

# Employment Record

Name: Soosaipillai, Sudiran      Empl # 14905      Computer # B987      Date of Hire 03/20/10      Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase
03/12/2016				\$1,447.31	0	Cost of Living
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,660.33	0	2018 Cluster Increase
06/06/2018	DEPUTY	SDR81NQ111	5041	\$1,660.33	15	NEW PCN AND PAY GRADE
01/22/2019				\$1,726.58	0	CLUSTER INCREASE PART II
03/07/2020				\$1,812.91	0	MASTER DEPUTY
06/27/2020				\$47,842.67	0	COLA INCREASE
12/25/2021				\$50,594.93	0	2022 SALARY INCREASE

# Employment Record

Name Soosaipillai, Sudiran      Empl Computer # 14905      B987      Date of Hire 03/20/10      Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase
03/12/2016				\$1,447.31	0	Cost of Living
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,660.33	0	2018 Cluster Increase
06/06/2018	DEPUTY	SDR81NQ111	5041	\$1,660.33	15	NEW PCN AND PAY GRADE
01/22/2019				\$1,726.58	0	CLUSTER INCREASE PART II
03/07/2020				\$1,812.91	0	MASTER DEPUTY
06/27/2020				\$47,842.67	0	COLA INCREASE

# Employment Record

Name **Soosaipillai, Sudiran**     
 Empl **14905**     
 Computer # **B987**     
 Date of Hire **03/20/10**     
 Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase
03/12/2016				\$1,447.31	0	Cost of Living
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,660.33	0	2018 Cluster Increase
06/06/2018	DEPUTY	SDR81NQ111	5041	\$1,660.33	15	NEW PCN AND PAY GRADE
01/22/2019				\$1,726.58	0	CLUSTER INCREASE PART II
03/07/2020				\$1,812.91	0	MASTER DEPUTY



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

Employee Name: Sudiran Soosaipillai EMP I.D.: 14905 DEPT #: 5041 Proposed Effective Date: 3/7/2020

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.

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
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines
VAC BAL: COMP BAL:

Employee Replaced (Name & I.D.):

PART 3: EXPLANATION FOR REQUEST

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

Employee is a master deputy. 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: 2/14/2020
Department Director Signature: Concurrence Date: 2.14.20
Department Director Signature (2): Concurrence Date:
Administrator Signature (only required for ineligibility for rehire): Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire): Concurrence Date:

\*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

# Employment Record

**Name** Soosaipillai, Sudiran     
 **Empl** 14905     
 **Computer #** B987     
 **Date of Hire** 03/20/10     
 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase
03/12/2016				\$1,447.31	0	Cost of Living
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,660.33	0	2018 Cluster Increase
06/06/2018	DEPUTY	SDR81NQ111	5041	\$1,660.33	15	NEW PCN AND PAY GRADE

# Employment Record

Name Soosaipillai, Sudiran      Empl 14905      Computer # B987      Date of Hire 03/20/10      Transferred/Rehired \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase
03/12/2016				\$1,447.31	0	Cost of Living
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,660.33	0	2018 Cluster Increase

# Employment Record

Name Soosaipillai, Sudiran      Empl 14905      Computer # B987      Date of Hire 03/20/10      Transferred/Rehired \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase
03/12/2016				\$1,447.31	0	Cost of Living
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.

# Employment Record

**Name** Soosaipillai, Sudiran     
 **Empl** 14905     
 **Computer #** B987     
 **Date of Hire** 03/20/10     
 **Transferred/Rehired** \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase
03/12/2016				\$1,447.31	0	Cost of Living



# Employment Record

Name Soosaipillai, Sudiran      Empl 14905      Computer # B987      Date of Hire 03/20/10      Transferred/Rehired \_\_\_\_\_

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion
01/03/2015	Deputy A			\$1,418.93	0	Tier Level Salary Increase

# Employment Record

**Name** Soosaipillai, Sudiran     
 **Empl** 14905     
 **Computer #** B987     
 **Date of Hire** 03/20/10     
 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion
01/21/2012				\$1,282.68	0	salary increase
03/17/2012	Deputy A			\$1,342.01	0	Anniversary promotion



