality of being excellent, having an excellent or valuable quality, or showing virtue. Other terms for excellence are distinction, grace, merit, value, and virtue. The purpose of this employee evaluation is to insure that each member of the agency, regardless of the mission of their perspective units, embodies the values of this agency. The four main points of the evaluation require a simple yes or no answer on the behalf of the rater. Either answer will require an evaluation of what part the employee embodies, or lacks for a given value. Any rating that includes a "no" response requires the rater to identify steps to aid the employee in obtaining the values of the agency and to re-evaluate the employee on a quarterly basis until the employee succeeds at these goals. Any employee receiving a "no" rating in any one of these four categories is held from eligibility for advancement until the performance improves.

**RICHMOND COUNTY SHERIFF'S OFFICE  
PERFORMANCE APPRAISAL REPORT FORM**

4. Employee Name: Caleb Lee	5. Employee Classification/Title: SGT
6. Division: Internal Affairs/IA	

1. Type of Review  
xx \_\_\_\_\_ Annual                      \_\_\_\_\_ Other

2. Review Period  
From: 1/1/21                      To: 12/31/21

3. Next Review Date  
12/31/22

**Specific Values**

**Respect**

Y  N

Sgt. Lee has respect from his peers and is gaining trust with deputies as they get to know him along with superiors of the agency. Sgt. Lee's confidence is growing as he becomes more familiar with the inter workings of the agency.

**Integrity**

Y  N

Sgt. Lee shows great integrity within himself, this agency and his investigations.

**Teamwork**

Y  N

Sgt. Lee is a team player within the division. He has demonstrated he is willing to help out in different aspects of the agency and has been helpful in the new hire process and interviewing prospective employees.

**Excellence**

Y  N

Sgt. Lee strives to make him better and grow within the agency and this division. Due to CoVid, he has not been able to attend many advanced training courses this year.

**General Factors**

This section is for all line level personnel who are not in a supervisory capacity. These categories are wide ranging and generic to fit all positions.

1. Ability to make sound decisions / effective under stress

Y  N

2. Has initiative/accepts responsibility/volume of acceptable work

Y  N

3. Work knowledge and job skill level / problem solving

Y  N

4. Accepts directions / constructive criticism

Y  N

5. Accuracy, neatness, and thoroughness of work

Y  N

6. Observance of rules and safety practices

Y  N

7. Attendance / uniform and grooming / equipment maintenance

Y  N

### Supervisory Factors

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

#### 1. Leadership

Y  N

Sgt. Lee is taking on more of a leadership role and will gain more confidence with time and experience.

#### 2. Decision Making

Y  N

Sgt. Lee makes good sound decisions. I can count on him to make good decisions, especially when dealing with sensitive or complex investigations.

#### 3. Credibility With Subordinates

Y  N

Sgt. Lee is gaining respect with both certified and non certified personnel.

#### 4. Ability to Plan and Schedule

Y  N

Sgt. Lee is very organized and can also be counted on to complete any and all assignments in a timely manner. This is one of his strongest attributes.

#### 5. Resource Allocation

Y  N

Sgt. Lee is able to accomplish this by determining which task has a higher priority and effectively getting the task complete.

#### 6. Develops / Trains subordinates

Y  N

Sgt. Lee is still learning on coaching up deputies and other employees that come to IA for guidance and corrective behavior.

#### 7. Evaluating Subordinates

Y  N

Sgt. Lee is able to assist front line supervisors with discussing a deputies weak and strong points.

#### 8. Delegation

Y  N

Sgt. Lee is able to evaluate numerous complaints and decide if those need further attention from IA or can be sent to the front line supervisor for review.

#### 9. Job Knowledge/Skill

Y  N

Sgt. Lee is growing as he continues his career in IA. He is gaining all the skills and knowledge necessary to become a great leader. He needs to attend advanced training to further his goal of becoming a Lt.



**OVERALL PERFORMANCE SUMMARY**

Date: 1/19/22

Immediate Supervisor's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

Evaluation Meeting Conducted By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Notes on evaluation meeting:

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**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

Comments:

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

I understand the contents of this appraisal and it has been discussed with me.

Date: 03/01/22 Signature: \_\_\_\_\_



Employee Comments:

I look forward to growing within this agency to become a better leader in hopes to advance my career and become a Lieutenant.

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# RCSO

## PERFORMANCE

### APPRAISAL



Sgt. Caleb Lee

2019



### Supervisory Factors

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

#### 1. Leadership

Y  N

Sgt. Lee is a newly appointed supervisor and is learning how to better lead.

#### 2. Decision Making

Y  N

Sgt. Lee makes good sound decisions. I can count on him to make good decisions, especially when dealing with sensitive or complex investigations.

#### 3. Credibility With Subordinates

Y  N

Sgt. Lee is gaining respect with both certified and non certified personnel. As he continues his career he will continue to gain respect.

#### 4. Ability to Plan and Schedule

Y  N

Sgt. Lee is very organized and can also be counted on to complete any and all assignments in a timely manner.

#### 5. Resource Allocation

Y  N

Sgt. Lee is able to accomplish this by determining which task has a higher priority and effectively getting the task complete.

#### 6. Develops / Trains subordinates

Y  N

Sgt. Lee is learning on coaching up deputies and other employees that come to IA for guidance and corrective behavior.

#### 7. Evaluating Subordinates

Y  N

Sgt. Lee is able to assist front line supervisors with discussing a deputies weak and strong points.

#### 8. Delegation

Y  N

Sgt. Lee is able to evaluate numerous complaints and decide if those need further attention from IA or can be sent to the front line supervisor for review.

#### 9. Job Knowledge/Skill

Y  N

Sgt. Lee is growing as he continues his career in IA. He is gaining all the skills and knowledge necessary to become a great leader.

**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

XXXX Annual  
\_\_\_\_\_ Other

2. Review Period

From: Jan-18 To: Dec-18

3. Next Review Date

Dec-19

4. Employee Name: Lee, Caleb B937 / 721	5. Employee Classification/Title: INVESTIGATOR
6. Division Violent Crimes / C.I.D.	

**DEFINITION OF RATINGS**

**Superior:**

Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.

**Exceeds Expectations:**

Performance is consistently above adequate skills. Achieves performance objectives, often beyond expectations.

**Meets Expectations:**

Performance consistently meets job requirements. Achieves performance objectives as stated.

**Below Expectations:**

Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are to be achieved.

**Unsatisfactory:**

Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.

# RICHMOND COUNTY SHERIFF'S OFFICE ANNUAL EMPLOYEE PERFORMANCE EVALUATION

## General Factors

U= Unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

1. Professionalism	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input checked="" type="checkbox"/> S	
2. Attendance	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
3. Observance of Rules and Safety Practices	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
4. Economy of Time and Materials	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input checked="" type="checkbox"/> S	
5. Initiative	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input checked="" type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S	
6. Ability to Make Sound Decisions	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
7. Accepts Responsibility	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
8. Accepts Directions/Constructive Criticism	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
9. Interpersonal Skills/Attitude	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
10. Volume of Acceptable Work	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
11. Effectiveness Under Stress	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
12. Uniform and Grooming	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input checked="" type="checkbox"/> S	
13. Cooperation with Fellow Employees	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
14. Proactive Contacts	<input checked="" type="checkbox"/> Does Not Apply	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input type="checkbox"/> S
15. Performance in New Situations	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input checked="" type="checkbox"/> S	
16. Work Knowledge and Job Skill Level	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
17. Problem-solving	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
18. Accuracy, Neatness, and Thoroughness of Work	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input type="checkbox"/> EE	<input checked="" type="checkbox"/> S	
19. Written/Oral Expression	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	
20. Equipment Maintenance	<input type="checkbox"/> U	<input type="checkbox"/> NI	<input type="checkbox"/> ME	<input checked="" type="checkbox"/> EE	<input type="checkbox"/> S	

TOTAL: 19

		1	13	5
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**Supervisory Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Leadership  U  NI  ME  EE  S
- 2. Decision Making  U  NI  ME  EE  S
- 3. Credibility With Subordinates  U  NI  ME  EE  S
- 4. Ability to Plan and Schedule  U  NI  ME  EE  S
- 5. Resource Allocation  U  NI  ME  EE  S
- 6. Professional Development  U  NI  ME  EE  S
- 7. Evaluating Subordinates  U  NI  ME  EE  S
- 8. Delegation  U  NI  ME  EE  S
- 9. Job Knowledge/Skill  U  NI  ME  EE  S

TOTAL: \_\_\_\_\_

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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Inv. Caleb Lee is intelligent and often brings unique perspectives to discussions in C.I.D. about cases. Inv. Lee is able to manage his case load efficiently and needs little direction in the handling of his cases. Inv. Lee's work product is exceptional and thorough and needs few corrections. Inv. Lee is professional and polite and does not get complained on and gives his victims confidence that he is doing everything possible to solve their case. Inv. Lee went to FTO school in an effort to better assist the agency in training new investigators showing his initiative to prepare himself for a future leadership role.

**2. Record specific performance deficiencies or job behavior requiring improvement or correction.**

Inv. Lee is not new to C.I.D. but recently transferred to Violent Crimes from Property Crimes. His experience as an investigator benefits him and as time progresses he will obtain more experience with Violent Crime cases. Inv. Lee needs to continue his progression of being able to work a wide variety of cases to include more complex or lengthy investigations that may arise in the future. Inv. Lee is not one to avoid work and is a reliable investigator. Sgt. Owen would like to see Inv. Lee to start taking more initiative outside of his cases and in the general workings of C.I.D. This would benefit him as others began to see his leadership potential and he is accepted as an informal leader thus making it easier for his inevitable promotion to sergeant in the future.