The City of Augusta  
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Sudiran Soosaipillai DEPT: 5041 Employee I.D.: 14905 Proposed Effective Date: 03/17/12

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: \_\_\_\_\_ Home Phone #: (   )   -

Address: \_\_\_\_\_ Cell Phone #: (   )   -

Office Phone #: (   )   -

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

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5041	5041
Job Title	DEPUTY B	DEPUTY A
FLSA Status (E or NE)	NE	NE
Salary Grade	43	43
PCN	SDR0313123	SDR0313123
Daily Hours	8	8
Hourly Rate	\$16.03	\$16.77
Bi-Weekly Salary	\$1,282.68	\$1,342.01
Annual Salary	\$33,349.68	\$34,892.26
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031310	273031310
Employee Replaced (name and I.D. #):		

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	

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: <u>Sally Patton</u>	Contact Phone #: <u>(706) 821-1433</u>	Date Of Request: <u>2-7-12</u>
Department Director Signature: <u>Jay Howell</u>		Concurrence Date: <u>2/7/12</u>
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): \_\_\_\_\_ Processed on the date of: \_\_\_\_\_ Effective on the PP begin/end date of: \_\_\_\_\_

EMP MGR/Date: \_\_\_\_\_ HR MGR/Date: \_\_\_\_\_ HR Comp/Date: \_\_\_\_\_

HR Director/Date: \_\_\_\_\_ City Administrator/Date: \_\_\_\_\_

# Employment Record

**Name** Soosaipillai, Sudiran     
 **Empl**                
 **Computer #** B987     
 **Date of Hire** 03/20/10     
 **Transferred/Rehired**           

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
03/20/2010	Deputy C	SDR0313123	5041	\$1,206.96	43	DATE OF HIRE
03/19/2011	Deputy B			\$1,263.45	0	Anniversary promotion



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

Employee Name: Sudiran Soosaipillai Dept 5041 Employee I.D.: 14905 Proposed Effective Date: 3/19/2011

**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/Addr 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: \_\_\_\_\_ Home Phone #: (     ) -

Cell Phone #: (     ) -

Office Phone #: (     ) -

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

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

B. POSITION INFORMATION			C. SEPARATION INFORMATION	
	CHANGE FROM	CHANGE TO	SEPARATION FROM SERVICE REASON:	
Dept #	<b>5041</b>	<b>5041</b>	<input type="checkbox"/>	VQ 01 Resignation
Job Title	<b>DEPUTY C</b>	<b>DEPUTY B</b>	<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
FLSA Status (E or NE)	<b>NE</b>	<b>NE</b>	<input type="checkbox"/>	VQ 03 Lay-Off/RIF
Salary Grade	<b>43</b>	<b>43</b>	<input type="checkbox"/>	VQ 04 Death
PCN	<b>SDR0313123</b>	<b>SDR0313123</b>	<input type="checkbox"/>	VQ 05 Loss of Job Requirements
Daily Hours	<b>8</b>	<b>8</b>	<input type="checkbox"/>	VQ 06 Termination
Hourly Rate	<b>\$15.08</b>	<b>\$15.79</b>	<input type="checkbox"/>	VQ 07 Retirement
Bi-Weekly Salary	<b>\$1,206.96</b>	<b>\$1,263.45</b>		Date Hired:
Annual Salary	<b>\$31,380.96</b>	<b>\$32,849.70</b>		Last Day Worked:
Supplemental Pay	<b>NA</b>	<b>NA</b>		Separation Date:
Safety Sensitive (Y or N)	<b>Y</b>	<b>Y</b>		Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
GL Account number:	<b>273031310</b>	<b>273031310</b>		Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
Employee Replaced (name and I.D. #):				Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO

**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: <u>Sally Patton</u>	Contact Phone #: ( <u>706</u> ) <u>821</u> - <u>1433</u>	Date Of Request: <u>2/10/2011</u>
Department Director Signature:	Concurrence Date: <u>2/10/11</u>	
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):  Processed on the date of:  Effective on the PP begin/end date of:

EMP MGR/Date: _____	HR MGR/Date: _____	HR Comp/Date: _____
HR Director/Date: _____		City Administrator/Date: _____

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, Sudivan Soosipilli, 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 Richmond County SO. (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.

[Signature]  
Signature

12-08-21  
Date

Sudivan Soosipilli  
Printed Name

Sheriff's Office  
Department

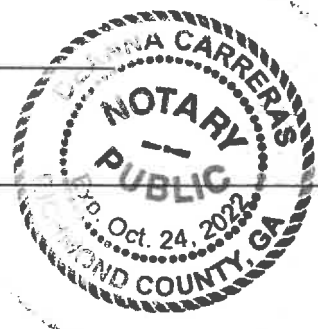
[Redacted]  
Social Security Number

14905  
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 09 of March 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.

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

Ediron Sosaipiliqi  
Printed Name

# Augusta, Georgia

## Job Description

**Approved Title:** Deputy  
**Working Job Title:** Road Patrol Deputy  
**Department:** Sheriff (5041)  
**Reports To:** Sergeant  
**Job Code:** 81NQ  
**Pay Grade:** 15  
**Original Date Prepared:** August 25, 1997  
**FLSA Classification:** Non-exempt  
**Date Revised:** June 14, 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:** 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:** No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position. POST Certification required.

**Preferred Experience:** Previous experience in law enforcement, public safety or another related occupation.

**Experience:**

**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**

Sudhiran Soobai Pillai	2/14/2020
Employee (Print Name)	Date
	2/14/2020
Line or Staff Management	Date
	2/14/2020
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

www.RCSOGA.org

March 24, 2015

Deputy Sudiran Soosaipillai  
Richmond County Sheriff's Office  
Augusta, Georgia 30901

Deputy Soosaipillai:


I, as Sheriff of the Richmond County Sheriff's Office, do hereby very proudly issue this letter and certificate of appreciation to Deputy Sudiran Soosaipillai based on his apprehension of a subject wanted for four counts of Possession of a Firearm by a Convicted Felon and a burglary suspect.

Dated this day, the Twenty-fourth day of March, Two Thousand and Fifteen.

On Wednesday February 25, 2015 at 1206 hours Deputy Sudiran Soosaipillai was assisting Deputy Jarrett Nieves arresting a possible burglary suspect on 3rd Street at Ellis Street. During this time a Red Honda Accord (GA-982AGM) stopped at the west bound stop sign on Ellis Street at 3rd Street. The front seat passenger waived and said "Hello." Deputy Soosaipillai recognized the driver of the vehicle who had four Counts of Possession of a Firearm by a Convicted Felon pending for his arrest. The driver of the vehicle, Timothy Patrick Almy, who was taken into custody by Deputy Soosaipillai with no further incident. This arrest then led to two stolen lap top computers being recovered in the suspect's Room at 210 Boy Scout Road (Knight's Inn). One of the lap top computers was taken in a burglary in the state of South Carolina. The other lap top computer was taken in a burglary at 212A Broad Street in the Olde Town Neighborhood. Due to Deputy Sudiran Soosaipillai being observant and knowledgeable of the area he patrols, a potentially dangerous felon was taken off the streets. The suspect was linked to two burglaries and stolen property was recovered and returned to the victim's.

Deputy Sudiran Soosaipillai's actions during this incident exemplify the professionalism and proactiveness of this agency. His actions are appreciated by this office and all of Richmond County.

Recognition issued by,

  
Richard Roundtree  
Sheriff



Sandra M. Wright, CWCP  
Risk Management Manager

Donna Williams, CGFM  
Director, Finance Department

January 13, 2013<sup>14</sup>

Sudiran Soosaipillai  
14905  
Sheriff's Office  
Augusta, GA. 30901

Dear Deputy Soosaipillai,

The Safety Review Committee has reviewed your accident of 11/25/2013. It has been determined that you were at-fault in this accident. Damages totaled \$308.20. A damage assessment of \$61.64 (20%) has been assessed with 4 Points for Class 4 in accordance with the Penalties Matrix/ Safety Review Committee, Personnel Policy and Procedure Handbook, page 238. **(Total point accumulation at this time is 4)**

For payment of this assessment, please choose one of the following payment options. If you elect payment by payroll deduction, please sign and return the attached Payroll Deduction Form to the Risk Management Division within (7) seven working days from receipt of letter.