**3. List goals and objectives for this employee and how and when they should be accomplished.**

**Goals and Objectives**

Inv. Lee has Supervision 1, 2, and 3; but should continue to look for other supervisoin/ leadership classes.  
Exude initiative so that peers see your extra effort and willingness to accept new responsibility.

**How to Accomplish**

Pursue further training and education related to your job.  
Be quick to take cases in order to demonstrate to his peers that he is willing to go the extra mile even if it means taking on extra work and responsibility.



**OVERALL PERFORMANCE SUMMARY**

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

           Superior         Exceeds Expectations         Meets Expectations         Needs Improvement         Unsatisfactory

**Comments:**

Inv. Lee has proven himself as a valuable asset to the Violent Crimes Division. Inv. Lee needs to continue his path of development and has a promising future as a leader for this agency.  
Inv. Lee has a positive attitude and is well regarded with his peers and supervisors.

**Actions for Improvement/Development:**

Inv. Lee should continue forward maintaining his positive attitude and growth as an investigator and prepare for his future as a leader within this agency. Inv. Lee should take advantage of any leadership courses he deems necessary. Inv. Lee should also continue putting forth his hard work ethic and continue to be a role model for new investigators.

Date: 1/30/2019      Immediate Supervisor's Signature: Sgt. Tim Owen B29  
Date: 1/30/2019      Evaluation Meeting Conducted By: Tim Owen B29  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**I understand the contents of this appraisal and it has been discussed with me.**

Date: 020119      Signature: Inv. Callahan 721/B937  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

XXX Annual  
           Other

2. Review Period

From: Jan-15 To: Dec-15

3. Next Review Date

Dec-16

4. Employee Name: Caleb Lee	5. Employee Classification/Title: Investigator
6. Division CID - Property Crimes	

**DEFINITION OF RATINGS**

**Superior:**

Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.

**Exceeds Expectations:**

Performance is consistently above adequate skills. Achieves performance objectives, often beyond expectations.

**Meets Expectations:**

Performance consistently meets job requirements. Achieves performance objectives as stated.

**Below Expectations:**

Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are to be achieved.

**Unsatisfactory:**

Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.

**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**General Factors**

U= Unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Professionalism  U  NI  ME  EE  S
- 2. Attendance  U  NI  ME  EE  S
- 3. Observance of Rules and Safety Practices  U  NI  ME  EE  S
- 4. Economy of Time and Materials  U  NI  ME  EE  S
- 5. Initiative  U  NI  ME  EE  S
- 6. Ability to Make Sound Decisions  U  NI  ME  EE  S
- 7. Accepts Responsibility  U  NI  ME  EE  S
- 8. Accepts Directions/Constructive Criticism  U  NI  ME  EE  S
- 9. Interpersonal Skills/Attitude  U  NI  ME  EE  S
- 10. Volume of Acceptable Work  U  NI  ME  EE  S
- 11. Effectiveness Under Stress  U  NI  ME  EE  S
- 12. Uniform and Grooming  U  NI  ME  EE  S
- 13. Cooperation with Fellow Employees  U  NI  ME  EE  S
- 14. Proactive Contacts  Does Not Apply  U  NI  ME  EE  S
- 15. Performance in New Situations  U  NI  ME  EE  S
- 16. Work Knowledge and Job Skill Level  U  NI  ME  EE  S
- 17. Problem-solving  U  NI  ME  EE  S
- 18. Accuracy, Neatness, and Thoroughness of Work  U  NI  ME  EE  S
- 19. Written/Oral Expression  U  NI  ME  EE  S
- 20. Equipment Maintenance  U  NI  ME  EE  S

TOTAL: \_\_\_\_\_

		2	9 8

**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**Supervisory Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Leadership  U  NI  ME  EE  S
- 2. Decision Making  U  NI  ME  EE  S
- 3. Credibility With Subordinates  U  NI  ME  EE  S
- 4. Ability to Plan and Schedule  U  NI  ME  EE  S
- 5. Resource Allocation  U  NI  ME  EE  S
- 6. Professional Development  U  NI  ME  EE  S
- 7. Evaluating Subordinates  U  NI  ME  EE  S
- 8. Delegation  U  NI  ME  EE  S
- 9. Job Knowledge/Skill  U  NI  ME  EE  S

TOTAL: \_\_\_\_\_

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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Caleb does a great job on cases and case files. He shows a sense of urgency when assigned cases and works to try not to allow his cases to fall behind. Caleb works well with other investigators and is a team player. Caleb takes pride in his work and his case files, which shows when his files are being reviewed. Caleb does a good job following leads and making sure all bases are covered with each case.

**2. Record specific performance deficiencies or job behavior requiring improvement or correction.**

Caleb needs to learn to take on more responsibility and show more leadership. He shows great potential, which could lead to him being promoted. Caleb sometimes is afraid to step into the spotlight, possibly from being unsure of himself at times. Caleb needs to show more confidence, because he can do the work.

**3. List goals and objectives for this employee and how and when they should be accomplished.**

**Goals and Objectives**

Caleb needs to put in for and go to more schools, so he can help himself advance with this agency and make himself a more well-rounded individual. He needs to start setting short and long range goals, so he can start striving toward them.

**How to Accomplish**

Put in for schools that would assist him reach his potential, his next level of investigator, and toward a promotion.

**OVERALL PERFORMANCE SUMMARY**

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

       Superior    XXX Exceeds Expectations           Meets Expectations           Needs Improvement           Unsatisfactory

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions for Improvement/Development:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 01/05/16  
Date: 01/05/16

Immediate Supervisor's Signature:

Evaluation Meeting Conducted By:

[Signature]  
[Signature]  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

Comments:

Concur

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 01/12/16 Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

[Signature]  
LIEUTENANT

I understand the contents of this appraisal and it has been discussed with me.

Date: 01/05/16 Signature: \_\_\_\_\_

[Signature]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RCSO PERFORMANCE APPRAISAL



**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

XX \_\_\_\_\_ Annual  
\_\_\_\_\_ Other

2. Review Period

From: \_\_\_\_\_ 14-Jan \_\_\_\_\_ To: \_\_\_\_\_ 14-Dec \_\_\_\_\_

3. Next Review Date \_\_\_\_\_ 14-Dec \_\_\_\_\_

4. Employee Name: LEE, CALEB	5. Employee Classification/Title: INVESTIGATOR
6. Division PROPERTY CRIMES	

**DEFINITION OF RATINGS**

**Superior:**

Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.

**Exceeds Expectations:**

Performance is consistently above adequate skills. Achieves performance objectives, often beyond expectations.

**Meets Expectations:**

Performance consistently meets job requirements. Achieves performance objectives as stated.

**Below Expectations:**

Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are to be achieved.

**Unsatisfactory:**

Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.



**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**General Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Professionalism  U  NI  ME  EE  S
- 2. Attendance  U  NI  ME  EE  S
- 3. Observance of Rules and Safety Practices  U  NI  ME  EE  S
- 4. Economy of Time and Materials  U  NI  ME  EE  S
- 5. Initiative  U  NI  ME  EE  S
- 6. Ability to Make Sound Decisions  U  NI  ME  EE  S
- 7. Accepts Responsibility  U  NI  ME  EE  S
- 8. Accepts Directions/Constructive Criticism  U  NI  ME  EE  S
- 9. Interpersonal Skills/Attitude  U  NI  ME  EE  S
- 10. Volume of Acceptable Work  U  NI  ME  EE  S
- 11. Effectiveness Under Stress  U  NI  ME  EE  S
- 12. Uniform and Grooming  U  NI  ME  EE  S
- 13. Cooperation with Fellow Employees  U  NI  ME  EE  S
- 14. Proactive Contacts  Does Not Apply  U  NI  ME  EE  S
- 15. Performance in New Situations  U  NI  ME  EE  S
- 16. Work Knowledge and Job Skill Level  U  NI  ME  EE  S
- 17. Accuracy, Neatness, and Thoroughness of Work  U  NI  ME  EE  S
- 18. Written/Oral Expression  U  NI  ME  EE  S
- 19. Equipment Maintenance  U  NI  ME  EE  S

TOTAL: \_\_\_\_\_

	5	13	
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**Supervisory Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- |                                  |                            |                             |                             |                             |                            |
|----------------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| 1. Leadership                    | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 2. Decision Making               | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 3. Credibility With Subordinates | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 4. Ability to Plan and Schedule  | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 5. Job Knowledge/Skill           | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 6. Resource Allocation           | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 7. Professional Development      | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 8. Evaluating Subordinates       | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |
| 9. Delegation                    | <input type="checkbox"/> U | <input type="checkbox"/> NI | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> S |

TOTAL: \_\_\_\_\_

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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Inv. Lee stays caught up on his cases and rarely maintains any cases past 30 days old. Inv. Lee also achieved the highest arrest rate of 39.3% in the division and has the 3rd highest in all of C.I.D. Inv. Lee also had the highest Investigator Points in the division (578pts.) Inv. Lee also needs little supervision with case management and will stay over in an effort to catch up when he starts getting behind.

**2. Record specific performance deficiencies or job behavior requiring improvement or correction.**

Inv. Lee needs to continue growing as an investigator and becoming more involved in more complex investigations. Inv. Lee needs to work on his confidence as an investigator, especially on cases where leads are not easily identifiable and require inordinate amounts of investigative work. Inv. Lee needs to continue to work on his interview skills.

**3. List goals and objectives for this employee and how and when they should be accomplished.**

**Goals and Objectives**

Continue work on Interview Technique.  
Continue work on physical fitness levels in order to improve PT test scores.

**How to Accomplish**

Attend schools on related subjects.  
Become involved in investigations, to include other investigators cases to increase experience and confidence in cases. Read other investigators case files and sit in on interviews of more experienced investigators.  
Exercising on a regular basis.