**OPTION 1: Automatic Deduction.** Damage assessment will be automatically deducted in (1) payment of \$61.64, 30 days from the date of this letter, unless Option 2 or 3 are selected.

**OPTION 2: Lump Sum payment.** If you choose this option please make your check payable to Augusta-Richmond County and your payment should be delivered or mailed to: Risk Management Division, Municipal Building 530 Greene Street, Room 601, Augusta, Georgia 30901 within 10 working days.

**OPTION 3: Payment(s) by payroll deduction.** Payments can be made on a bi-weekly basis in the amount of \$50.00 per pay period until the full assessment has been satisfied. If you choose this option, a payroll deduction form is enclosed indicating the total amount due, the number deductions to be made, the bi-weekly payment amount and the payroll deduction starting and ending dates. *Please sign and return the Payroll Deduction Form to the Risk Management Division with (7) seven working days from receipt of this letter.*

Any employee dissatisfied with the decision of the Safety Review Committee may within (10) ten days following the receipt of the findings of the Safety Review Committee, enter a written request for appeal to the Risk Management Manager, Risk Management Division. Your appeal request may be faxed to 706-821-2502.

Sincerely,

  
Sandra M. Wright, Chairperson  
Safety Review Committee

cc: Richard Roundtree / Sheriff  
Accident file  
Personnel file



RISK MANAGEMENT

Sandra M. Wright, CWCP  
Risk Management Manager  
Donna Williams, CGFM  
Director, Finance Department

January 16, 2013

Sudiran Soosaipillai  
14905  
Sheriff's Office  
Augusta, Georgia 30901

Dear Deputy Soosaipillai,

The Safety Review Committee has reviewed your accident of 12/06/2012. The committee determined you were at-fault in this incident; however, the committee did not make a monetary assessment or apply points against your county record in this case. The committee requests that you please exercise more **CAUTION** when operating a county vehicle and/or equipment.

Any employee dissatisfied with the decision of the committee may, within ten (10) days following the receipt of the findings of the Safety Review Committee, enter an appeal by forwarding a written letter requesting an appeal to the Risk Management Office.

If you should have any questions or concerns, please feel free to contact me.

Sincerely,

  
Sandra M. Wright, Chairperson  
Safety Review Committee

SMW/br

cc: Richard Roundtree, Sheriff  
Personnel File  
Accident file



RISK MANAGEMENT

Sandra M. Wright, CWCP  
Risk Management Manager  
Donna B. Williams, CGFM  
Director, Finance Department

February 9, 2012

Sudiran Soosaipillai (14905)  
Sheriff's Office  
Augusta, Georgia 30901

Dear Deputy Soosaipillai,

The Safety Review Committee has reviewed your accident/incident that occurred on 01/04/2012. The Committee has accepted this incident as **INFORMATION**.

We are all encouraged to act in a safe manner in order to reduce the liability exposure to ourselves as well as to our employer.

Sincerely,

A handwritten signature in cursive script that reads "Sandra M. Wright".

Sandra M. Wright, Chairperson  
Safety Review Committee

SMW/br

Cc: Sheriff Strength  
Personnel File  
Accident File

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:

Employee Signature

Date

Printed Name

Witness

*The State of Georgia*

**PEACE OFFICER STANDARDS  
AND  
TRAINING COUNCIL**

*Hereby recognizes the accomplishments of*

*Sudiran Soosaipillai*  
as a  
*Basic Peace Officer*

The seal of the Peace Officer Standards and Training Council of Georgia is circular with a serrated outer edge. It features a central figure holding a scale and a sword, with the text 'STATE OF GEORGIA' and 'CONSTITUTION' around the inner circle. The words 'PEACE OFFICER STANDARDS AND TRAINING COUNCIL' are written around the perimeter of the seal.

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:

**PBLE091246S**

**Issue Date:  
07/31/2009**

**RICHMOND COUNTY SHERIFF'S OFFICE  
PERFORMANCE APPRAISAL REPORT FORM**

4. Employee Name: <b>Sudiran Soosaipillai</b>	5. Employee Classification/Title: <b>Deputy</b>
6. Division: <b>Field Operations Zone 1</b>	

1. Type of Review  
XXXX Annual \_\_\_\_\_ Other \_\_\_\_\_

2. Review Period  
From: 01/01/2020 To: 12/31/2020

3. Next Review Date  
12/01/2021

**Specific Values**

**Respect**

Y  N

Deputy Soosaipillai demonstrates a high level of respect to his peers and his supervisors. His knowledge and experience is often sought out by not only his peers, but supervisors as well. He is well respected by many within the agency and outside the agency.