**OVERALL PERFORMANCE SUMMARY**

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

       Superior    XXXX Exceeds Expectations           Meets Expectations           Needs Improvement           Unsatisfactory

**Comments:**

Inv. Lee exceeds expectations in many areas. He does not have much time in C.I.D, however his job performance does not reflect that. I have not received any complaints from other investigators or the public.

**Actions for Improvement/Development:**

Inv. Lee needs to continue his progress on developing as an investigator. Inv. Lee needs to continue the his willingness to work and helping others and he will continue to be a role model for other investigators.

Date: 12/23/2014 Immediate Supervisor's Signature: [Signature]  
Date: 12/23/2014 Evaluation Meeting Conducted By: [Signature]  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

AGREE WITH APPRAISAL.

Date: 12/23/14 Signature: [Signature]  
Title: REQUIREMENT

I understand the contents of this appraisal and it has been discussed with me.

Date: 12/23/14 Signature: [Signature]

# EMPLOYEE PERFORMANCE EVALUATION REPORT

Name <b>Lee, Caleb</b>	EMP# <b>14595</b>	Date: <b>10/28/12</b>
Classification: <b>Deputy (Road Patrol)</b>	Dept. <b>Sheriff - 5041</b>	Div: <b>Patrol</b>

Annual	XX	Special	Probation	Explain:
Anniversary		Evaluation Period	Date of Last Evaluation:	<b>11/12/11</b>

I. General Skills & Traits	Weight	Does not meet expectations (1)	Meets Expectations (2)	Exceeds Expectations (3)	TOTAL	
	(2)				Actual	Poss.
1. Dependability	2		2		4	6
2. Teamwork / Interpersonal Relations	2		2		4	6
3. Quantity of Work	2		2		4	6
4. Quality of Work	2		2		4	6
5. Customer Service	2		2		4	6
<b>TOTALS</b>					<b>20</b>	<b>30</b>

**SCORE A (Weighted Average) = Total Actual divided by Total Possible X 3** **2.0**

- Dependability:** Reliability and responsibility on the job. Ability to perform with a minimum of supervision. Use of judgement. Initiative and flexibility to meet job requirements.
- Team Work and Interpersonal Relations:** Cooperation, tact, and overall effectiveness in handling interpersonal relations. Includes relationships with management, subordinates, peers, and outside business contacts. Includes one-to-one and group interactions. Ability to function as a team member.
- Quantity of Work:** Ability to complete required work within normal time limits. Volume of work produced under normal conditions. Effective use of resources.
- Quality of Work:** Degree to which work is accurate, neat, and thorough.

II. SPECIFIC JOB RESPONSIBILITIES	Weight	Does not meet expectations (1)	Meets Expectations (2)	Exceeds Expectations (3)	TOTAL	
	(1-3)	1	2	3	Actual	Poss.
1. Patrols assigned zone to detect and deter crime	3		2		6	9
2. Conducts preliminary inquiries, field interviews	3		2		6	9
3. Apprehends, arrests, and processes offenders	1		2		2	3
4. Provides assistance and backup support to officers	1		2		2	3
5. Testifies in judicial proceedings.	1		2		2	3
6. Inspects and maintains patrol car/motorcycle	1		2		2	3
<b>TOTALS</b>					<b>20</b>	<b>30</b>

**SCORE B (Weighted Average) = Total Actual divided by Total Possible X 3** **2.0**

### GUIDE TO INDIVIDUAL RATINGS

<b>Does not meet expectations (1)</b>	<b>Meets Expectations (2)</b>	<b>Exceeds Expectations (3)</b>
Mandatory management plan. Recommended Performance Improvement Probation.	Meets job and County standards of a good employee	Consistently excels; far exceeds standards; role model.

**III. EMPLOYEE'S TOTAL AVERAGE PERFORMANCE RATING ((A+B) Actual / (A+B) Possible) X 3** **2.0**

# EMPLOYEE PERFORMANCE EVALUATION REPORT

IV. Does Employee perform at Acceptable Level	YES	NO	Comments Req'd if "NO" - Use Attachments if Needed
1. Appearance	X		
2. Safety	X		
3. Follows Rules/Policies	X		
4. Attendance Lateness	X		Times Late: 0 Hours Unexcused: 0 Total S/L and lost Time:
5. Employee has neither an attendance nor a tardy problem	X		

**V. NARRATIVE:**

**1. EMPLOYEE'S STRENGTHS/ SPECIAL ACHIEVEMENTS:**

Deputy Lee is now a driver and he is assigned to a beat. He is doing a good job, and he patrols his beat very good.

**2. STRATEGY FOR PERFORMANCE IMPROVEMENT:**

Attending classes will further his career, and improve his performance

**3. ANNUAL PERFORMANCE GOALS:**

To improve in all areas of assignments, responsibilities and devotion to duty.

# EMPLOYEE PERFORMANCE EVALUATION REPORT

## 4. CAREER DEVELOPMENT GOALS/STRATEGY:

Deputy Lee would like to be a investigator and work in CID.

## 5. GENERAL COMMENTS:

Dep. Lee is becoming a good deputy and is dependable. His performance will get better with experience.

Dep Lee should become more aggressive in the beat he patrols.

MANAGEMENT SIGNATURES DATES:

# EMPLOYEE PERFORMANCE EVALUATION REPORT

Manager Initiating Report:

Sgt. William Quarles A414

10/28/12

Signature

Date

Reviewing:

[Signature]

11/10/12

Signature

Date

Reviewing:

Capt. [Signature]

5 Nov 12

Signature

Date

**EMPLOYEE SIGNATURE AND DATE:**

1. My supervisor and I have discussed my job description as it relates to my current duties
2. My supervisor has conducted an interim progress review with me this year.
3. I have provided feedback to my supervisor via the employees pre-evaluation worksheet
4. Signature acknowledges receipt of this report: [Signature]
5. Employee comments:

YES	NO
✓	
✓	
✓	

Signature

Date



# EMPLOYEE PERFORMANCE EVALUATION REPORT

## **SPECIFIC JOB RESPONSIBILITIES ENUMERATED:**

1. Patrols assigned zone to detect and deter criminal activity and traffic violations, and responds to calls.
2. Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
3. Apprehends, arrests, and processes offenders.
4. Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5. Testifies in judicial proceedings.
6. Inspects and maintains patrol car/motorcycle.

# EMPLOYEE PERFORMANCE EVALUATION REPORT

COPY

Name <b>LEE, Caleb</b>	EMP# <b>14595</b>	Date: <b>11/12/11</b>
Classification: <b>Deputy (Road Patrol)</b>	Dept. <b>Sheriff - 5041</b>	Div: <b>Patrol</b>

Annual	XX	Special	Probation	Explain:
Anniversary		Evaluation Period	Date of Last Evaluation:	<b>11/13/10</b>

I. General Skills & Traits	Weight	Does not meet expectations (1)	Meets Expectations (2)	Exceeds Expectations (3)	TOTAL	
	(2)				Actual	Poss.
1. Dependability	2		2		4	6
2. Teamwork / Interpersonal Relations	2		2		4	6
3. Quantity of Work	2		2		4	6
4. Quality of Work	2		2		4	6
5. Customer Service	2		2		4	6
<b>TOTALS</b>					<b>20</b>	<b>30</b>

**SCORE A (Weighted Average) = Total Actual divided by Total Possible X 3** **2.0**

**Dependability:** Reliability and responsibility on the job. Ability to perform with a minimum of supervision. Use of judgement. Initiative and flexibility to meet job requirements.

**Team Work and Interpersonal Relations:** Cooperation, tact, and overall effectiveness in handling interpersonal relations. Includes relationships with management, subordinates, peers, and outside business contacts. Includes one-to-one and group interactions. Ability to function as a team member.

**Quantity of Work:** Ability to complete required work within normal time limits. Volume of work produced under normal conditions. Effective use of resources.

**Quality of Work:** Degree to which work is accurate, neat, and thorough.

II. SPECIFIC JOB RESPONSIBILITIES	Weight	Does not meet expectations (1)	Meets Expectations (2)	Exceeds Expectations (3)	TOTAL	
	(1-3)	1	2	3	Actual	Poss.
1. Patrols assigned zone to detect and deter crime	3		2		6	9
2. Conducts preliminary inquiries, field interviews	3		2		6	9
3. Apprehends, arrests, and processes offenders	1		2		2	3
4. Provides assistance and backup support to officers	1		2		2	3
5. Testifies in judicial proceedings.	1		2		2	3
6. Inspects and maintains patrol car/motorcycle	1		2		2	3
<b>TOTALS</b>					<b>20</b>	<b>30</b>

**SCORE B (Weighted Average) = Total Actual divided by Total Possible X 3** **2.0**

### GUIDE TO INDIVIDUAL RATINGS

<b>Does not meet expectations (1)</b> Mandatory management plan. Recommended Performance Improvement Probation.	<b>Meets Expectations (2)</b> Meets job and County standards of a good employee	<b>Exceeds Expectations (3)</b> Consistently excels; far exceeds standards; role model.
--------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

**III. EMPLOYEE'S TOTAL AVERAGE PERFORMANCE RATING ((A+B) Actual / (A+B) Possible) X 3** **2.0**

# EMPLOYEE PERFORMANCE EVALUATION REPORT

IV. Does Employee perform at Acceptable Level	YES	NO	Comments Req'd if "NO" - Use Attachments if Needed
1. Appearance	X		
2. Safety	X		
3. Follows Rules/Policies	X		
4. Attendance Lateness	X		Times Late:
			Hours Unexcused:
			Total S/L and lost Time:
5. Employee has neither an attendance nor a tardy problem	X		

**V. NARRATIVE:**

**1. EMPLOYEE'S STRENGTHS/ SPECIAL ACHIEVEMENTS:**

Dep. Lee has completed the FTO program and is now a relief driver.

**2. STRATEGY FOR PERFORMANCE IMPROVEMENT:**

Attend classes further his career.

**3. ANNUAL PERFORMANCE GOALS:**

# EMPLOYEE PERFORMANCE EVALUATION REPORT

## 4. CAREER DEVELOPMENT GOALS/STRATEGY:

## 5. GENERAL COMMENTS:

Dep. Lee is becoming a good deputy and is dependable. He needs to be careful as not to interject personal feelings when on calls and in front of victims. This should get better with correction and with experience.

## MANAGEMENT SIGNATURES DATES:

# EMPLOYEE PERFORMANCE EVALUATION REPORT

Manager Initiating Report:	<i>Sgt. Glenn Sammons</i> Signature	11/12/11 Date
Reviewing:	<i>[Signature]</i> Signature	11-21-11 Date
Reviewing:	<i>Capt. J.A. Griffin</i> Signature	11-21-11 Date

**EMPLOYEE SIGNATURE AND DATE:**

1. My supervisor and I have discussed my job description as it relates to my current duties
2. My supervisor has conducted an interim progress review with me this year.
3. I have provided feedback to my supervisor via the employees pre-evaluation worksheet
4. Signature acknowledges receipt of this report: *[Signature]*  
Signature
5. Employee comments:

YES	NO
✓	
✓	
✓	

11/22/11  
 Date

# EMPLOYEE PERFORMANCE EVALUATION REPORT

## **SPECIFIC JOB RESPONSIBILITIES ENUMERATED:**

1. Patrols assigned zone to detect and deter criminal activity and traffic violations, and responds to calls.
2. Conducts preliminary inquiries, field interviews, follow-up investigations, residential and commercial/industrial security checks, and secures crime scenes.
3. Apprehends, arrests, and processes offenders.
4. Provides assistance and backup support to other officers, first aid and CPR to victims, traffic direction and escorts, and assists motorists.
5. Testifies in judicial proceedings.
6. Inspects and maintains patrol car/motorcycle.

# EMPLOYEE PERFORMANCE EVALUATION REPORT

COPY

Name: <b>LEE, Caleb</b>	EMP# <b>14595</b>	Date: <b>111310</b>
Classification: <b>Deputy / Road Patrol</b>	Dept: <b>5041/ 5092</b>	Div: <b>B South</b>

Annual <b>XX</b>	Special	Probation	Explain:
Anniversary	Evaluation Period	Date of Last Evaluation:	

I. General Traits & Skills	Weight (2)	UNSAT 4	NI 5	SAT 6-8	EX 9	OS 10	TOTAL	
							Actual	Poss.
1. Dependability	2			6			<b>12</b>	20
2. Teamwork / Interpersonal Relations	2			6			<b>12</b>	20
3. Quantity of Work	2			6			<b>12</b>	20
4. Quality of Work	2			6			<b>12</b>	20
5. Customer Service	2			6			<b>12</b>	20
<b>TOTALS</b>							<b>60</b>	100
							<b>6</b>	

II. SPECIFIC JOB RESPONSIBILITIES	Weight (1-3)	UNSAT 4	NI 5	SAT 6-8	EX 9	OS 10	TOTAL	
							Actual	Poss.
1. Patrol assigned beat to detect and deter criminal activity.	2			6			<b>12</b>	20
2. Conducts preliminary investigation/secures crime scene.	2			6			<b>12</b>	20
3. Provides assistance to victims.	2			6			<b>12</b>	20
4. Mastery of operating a police car, firearms, and emergency equipment.	1			6			<b>6</b>	10
5. Provides backup to other officers.	1			6			<b>6</b>	10
6. Responds to calls from dispatch in a timely manner.	1			6			<b>6</b>	10
7. Cleans / maintains patrol vehicle.	1			6			<b>6</b>	10
8.							<b>0</b>	0
							<b>60</b>	100

**SCORE B (Weighted Average) = Total Actual divided by Total Possible X 10** **6**

### GUIDE TO INDIVIDUAL RATINGS

Unsatisfactory (4)	Needs Improvement (5)	Satisfactory (6-8)	Excellent (9)	Outstanding (10)
Mandatory management plan. Recommended Performance Improvement Probation.	Mandatory management plan. Optional probation for specific Unsatisfactory areas.	Meets job and County standards of a good employee.	Performs noticeably above required standards.	Consistently excels; far exceeds standards; role model.

**III. EMPLOYEE'S TOTAL AVERAGE PERFORMANCE RATING ((A+B) Actual / (A+B) Possible) X10** **6.0**

IV. Does Employee perform at Acceptable Level	YES	NO	Comments Req'd if "NO" - Use Attachments if Needed
1. Appearance	<b>X</b>		
2. Safety	<b>X</b>		
3. Follows Rules/Policies	<b>X</b>		
4. Attendance / Lateness	<b>X</b>		Times Late: <b>0</b>
			Hours Unexcused: <b>0</b>
			Total S/L and Lost Time: <b>0</b>
5. Employee has neither an attendance nor a tardy problem.	<b>X</b>		

# EMPLOYEE PERFORMANCE EVALUATION REPORT

## V. NARRATIVE:

### 1. EMPLOYEE'S STRENGTHS/ SPECIAL ACHIEVEMENTS:

### 2. STRATEGY FOR PERFORMANCE IMPROVEMENT:

### 3. ANNUAL PERFORMANCE GOALS:

### 4. CAREER DEVELOPMENT GOALS/STRATEGY:

**SHORT:** Complete the FTO program.

**LONG:**

### 5. GENERAL COMMENTS:

Dep. Lee is a new employee and is in the FTO program at this time. He reports to work on time.



# EMPLOYEE PERFORMANCE EVALUATION REPORT

**MANAGEMENT SIGNATURES DATES:**

Manager Initiating Report:	<u>Sgt. Glenn Sammons 8-23</u> Signature	<u>111310</u> Date
Reviewing:	<u>Lt. Wendy K George A13</u> Signature	<u>11-17-10</u> Date
Reviewing:	<u>Capt. J. Baiffin</u> Signature	<u>11/17/10</u> Date

**EMPLOYEE SIGNATURE AND DATE:**

1. My supervisor and I have discussed my job description as it relates to my current duties
2. My supervisor has conducted an interim progress review with me this year.
3. I have provided feedback to my supervisor via the employees pre-evaluation worksheet

YES	NO
<b>X</b>	
<b>X</b>	
<b>X</b>	

4. Signature acknowledges receipt of this report

<b>X</b> <u>Callahan</u> Signature	<u>11/22/10</u> Date
---------------------------------------	-------------------------

5. Employee comments:

# EMPLOYEE PERFORMANCE EVALUATION REPORT

Name: Deputy Caleb Lee	EMP# 14595	Date: 11/07/2009
Classification: Jailer	Dept.: Sheriff-RCJ-5034	Div.: Jails

Annual <input checked="" type="checkbox"/> Special <input type="checkbox"/> Probation <input type="checkbox"/> Explain:
Anniversary <input type="checkbox"/> Evaluation Period: 2008-2009 Date of Last Evaluation: 2007-2008

I. GENERAL SKILLS & TRAITS	Weight (2)	U 4	NI 5	SAT 6-8	EX 9	OS 10	TOTAL	
							Actual	Poss.
1. Dependability	2			8			16	20
2. Teamwork/Interpersonal Relations	2			8			16	20
3. Quantity of Work	2			7			14	20
4. Quality of Work	2			8			16	20
5. Customer Service	2			8			16	20
<b>TOTALS</b>							78	100
<b>SCORE A (Weighted Average) = Total Actual divided by Total Possible x 10</b>							7.8	

II. SPECIFIC JOB RESPONSIBILITIES	Weight (1-3)	U 4	NI 5	SAT 6-8	EX 9	OS 10	TOTAL	
							Actual	Poss.
1. Security of Inmates	2			8			16	20
2. Proficiency in Inmate Control	2			7			14	20
3. Operate Security Controls, CCTV, Intercom, Computer, Telephone	1			8			8	10
4. Supervise Inmate Trustee Activity	1			8			8	10
5. Knowledge of Law, Rules, Regulations, Operational Orders	1			8			8	10
6. Distribute and Collect Inmate Property	1			7			7	10
7. Identification Process of Inmates (Computer, Photo, Fingerprints, etc.)	1			7			7	10
8. Complete Reports, Forms, Legal Documents, Log Book Entries	1			7			7	10
<b>TOTALS</b>							75	100
<b>SCORE B (Weighted Average) = Total Actual divided by Total Possible x 10</b>							7.5	

### GUIDE TO INDIVIDUAL RATINGS

Unsatisfactory (4)	Needs Improvement (5)	Satisfactory (6 to 8)	Excellent (9)	Outstanding (10)
Mandatory management plan. Recommended Performance Improvement Probation.	Mandatory management plan. Optional probation for specific unsatisfactory areas.	Meets job and County standards of a good employee.	Performs noticeably above required standards.	Consistently excels; far exceeds standards; role-model.

<b>III. EMPLOYEE'S TOTAL AVERAGE PERFORMANCE RATING [(A+B) Actual / (A+B) Possible] x 10</b>	7.65
----------------------------------------------------------------------------------------------	------

IV. Does Employee perform at Acceptable Level?	YES	NO	Comments Required if "NO" Use Attachments if Needed
1. Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Follows Rules/Policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Attendance Lateness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Times Late:
			Hours Unexcused:
			Total S/L and Lost Time: 0
5. Employee has neither an attendance nor a tardy problem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

# EMPLOYEE PERFORMANCE EVALUATION REPORT

## **V. NARRATIVE:**

### **1. EMPLOYEE'S STRENGTHS/SPECIAL ACHIEVEMENTS:**

Dep. Lee has a good idea as to what it takes to become a good Deputy.