**Integrity**

Y  N

Deputy Soosaipillai leads by example, which he feels improves personal awareness and sensitivity to others and accountability which are all necessary for ethical behavior.

**Teamwork**

Y  N

Deputy Soosaipillai accepts role in organization, has a good peer relationship and respects his peers opinions. He works effectively in a team environment.

**Excellence**

Y  N

Deputy Soosaipillai is exceptional in meeting performance standards, exemplifies in reaching agency goals and objectives. Highly motivated and sets an example for other members of the agency. He was nominated for "First Responder of the year" He is also working on becoming an FTO.



**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

Deputy Soosaipillai makes sound decisions while under pressure, demonstrates a thorough understanding of Department policies and procedures and incorporates this into his decision making.

2. Has initiative/accepts responsibility/volume of acceptable work

Y  N

Deputy Soosaipillai is highly motivated and sets an example for others, actively pursues every opportunity to improve his performance. Accepts all task and completes them in a timely fashion.

3. Work knowledge and job skill level / problem solving

Y  N

Deputy Soosaipillai demonstrates clear understanding of agency goals and standards, properly applies current case law as it relates to work activities. Identifies problems in assigned area or learns of problems from agency sources. Deputy Soosaipillai assists with problem solving efforts.

4. Accepts directions / constructive criticism

Y  N

Deputy Soosaipillai accepts directions from command staff and accepts constructive criticism and learns from his and other's mistakes, to ensure a drive for continuous improvement.

5. Accuracy, neatness, and thoroughness of work

Y  N

Deputy Soosaipillai types complete and accurate reports, emails and other documents which are neat, professional, and easy to read and understand.

6. Observance of rules and safety practices

Y  N

Deputy Soosaipillai follows the agency's policy and procedures and all other memos or directives. Practices safe working habits in routine activities and uses sound tactics that emphasize safety for all.

7. Attendance / uniform and grooming / equipment maintenance

Y  N

Deputy Soosaipillai misses very few days of work, his uniform / attire is always clean.

### 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

N/A

**2. Decision Making**

Y  N

N/A

**3. Credibility With Subordinates**

Y  N

N/A

**4. Ability to Plan and Schedule**

Y  N

N/A

**5. Resource Allocation**

Y  N

N/A

**6. Develops / Trains subordinates**

Y  N

N/A

**7. Evaluating Subordinates**

Y  N

N/A

**8. Delegation**

Y  N

N/A

**9. Job Knowledge/Skill**

Y  N

N/A

**OVERALL PERFORMANCE SUMMARY**

Date: 12/20/2020

Immediate Supervisor's Signature:

 B905/C-12

Date: 12/20/2020

Evaluation Meeting Conducted By: Corporal Jacob Green

By: \_\_\_\_\_

By: \_\_\_\_\_

Notes on evaluation meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

Comments:

Soderman does very well and goes out of his way to do very detailed reports/investigations. He accepts tasks and completes things in a very timely manner.

Date: 02/02/21 Signature:

USL

Title:

Lieutenant

I understand the contents of this appraisal and it has been discussed with me.

Date: 01/02/21

Signature:



Employee Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RCSO

# PERFORMANCE

# APPRAISAL



Dep. Sudiran Soosaipillai-B

12/1/19

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> Dep. Sudiran Soosaipillai B987/14905	<b>5. Employee Classification/Title:</b> Deputy
--	--

<b>6. Division:</b> Field Operations Zone 1
--

**1. Type of Review**  
X \_\_\_\_\_ Annual                      \_\_\_\_\_ Other

**2. Review Period**  
From: 1/1/19                      To: 12/31/19

**3. Next Review Date**  
12/1/20

**Specific Values**

**Respect**

Y  N

Dep. Soosaipillai has great respect for his co-workers and individuals he comes in contact with on a daily basis.
---

**Integrity**

Y  N

Dep. Soosaipillai's integrity has never been called in to question since I have taken over Zone 1 A-Shift.
--