### **2. STRATEGY FOR PERFORMANCE IMPROVEMENT:**

To continue to apply himself in every way possible.

### **3. ANNUAL PERFORMANCE GOALS:**

To study for Mandate.

### **4. CAREER DEVELOPMENT GOALS/STRATEGY:**

Has accomplished one goal which was to attend Jailer's school; Next, complete Mandate.

### **5. GENERAL COMMENTS:**

Continue to perform at a satisfactory level.

COPY

# EMPLOYEE PERFORMANCE EVALUATION REPORT

## VI. MANAGEMENT SIGNATURES & DATES:

Manager Initiating Report:

Sgt. A. P. Williams  
Signature

11-08-09  
Date

Reviewing:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewing:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewing:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewing:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VII. EMPLOYEE SIGNATURE AND DATE:

1. My supervisor and I have discussed my job description as it relates to my current duties.
2. My supervisor has conducted an interim progress review with me this year.
3. I have provided feedback to my supervisor via the employees' pre-evaluation worksheet.
4. Signature acknowledges receipt of this report:

YES	NO
X	
X	
X	

DEP Caleb Lee  
Employee's Signature

11/7/09  
Date

5. Employee comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# NEW HIRE PROCESS



AUGUSTA-RICHMOND COUNTY
HUMAN RESOURCES QUESTIONNAIRE

NAME: Caleb A. Lee HOME PHONE: [REDACTED]

ADDRESS: [REDACTED] (STREET) [REDACTED] (CITY) [REDACTED] (STATE) [REDACTED] (ZIP)

DATE OF BIRTH: [REDACTED] SEX: [X] MALE [ ] FEMALE

SOCIAL SECURITY NUMBER: [REDACTED] U.S. CITIZEN [X] YES [ ] NO

MARITAL STATUS: [X] SINGLE [ ] MARRIED [ ] DIVORCED
RACE: [X] WHITE [ ] BLACK [ ] ASIAN AMERICAN [ ] HISPANIC [ ] OTHER

CIRCLE HIGHEST SCHOOLING COMPLETED: GRADE SCHOOL: 4 5 6 7 8
HIGH SCHOOL: 9 10 11 12 GED
COLLEGE: 1 2 3 4
GRADUATE: 1 2 3

RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY: ( ) YES [X] NO
IF YES, NAME: RELATIONSHIP:

DEPARTMENT: [REDACTED]

IN EMERGENCY NOTIFY: [REDACTED] (NAME) [REDACTED] (PHONE)

PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY?
[X] NO ( ) YES DATE LEFT:

[Signature] (SIGNATURE) 4/27/09 (DATE)

FOR OFFICE USE ONLY: (TO BE COMPLETED BY PERSONNEL STAFF)

DATE OF EMPLOYMENT: DEPARTMENT NUMBER:

POSITION TITLE: CLASS CODE: PAY CLASS:

SALARY: GRADE: ALLOWANCE:

STATUS: HOURS PER DAY: CALENDAR:

REPLACED: EMPLOYEE NUMBER:

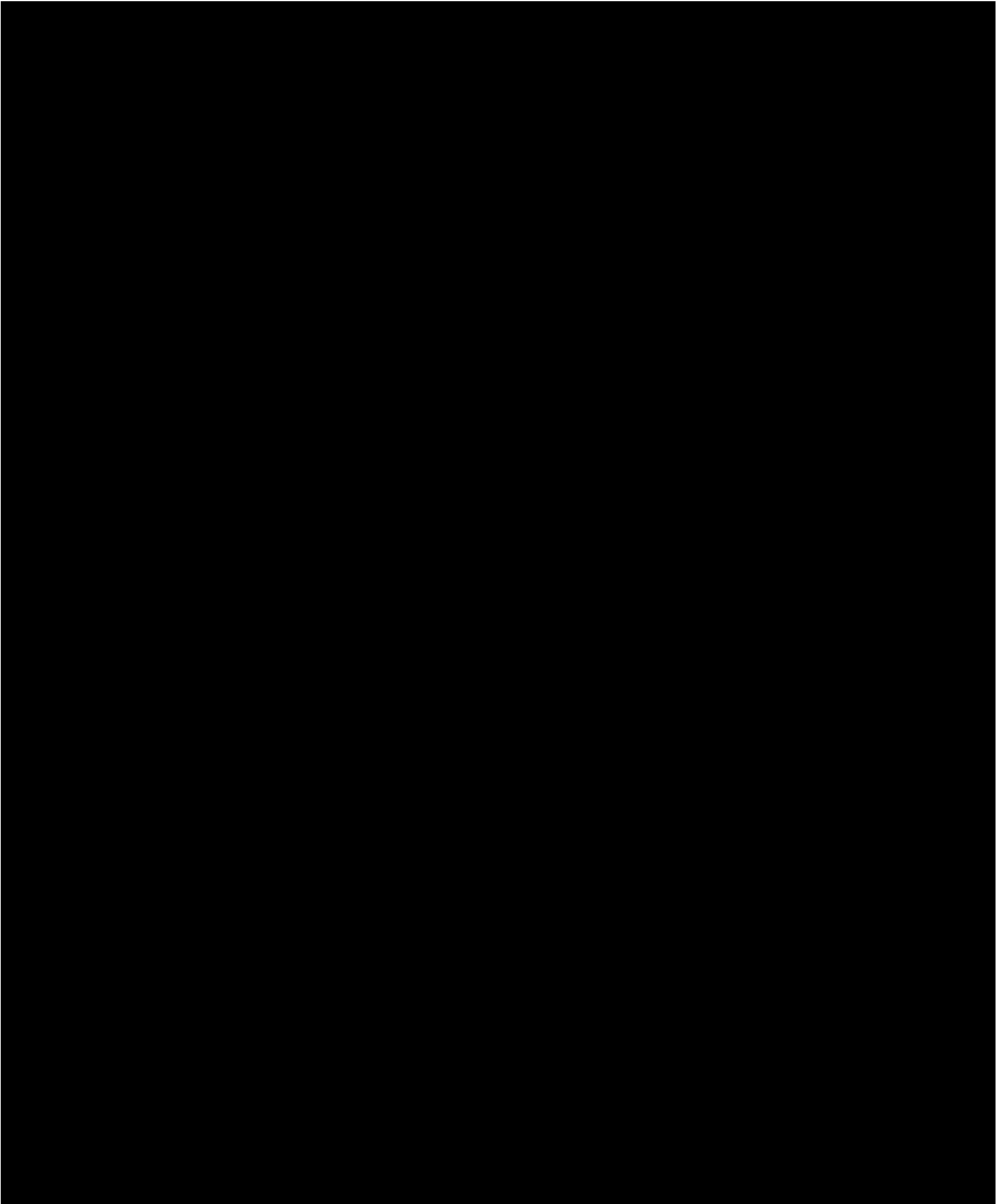
PCN:

TAX CODE: FEDERAL (S,M) DEP: STATE: (S, M, J, H) DEP:
ADDITIONAL: ADDITIONAL:

ORIENTATION DATE:

SENT ORIENTATION SCHEDULE:

**MEDICAL HISTORY STATEMENT  
AUGUSTA-RICHMOND COUNTY EMPLOYMENT**



**SUBSTANCE ABUSE COVERAGE FORM**

I, Caleb A. Lee, have read and understand the below Richmond County Substance Abuse Policy.

I further understand that the use, possession, sale or distribution of alcohol, drugs, or controlled substances in the workplace is strictly prohibited.

For purposes of this policy "drugs or controlled substances" includes legal and illegal (street) drugs taken for non-medical reasons. It does not include prescription medication taken in accordance with a physician's instructions. I also understand that the presence of such substances in my system during work hours places unacceptable risk and burden on the safe and efficient operation of my job, and consequently, is strictly forbidden.

I also understand that if arrested and/or convicted for off-the-job drug and alcohol activities, including driving under the influence, some persons in some job assignments may have action taken against them, taking into consideration among other things, the nature of the charge, job assignment, and record with the County.

I also understand, in connection with the Richmond County Substance Abuse Program, that "for reasonable cause", (paragraph F page 2 - Annex B of the Safety/Risk Management Manual adopted April 29, 1987) I am subject to testing for the presence of drugs and alcohol in my system.

I fully understand that my cooperation with, and adherence to, Richmond County's Policies and Procedures regarding substance abuse are conditions of my continued employment and that, if I violate, or am insubordinate by refusing to cooperate with any of these policies and procedures, I am subject to discipline, up to and including discharge.

SIGNATURE: \_\_\_\_\_



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

4/27/09



**AUGUSTA-RICHMOND COUNTY**  
**USE OF POLYGRAPH EXAMINATIONS**

**SECTION I: POLICY**

A. This policy is to be followed in the utilization of polygraph examinations whenever they are used as part of an investigation of alleged impropriety or misconduct by officers, employees, or agents of Richmond County, Georgia.

B. All Richmond County employees or agents are required to cooperate with supervisors and investigators in the process of conducting investigations of, incidents of, and reports alleging impropriety or misconduct on the part of any officer, employee, or agent including, but not limited to, the providing of written or oral testimony under oath and submission to an examination by polygraph.

C. Supervisory personnel investigating impropriety or misconduct by employees, investigators employed by Richmond County or investigative agents of other organizations and agencies specifically approved and commissioned to undertake an internal investigation of any Richmond County operated or funded activity, are authorized to employ polygraph examinations.

D. Polygraph examinations may be administered only by persons employed as polygraph examiners by a law enforcement agency or by persons licensed by the Georgia Board of Polygraph Examiners or licensed in some other state to conduct such examinations. The questions asked in any polygraph examination must relate narrowly and directly to the subject's participation in the alleged impropriety or misconduct under investigation or to his knowledge of information pertaining to such impropriety or misconduct.

E. Refusal of an order to submit to a polygraph examination under the circumstances covered in this policy shall be considered to be refusal to follow a direct order and shall constitute cause for initiation of adverse action based upon insubordination.

TO: WHOM IT MAY CONCERN  
SUBJECT: USE OF POLYGRAPH EXAMINATION

I, Caleb A. Lee an employee of Richmond County Georgia, have read Annex B to the Richmond County Policy and Procedures Manual, USE OF POLYGRAPH EXAMINATION. I understand the contents of this annex and how it applies to me in my employment by Augusta-Richmond County.

  
\_\_\_\_\_  
(signature)

4/27/09  
\_\_\_\_\_  
(date)

Susan Epp  
\_\_\_\_\_  
(witness)

4-27-09  
\_\_\_\_\_  
(date)

**GEORGIA CRIME INFORMATION CENTER  
AWARENESS STATEMENT**


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

O.G.C.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information 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 (O.C.G.A. 16-9-90 ET SEQ) was enacted to provide statutory protection for public sector and private sector computer systems, including communications links to such computer systems. The Act establishes major felony penalties for four criminal offenses: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The act defines each of the felonies in broad terms. The criminal penalties for each offense include maximum sentences to confinement for 15 years, fines up to \$50,000.00, and civil penalties. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of confinement for not more than one year and a fine up to \$500.00, or both.

These above-cited statutes have broad application in Georgia, to private citizens, to public officials, and to employees of governmental agencies. The Georgia Criminal Justice Information System Network, operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31, and all of the data bases accessible via 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 this Awareness Statement.

SIGNED:  DATE: 4/27/09  
WITNESS:  DATE: 4-27-09

# Form W-4 (2009)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

A Enter "1" for yourself if no one else can claim you as a dependent. . . . . **A** 1

B Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . **B** \_\_\_\_\_

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . **E** \_\_\_\_\_

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.   
**G** \_\_\_\_\_

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2009</b>
1 Type or print your first name and middle initial. <b>CALEB A.</b>		Last name <b>LEE</b>		2 Your social security number [REDACTED]
Home address (number and street) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶ <i>[Signature]</i>				Date ▶ <u>4/27/09</u>
8 Employer's name and address (Employer completes lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

STATE OF GEORGIA
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME: Caleb Andrew Lee
1b. YOUR SOCIAL SECURITY NUMBER: [REDACTED]
2a. HOME ADDRESS (Number, Street, or Rural Route): [REDACTED]
2b. CITY, STATE AND ZIP CODE: [REDACTED]

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

- 3. MARITAL STATUS (If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)
A. Single: enter 0 or 1 [0]
B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 [ ]
C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 [ ]
D. Married Filing Separate: enter 0 or 1 or 2 [ ]
E. Head of Household: enter 0 or 1 or 2 [ ]
4. DEPENDENT ALLOWANCES [ ]
5. ADDITIONAL ALLOWANCES [ ] (complete worksheet below)
6. ADDITIONAL WITHHOLDING \$ \_\_\_\_\_

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES
This worksheet must be completed if Line 5 is greater than zero.
1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
Yourself: [ ] Age 65 or over [ ] Blind
Spouse: [ ] Age 65 or over [ ] Blind Number of boxes checked \_\_\_\_\_ x 1300 = \$ \_\_\_\_\_
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
A. Estimated Federal Itemized Deductions \$ \_\_\_\_\_
B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
Each Spouse \$1,500 \$ \_\_\_\_\_
C. Subtract Line B from Line A \$ \_\_\_\_\_
D. Allowable Deductions to Federal Adjusted Gross Income \$ \_\_\_\_\_
E. Add the Amounts on Lines 1, 2C, and 2D \$ \_\_\_\_\_
F. Estimate of Taxable Income not Subject to Withholding \$ \_\_\_\_\_
G. Subtract Line F from Line E (if zero or less, stop here) \$ \_\_\_\_\_
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \_\_\_\_\_
This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up.

7. LETTER USED (Marital Status A, B, C, D, or E) A TOTAL ALLOWANCES (Total of Lines 3 - 5) 0
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: Skip this line if you entered information on Lines 3 - 7. Read the instructions for Line 8 on page 2.
I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here [ ]

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature [Signature] Date 4/27/09

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN: \_\_\_\_\_

EMPLOYER'S WH#: \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Lee</u>	First <u>Caleb</u>	Middle Initial <u>A.</u>	Maiden Name
Apt. #		Date of Birth (month/day/year)	
City		Social Security #	

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

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

A citizen or national of the United States  
 A Lawful Permanent Resident (Alien # A)  
 An alien authorized to work until 1/1  
(Alien # or Admission #)

Employee's Signature [Signature] Date (month/day/year) 4/27/09

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

## Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		<u>Drivers License</u>		<u>Social Security</u>
Issuing authority: _____		<u>Georgia</u>		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		<u>14</u>		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee; that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Susan A. Epps Print Name Susan A. Epps Title Admin. Asst.  
Business or Organization Name Richmond County Sheriff Address (Street Name and Number, City, State, Zip Code) 401 Walton Way Augusta, GA 30911 Date (month/day/year) 4-27-09

## Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) \_\_\_\_\_ B. Date of rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

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

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

# ***EMPLOYEE INFORMATION SHEET:***

**Name:** Caleb A. Lee

---

**Address:** [REDACTED]

---

**Phone:** [REDACTED]

---

**SSN:** [REDACTED]

---

**Hire Date:** Saturday, 05/02/09

---

**Orientation:** Monday, 05/04/09 @ 8:15 AM

---

**Date to Report:** Tuesday, 05/05/09 @ 5:45 PM

---

**Assigned Shift:** D-Shift / CBWDC

---

**Supervisor:** Lt. Earl Bagley

---

**Salary (bi-weekly):** \$1,101.88                      **Salary (annual):** \$28,648.88

---

**First Check:** 05/22/09

---

**Computer #:** B937

---

## ***FINGERPRINTS***

### ***P.O.S.T. PAPERWORK***

***PHOTO*** Jail Administration (1<sup>st</sup> floor of Law Enforcement Center)

***ROAD DEPUTIES*** Training Range (Weapon)

***UNIFORMS*** Ttreon Bush (Quartermaster)  
Warehouse building behind Red Lobster  
Enter through gates via Walton Way

***SWEARING IN*** Friday, 05/01/09 @ 12:00 PM

---

Judge Isaac S. Jolles  
4<sup>th</sup> floor Municipal Building  
530 Greene Street  
(Do not wear uniform)

**NEW HIRE NOTIFICATION/CONFIRMATION**

\*\*\*[ PLEASE COMPLETE ALL BLANKS ]\*\*\*

**TO: Employment Manager**  
**Human Resources**

**DATE: 04/27/09**

**FROM: Sheriff**  
**(Department Name)**

**5034**  
**(Department #)**

Payroll Class. Title	Jailer 12.5 hr
Salary Grade	41
Annual Salary	\$28,648.88
Bi-weekly Salary	\$1,101.88
	(% over entry
	* 11% or more over entry requires submission of Commission Approval Letter
Hourly rate	
Allowance (specify, example: clothing, car, etc.)	
Hours bi-weekly	81.25

Caleb A. Lee has been selected for consideration in the above mentioned vacancy. If hiring requirements are met, the Human Resources Department will advise as soon as possible.

All new full-time employees will attend orientation on the Monday of the new pay period. Please circle the effective date (No employee will be entered on payroll or start work prior to orientation).

<u>2009</u>					
JANUARY	10	24	JULY	11	25
FEBRUARY	07	21	AUGUST	08	22
MARCH	07	21	SEPTEMBER	05	19
APRIL	04	18	OCTOBER	03	17 31
MAY	02	16 30	NOVEMBER	14	28
JUNE	13	27	DECEMBER	12	26

Stephen Harden PCN: SPR0526021  
**(replaced employee)**

13793  
**(employee #)**

5034  
**(dept #)**

Department Director's Signature

# Application Process II

Last Name	First Name	Middle Name	Suf
Lee	Caleb	A.	
SS#	DL#	DOB:	
██████████	██████████	██████████	
Interview (Date):	02/20/2009	Interviewed By:	Cliff Hufferman
Remarks:	- OKAY for Hire *wants C - CBWDC		
POST (Date):	2-17-09		
Remarks:	NO RECORD.		
Entrance Exam (Date):		Score:	
Polygraph (Date):	3/3/08	Examiner:	J. D. King
Remarks:	NDI - 01		
Range:			
Background by:	Mrs. Jo Ann Kuttler		
Remarks:	Nothing derogatory		
Drug Screen:	4-20-09	Physical	4-20-09
No Further Process			
Approved Hire:	Tom Howell		





# Application for Employment

## Augusta, Georgia

HUMAN RESOURCES DEPARTMENT

ROOM 601, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911

[www.augustaga.gov](http://www.augustaga.gov) JOB LINE: (706) 821-2305 PHONE: (706) 821-2303 FAX: (706) 821-2867

In order to be considered for a position, applications must be complete. You must **PRINT, SIGN** and **DATE** your application in **INK**.