**Teamwork**

Y  N

Dep. Soosaipillai pulls his weight when it comes to the shift. He often will help any other deputy when they are in need of assistance
--

**Excellence**

Y  N

Dep. Soosaipillai is a member of the Sheriff's Office Homeless Initiative. He also volunteer's his own time and resources to help causes in the community. With the recent Murder of Inv. Ridley Dep. Soosaipillai designed decals and bracelets honoring him and helping to provide another way of giving back to the family.
--

**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

Dep. Soosaipillai is able to make sound decisions. His patience when dealing with the public allows him to be effective under stress.

2. Has initiative/accepts responsibility/volume of acceptable work

Y  N

Dep. Soosaipillai handles his fair share of the work when it comes to taking calls, doing paperwork, and doing traffic stops and Suspicious Person stops.

3. Work knowledge and job skill level / problem solving

Y  N

Dep. Soosaipillai has been on the road for 10 years now and has a wide ranging knowledge of the job and his duties.

4. Accepts directions / constructive criticism

Y  N

Dep. Soosaipillai accepts direction and or constructive criticism well.

5. Accuracy, neatness, and thoroughness of work

Y  N

Dep. Soosaipillai is very thorough and often will work a case until the very end going farther than most road patrol deputies.

6. Observance of rules and safety practices

Y  N

Dep. Soosaipillai follows rules and safety practices. He has not been written up for anything this year.

7. Attendance / uniform and grooming / equipment maintenance

Y  N

Dep. Soosaipillai has only called out sick a few times this year. His Uniform is always neat and he maintains his gear the way it is supposed to be kept up with.

### 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

2. Decision Making

Y  N

3. Credibility With Subordinates

Y  N

4. Ability to Plan and Schedule

Y  N

5. Resource Allocation

Y  N

6. Develops / Trains subordinates

Y  N

7. Evaluating Subordinates

Y  N

8. Delegation

Y  N

9. Job Knowledge/Skill

Y  N



**OVERALL PERFORMANCE SUMMARY**

Date: 12/1/19

Immediate Supervisor's Signature:

Cpl. Shaun Nguyen

Date: 12/3/19

Evaluation Meeting Conducted By: Cpl. Shaun Nguyen B608/C10

By: \_\_\_\_\_

By: \_\_\_\_\_

Notes on evaluation meeting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 12/3/19

Signature:

[Signature]

Title:

[Signature]

I understand the contents of this appraisal and it has been discussed with me.

Date: 12/3/19

Signature:

[Signature] B608/C10

Employee Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYEE PERFORMANCE EVALUATION REPORT

Name <b>Soosaipillai, Sudiran</b>	EMP#	11/1/2012
Classification: Deputy (Road Patrol)	Dept. Sheriff - 5041	Div: Patrol

Annual	X	Special	Probation	Explain:
Anniversary		Evaluation Period	Date of Last Evaluation:	11/1/2011

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 judgment. 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	yes		
2. Safety	yes		
3. Follows Rules/Policies	yes		
4. Attendance Lateness		no	Times Late: 0 Hours Unexcused: 0 Total S/L and lost Time: 48 hours
5. Employee has neither an attendance nor a tardy problem		no	NO PROBLEMS

**V. NARRATIVE:**

**1. EMPLOYEE'S STRENGTHS/ SPECIAL ACHIEVEMENTS:**

Deputy Soosaipillai has been with this shift for a short period of time and during this time has shown that he is willing to work. Deputy Soosaipillai is on time for work and does not abuse sick time. Soosaipillai is very willing to learn more on how to do his job better.

**2. STRATEGY FOR PERFORMANCE IMPROVEMENT:**

Deputy Soosaipillai needs to learn more about law updates and changes. Soosaipillai needs to trust himself and become confident in his decision making process, instead of defaulting to supervision for answers.

**3. ANNUAL PERFORMANCE GOALS:**

Deputy needs to attend class that would help him do a better job.

# EMPLOYEE PERFORMANCE EVALUATION REPORT

## 4. CAREER DEVELOPMENT GOALS/STRATEGY:

Deputy Soosaipillai would like to advance to CID.