Position Applying For <u>Deputy Jailer</u>	Date <u>2/9/09</u>
Name Last <u>Lee</u> First <u>Caleb</u> MI <u>A</u>	
Current Address [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]	
Telephone Number(s) [REDACTED] ( )	

Have you ever been employed with the City of Augusta or Richmond County before?  Yes  No  
 If yes, Date \_\_\_\_\_ Position Dental Assistant

On what date would you be available for work? ASAP

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

If you are required to register with the Selective Service, can you show proof of registration? (Required of males ages 18-26.)  Yes  No  N/A

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you legally eligible to work in the U.S.?  Yes  No

Do you have any relatives employed with us?  Yes  No

If yes, Name \_\_\_\_\_ Relation \_\_\_\_\_ Dept \_\_\_\_\_

If yes, Name \_\_\_\_\_ Relation \_\_\_\_\_ Dept \_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest to a misdemeanor?\*  Yes  No

If yes, please give date and explanation. \_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest to a felony?  Yes  No

If yes, please give date and explanation. \_\_\_\_\_

\*A misdemeanor or felony conviction will not necessarily disqualify a job candidate from being considered for a position, unless applicable by law.

### Education

High School				
School Name and Address			Did you graduate?	
<u>Ridgeland High School 2478 Happy Valley Rd. Rossville, GA 30741</u>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If not a high school graduate, do you have a GED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical or Business Schools				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges/Universities				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
<u>Dalton State College 650 College Dr. Dalton, GA 30720</u>	<u>3</u>	<u>Science</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Associate</u>
<u>Augusta State University 2500 Walton Way Augusta, GA 30904</u>	<u>3</u>	<u>Biology</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>BS</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Augusta is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin or disability. Applications are kept on file for 90 days.



## Application for Employment Augusta, Georgia

**References:** List three (3) personal references who are not related to you and are not previous employers.

Name	Address	Phone Number	Years Known
			4+
			2
			4+

**Employment History:** List most recent or current job first: (please cover last eight (8) years, attach additional page if needed.)

Name of Organization [Redacted]	Telephone [Redacted]	Dates Employed From mo/yr 09/04 To mo/yr 01/09
Number and Street 3606 Wheeler Rd	City State Zip Code Augusta GA 30909	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title Office Manager	Name of Supervisor [Redacted]	Pay (hourly rate/salary) Starting 10.00 Final 14.00
Describe Specific Job Duties Manage front office staff, payroll, taxes, enter and process insurance claims, take X-rays		
Reason for Leaving Laid off		

Name of Organization Ruby Tuesday	Telephone (803) 442-9431	Dates Employed From mo/yr 10/02 To mo/yr 10/03
Number and Street 1183 Knox Avenue	City State Zip Code N. Augusta SC 29841	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title Server	Name of Supervisor Cindy	Pay (hourly rate/salary) Starting 2.25/hr + Final same
Describe Specific Job Duties General Opening / Closing Requirements, serving customers, financial transactions, food preparation		
Reason for Leaving Needed a more stable source of income		

Name of Organization Creative Discovery Museum	Telephone ( )	Dates Employed From mo/yr 06/2000 To mo/yr 07/02
Number and Street 321 Chestnut St.	City State Zip Code Chattanooga TN 37402	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title Exhibit Crew	Name of Supervisor Matthew Young	Pay (hourly rate/salary) Starting 10.00/hr Final 10.00/hr
Describe Specific Job Duties Construction and maintenance of exhibits, Educating customers about exhibits		
Reason for Leaving Moved to Augusta to attend Augusta State University		

List any additional training, skills or equipment you are skilled in operating related to the position in which you are applying. (This may include computer applications, typing speed, a CDL license, or any other skills.)  
Computer training - fix hardware and software problems, competent in Microsoft office

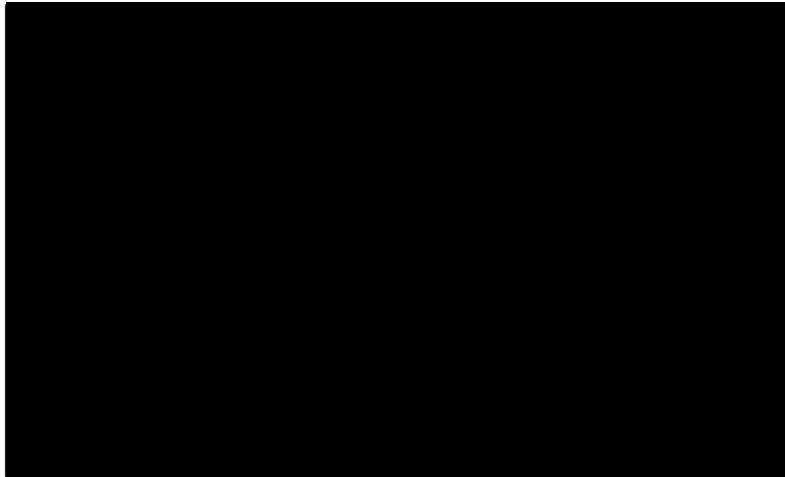
### Authorization and Release

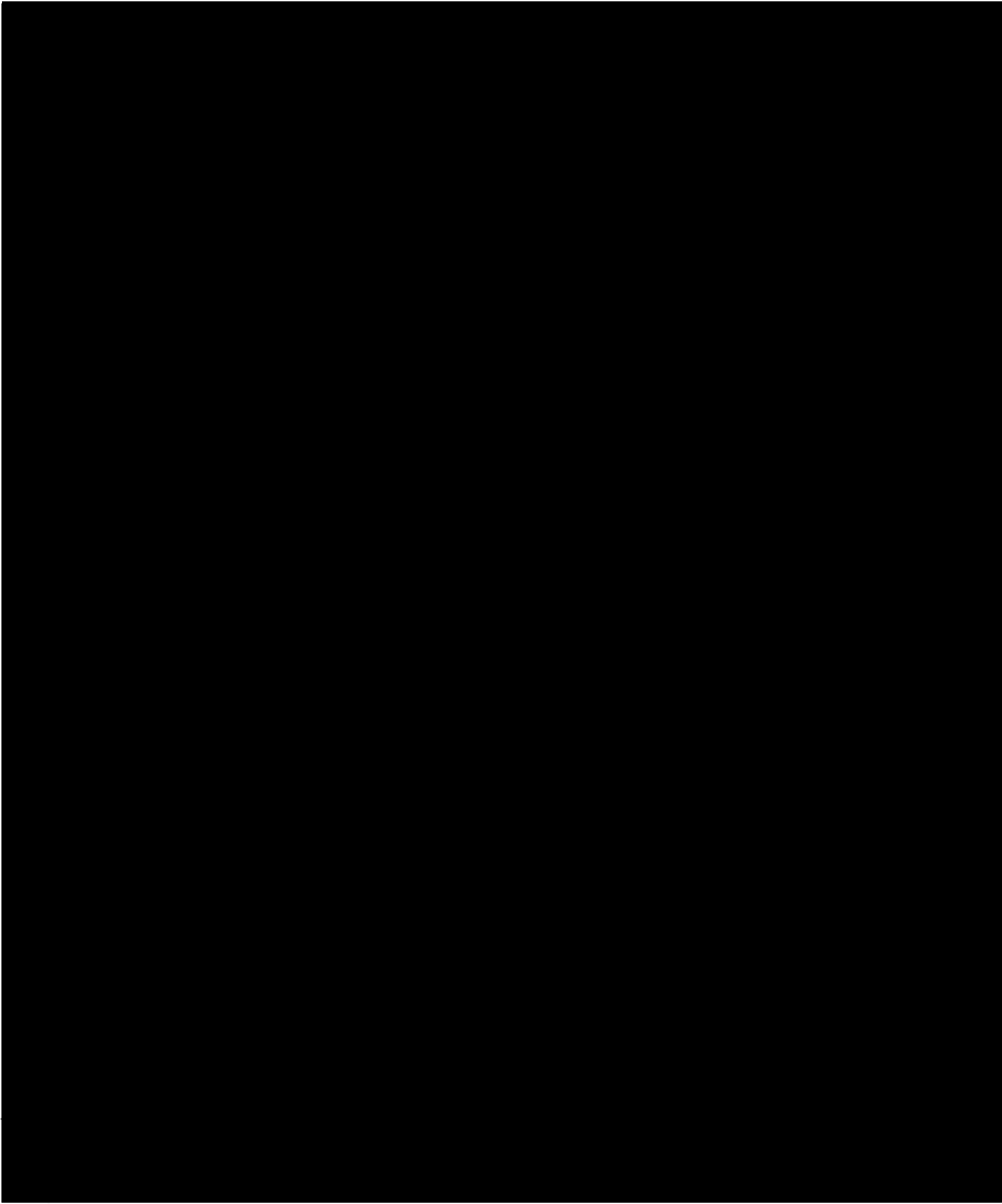
My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application form and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and that information regarding use of drugs may be disclosed to the appropriate county representative as a part of the employment process. I further understand that a post-offer of employment physical examination is also required for certain positions, and in those cases, employment is conditional upon successfully passing the examination. All medical information will be classified as confidential. I hereby authorize Augusta to investigate the information contained in my application, and to verify the information that I have submitted. I further authorize any past or present employer, law enforcement agency, or educational institution to release any information contained in my personnel file, police, or school record. I hereby release any individual providing requested information from all liability and agree not to sue for defamation or other claims based upon statements made to any representative of Augusta.

Signature of Applicant  
*[Handwritten Signature]*

Date  
02/17/09







DATE OF BIRTH PLACE OF BIRTH JUNIY SECONDARY

FILE NUMBER: [REDACTED]

Lee, Caleb Andrew

SSN: [REDACTED]

Address: [REDACTED]

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

Telephone: [REDACTED]

First Name: Lee, Last Name: Andrew

Sex: Male

Grade: High School

Telephone: [REDACTED]

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

GRADE CODE: A = 83-100, B = 70-82, C = 60-70, D = 50-59, E = 40 and below

Seventy is the minimum passing score by Georgia Board of Education Policy.