## 5. GENERAL COMMENTS:

Over all deputy Soosaipillia shows that he is willing to learn more about his job and more about the laws and county ordinances to help him. Deputy Soosaipillia does not complain about what he is ask to do.

Copy

# EMPLOYEE PERFORMANCE EVALUATION REPORT

**MANAGEMENT SIGNATURES DATES:**

Manager Initiating Report:

*[Signature]*  
Signature

11-04-2012  
Date

Reviewing:

*[Signature]*  
Signature

11-4-2012  
Date

Reviewing:

*[Signature]*  
Signature

110812  
Date

**EMPLOYEE SIGNATURE AND DATE:**

1. My supervisor and I have discussed my job description as it relates to my current duties

	YES	NO
<i>[Initials]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Initials]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>[Initials]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. My supervisor has conducted an interim progress review with me this year.

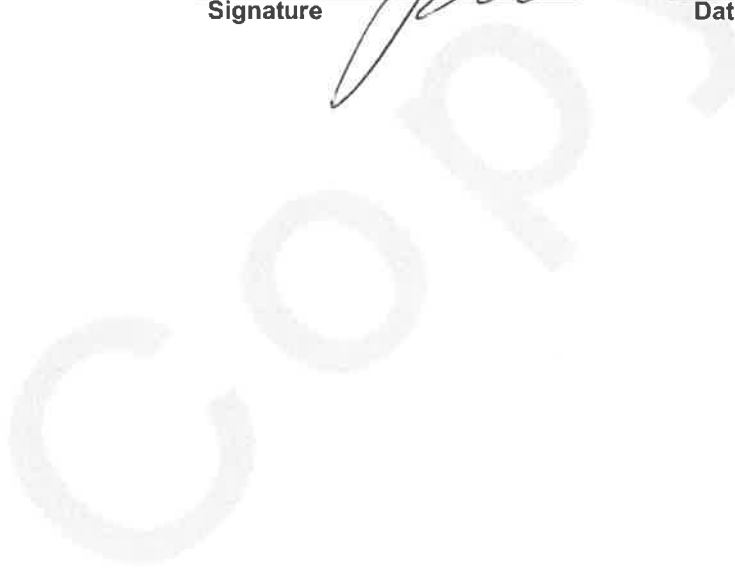
3. I have provided feedback to my supervisor via the employees pre-evaluation worksheet

4. Signature acknowledges receipt of this report:

*[Signature]*  
Signature

11-12-12  
Date

5. Employee comments:



# 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.

Copy

# EMPLOYEE PERFORMANCE EVALUATION REPORT

Name <b>SOOSAI PILLAI; Sudiran</b>	EMP# <b>14905</b>	Date: <b>11/5/2011</b>
Classification: <b>Deputy (Road Patrol)</b>	Dept. <b>Sheriff - 5041</b>	Div: <b>Patrol</b>

Annual <b>XXXX</b>	Special	Probation	Explain:
Anniversary	Evaluation Period	Date of Last Evaluation:	<b>9/27/2010</b>

I. General Skills & Traits	Weight	Does not meet expectations (1)	Meets Expectations (2)	Exceeds Expectations (3)	TOTAL	
	(2)				Actual	Poss.
1. Dependability	2			3	6	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>22</b>	<b>30</b>

**SCORE A (Weighted Average) = Total Actual divided by Total Possible X 3** **2.2**

**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** **2.1**

# EMPLOYEE PERFORMANCE EVALUATION REPORT

IV. Does Employee perform at Acceptable Level	YES	NO	Comments Req'd if "NO" - Use Attachments if Needed
1. Appearance	XXX		
2. Safety	XXX		
3. Follows Rules/Policies	XXX		
4. Attendance Lateness			Times Late:
			Hours Unexcused:
			Total S/L and lost Time: 12 hrs Sick Leave Used
5. Employee has neither an attendance nor a tardy problem	XXX		

**V. NARRATIVE:**

**1. EMPLOYEE'S STRENGTHS/ SPECIAL ACHIEVEMENTS:**

Deputy Soosaipillai has been employed with this department since 032010 and since has successfully completed the FTO Program and assigned as a permanent driver of Car# 410 for a very short period of time. During this time period he has shown a willingness to learn and build on the foundation that his FTO gave him.