SCHOOL YEAR	HOMEROOM	DAYS PRESENT	DAYS ABSENT	GRADE OR POINT AVERAGE	CREDITS THIS SEMESTER	CUMULATIVE CREDITS
95-96	956	1	2	1	2	2
96-97	967	2	1	2	1	2
97-98	978	3	4	4	4	4
98-99	989	4	4	4	4	4
99-00	990	4	4	4	4	4
00-01	001	4	4	4	4	4
01-02	012	4	4	4	4	4
02-03	023	4	4	4	4	4
03-04	034	4	4	4	4	4
04-05	045	4	4	4	4	4
05-06	056	4	4	4	4	4
06-07	067	4	4	4	4	4
07-08	078	4	4	4	4	4
08-09	089	4	4	4	4	4
09-10	090	4	4	4	4	4
10-11	101	4	4	4	4	4
11-12	112	4	4	4	4	4
12-13	123	4	4	4	4	4
13-14	134	4	4	4	4	4
14-15	145	4	4	4	4	4
15-16	156	4	4	4	4	4
16-17	167	4	4	4	4	4
17-18	178	4	4	4	4	4
18-19	189	4	4	4	4	4
19-20	190	4	4	4	4	4
20-21	201	4	4	4	4	4
21-22	212	4	4	4	4	4
22-23	223	4	4	4	4	4
23-24	234	4	4	4	4	4
24-25	245	4	4	4	4	4
25-26	256	4	4	4	4	4
26-27	267	4	4	4	4	4
27-28	278	4	4	4	4	4
28-29	289	4	4	4	4	4
29-30	290	4	4	4	4	4

COLLE

Date of Birth: / /

Place of Birth: [REDACTED]

Entry Date: 8/23/95

Withdrawn: [REDACTED]

CLASS	GRADE	CREDIT	Teacher	Grade	Abs.	Credit
FRENCH I A	93	0.5	Teacher	Grade	Abs.	Credit
PHYSICAL SCI A	95	0.5	CAPLEY	96	0	1.0
CITIZENSHIP	90	0.5	COX	96	0	1.0
HEALTH (MALE)	92	0.5	COUEY	96	0	1.0
ALG IA	96	0.5	MURDOCK	97	0	1.0
ENGLISH I A	90	0.5				

CLASS	GRADE	CREDIT	Teacher	Grade	Abs.	Credit
FRENCH I B	94	0.5	Teacher	Grade	Abs.	Credit
PHYSICAL SCIB	94	0.5	DONELSON	96	0	1.0
GEN PE (MALE)	98	0.5	WILSON	97	0	1.0
GEOGRAPHY	96	0.5	BROWN	95	2	1.0
ALG IB	96	0.5	MYERS	96	0	1.0
ENGLISH IB	92	0.5				

1st Semester 95-96

Lee, Caleb Andrew

1st 9 Weeks Abs: 0

2nd 9 Weeks Abs: 0

Ridgeland High School

1st Term 96-97

Lee, Caleb Andrew

2nd Term 96-97

SSN: [REDACTED]

Father or Guardian: [REDACTED]

Mother: [REDACTED]

Immunization Completed:

Eye Exam:

Activities, Honors, and Awards: [REDACTED]

Code: 1 9th Grade 2 10th Grade

SCHOOL ACCREDITED BY SOUTHERN ASS

# Augusta State University

Under the authority of the Regents of the University System of Georgia and upon the approval of the Faculty, hereby confers upon

Caleb Andrew Lee

the degree of

Bachelor of Science

Biology

together with all the rights, privileges and honors appertaining thereto in consideration of the completion of the studies prescribed by the University.

In Witness Whereof, the seal of the University and the signatures of the Chancellor of the University System of Georgia and of the duly authorized officers of the University are hereunto affixed.

Given at Augusta in the State of Georgia, on this eleventh day of December, two thousand and four

*Thomas C. McNeill*  
Chancellor of the University System

*[Signature]*  
Registrar and Director of Admissions



*William A. Bloodworth*  
President of the University

*Carol Aull*  
Vice President for Academic Affairs



Georgia Peace Officer Standards and Training Council  
P.O. Box 349 Clarkdale, Georgia 30111

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## Officer Profile Report For:

The Peace Officer with  
Social Security Number [REDACTED]  
and the Birthdate of [REDACTED]  
was not found in database.

Please be sure the information is entered correctly;  
If you are sure it is, please contact P.O.S.T.





Room B-275, Law Enforcement Center  
401 Walton Way  
Augusta, Georgia 30911  
(706) 821-1065 FAX (706) 821-1064

# Richmond County Sheriff's Office

**RONALD STRENGTH  
SHERIFF**

## RELEASE OF INFORMATION WAIVER

I do hereby authorize a review and full disclosure of all records concerning myself to the Richmond County Sheriff's Office, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, complaints or grievance filed by or against me.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original Signature.

I have read and fully understand the contents of this authorization for release of information.

Caleb Lee (SIGNATURE OF APPLICANT)      03/05/09 (DATE)      CALEB LEE (PRINT NAME OF APPLICANT)

Caleb Lee, personally appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgements. Also known to me to be the person described in and who executed the foregoing application for employment as his/her time, act and deed.

WITNESS BY HAND THIS 3<sup>rd</sup> DAY OF March 2009.

Susan A. Epp  
(NOTARY PUBLIC)

Notary Public, Richmond County, Georgia  
My Commission Expires March 27, 2009

**Richmond County Sheriff's Office**  
**Sheriff Ronald Strength**  
401 Walton Way  
Augusta, GA 30911

---

**REFERENCE**

**CALEB, LEE**

**EMPLOYMENT HISTORY**

**[REDACTED] DMD**

**1/2004 TO 1/2009**

I spoke with [REDACTED] who stated that Lee was a good employee but she had to cut back on payroll. [REDACTED] stated that Lee would be considered for rehire.

**RUBY TUESDAY**

**10/2002 TO 10/2003**

I spoke with the manager who stated he was not with Ruby Tuesday at the time of Lee's employment but noted nothing negative in his employment file.

**CREATIVE DISC. MUSEUM**

**6/2000 TO 7/2002**

No information available

**PERSONAL REFERENCES**

[REDACTED]  
I spoke with [REDACTED] who stated that he has known Lee for approximately 6 years and knows him to be a good person, dependable, and honest.

[REDACTED]  
[REDACTED] stated that he has known Lee for 2 years and believes that he will be an asset to the department.

[REDACTED]  
[REDACTED] stated that Lee is a good person, hard worker and needs a job.

**FILE FORWARDED TO COLONEL POWELL APRIL 14, 2009**  
**INV. JO ANN NUTTER**



## CRIMINAL AND DRIVER HISTORY WAIVER

In the event my application is selected as a potential candidate for employment with the Richmond County Sheriff's Office, I hereby give my consent for full and complete disclosure of my driver's history and criminal history.

I understand that any information obtained from the criminal and driver histories, upon this release authorization, will be considered in determining my suitability for employment.

I authorize the disclosure of the aforementioned information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my employment suitability.

- Have you ever been arrested for ANY criminal or traffic charge? no  
If so, explain:
  
- In what states have you possessed a Driver's License in the past 10 years?  
State: Georgia From 1998 To 2009  
State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  
- Have you ever served in the Military/Reserves? \_\_\_\_\_ Yes  No  
Branch: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
If yes, did you have a Military Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Years: From \_\_\_\_\_ To \_\_\_\_\_

  
SIGNATURE OF APPLICANT

Caleb Lee  
PRINT NAME OF APPLICANT

02/17/09  
DATE

[REDACTED]  
DATE OF BIRTH

[REDACTED]  
SOCIAL SECURITY NUMBER

Susan A. Epps  
NOTARY PUBLIC

2-17-09  
DATE

Notary Public, Richmond County, Georgia  
My Commission Expires March 27, 2010

Richmond County Sheriff Office

2/18/09

Jacket Activity

PS11919

Jacket #: 000425344

ORI# . . . : GA1210000

Phone: [REDACTED]

Name . . . : LEE, CALEO, /

Cell :

Address . . : [REDACTED]

Work :

Ct/St/Zp : [REDACTED]

SS# : 000-00-0000

DOB . . . : [REDACTED] Age: [REDACTED] Race : W Sex : M

Hgt : 000 Wgt : 000

DL# . . . : [REDACTED] State: Hair :

Eyes :

Type options, press Enter.

5=Display

Opt	Date	Description	Veh#	Type	Number	Type
—	05/04/2003	Vehicle Driver	002	REAR END	003084307	ACCIDENT
—	05/04/2003	Vehicle Owner	002	REAR END	003084307	ACCIDENT

Bottom

F3=Exit F9=Date/Activity Order F12=Cancel F17=Profile Sheet

Richmond County Sheriff Office

2/18/09

Jacket Activity

PS11915

Jacket #: 000553523

ORI# . . . : GA1210000

Name . . . : LEE, CALEB, ANDREW,

Address . . : [REDACTED]

Ct/St/Zp . . : [REDACTED]

DOB . . . . : [REDACTED]

DL# . . . . : [REDACTED]

Age: [REDACTED]

Race : W Sex : M

State: GA Hair :

Phone: [REDACTED]

Cell :

Work :

SS# : 000-00-0000

Hgt : 000 Wgt : 000

Eyes :

Type options, press Enter.

5=Display

Opt	Date	Description	Veh#	Type	Number	Type
—	12/11/2006	Vehicle Driver	003	REAR END	060253073	ACCIDENT
—	12/11/2006	Vehicle Owner	003	REAR END	060253073	ACCIDENT

Bottom

F3=Exit F9=Date/Activity Order F12=Cancel F17=Profile Sheet