**2. STRATEGY FOR PERFORMANCE IMPROVEMENT:**

Deputy Soosaipillai needs to study his Title 40 laws so as to assist him and make him more confident in the handling of accidents and self initiated traffic calls, i.e.: DUI Traffic Enforcement.

**3. ANNUAL PERFORMANCE GOALS:**

Deputy Soosaipillai should use the knowledge and skills he learned not only while in Mandate School but what was taught to him in the FTO program to sharpen his skills in handling day to day road patrol duties.



# EMPLOYEE PERFORMANCE EVALUATION REPORT

## 4. CAREER DEVELOPMENT GOALS/STRATEGY:

Deputy Soosaipillai has expressed the desire to advance himself into the Crime Scene Unit within the Sheriffs Office

With this in mind he needs to attempt to attend as many advanced classes as possible concerning fingerprinting ;  
crime scene security and scene processing, etc...

## 5. GENERAL COMMENTS:

Deputy Soosaipillai is evolving into a good Officer. With additional training and experience he will become a well rounded Officer and be able to advance his career within the Sheriffs Office.

MANAGEMENT SIGNATURES DATES:

# EMPLOYEE PERFORMANCE EVALUATION REPORT

Manager Initiating Report:

*[Signature]* B30  
Signature

11/5/2011

Date

Reviewing:

*[Signature]*  
Signature

09/11/11

Date

Reviewing:

*[Signature]*  
Signature

11/6/11

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:
5. Employee comments:

YES	NO
<i>[Initials]</i>	
<i>[Initials]</i>	
<i>[Initials]</i>	

*[Signature]*  
Signature

11-19-11

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.

COPY

## EMPLOYEE PERFORMANCE EVALUATION REPORT

Name: Soosaipillai, Sudiran	EMP# 14905	Date: 09/27/10
Classification: <b>Deputy / Road Patrol</b>	Dept:5041	Div: Road Patrol

Annual	Special	Probation	XX	Explain: FTO Program
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			12	20
2. Teamwork / Interpersonal Relations	2			6			12	20
3. Quantity of Work	2			6			12	20
4. Quality of Work	2			7			14	20
5. Customer Service	2			7			14	20
<b>TOTALS</b>							<b>64</b>	<b>100</b>
							6.4	

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			7			14	20
2. Conducts preliminary investigation/ secures crime scene.	2			6			12	20
3. Provides assistance to victims.	2			6			12	20
4. Mastery of operating a police car, firearms, and emergency equipment.	1			6			6	10
5. Provides backup to other officers.	1			6			6	10
6. Responds to calls from dispatch in a timely manner.	1			7			7	10
7. Cleans / maintains patrol vehicle.	1			6			6	10
8.							0	0
							<b>63</b>	<b>100</b>
<b>SCORE B (Weighted Average) = Total Actual divided by Total Possible X 10</b>							<b>6.3</b>	

### 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.

<b>III. EMPLOYEE'S TOTAL AVERAGE PERFORMANCE RATING ((A+B) Actual / (A+B) Possible) X10</b>	<b>6.35</b>
---	-------------

IV. Does Employee perform at Acceptable Level	YES	NO	Comments Req'd if "NO" - Use Attachments if Needed
1. Appearance	XX		
2. Safety	XX		
3. Follows Rules/Policies	XX		
4. Attendance / Lateness			Times Late: 0
			Hours Unexcused: 0
			Total S/L and Lost Time: 1 day
5. Employee has neither an attendance nor a tardy problem.	XX		

**V. NARRATIVE:**

**1. EMPLOYEE'S STRENGTHS/ SPECIAL ACHIEVEMENTS:**

Sudiran Soosaipillai is currently in the Field Training program. He has demonstrated the skills and level of training retention that is needed to progress. His test scores are above average.

**2. STRATEGY FOR PERFORMANCE IMPROVEMENT:**

Continue to have Sudiran Soosaipillai learn and develop the aspects of the job that is required for criminal investigations as a road patrol deputy.

**3. ANNUAL PERFORMANCE GOALS:**

Same as above.

**4. CAREER DEVELOPMENT GOALS/STRATEGY:**

Once Sudiran Soosaipillai has completed the FTO program, provide him the opportunity to ride various beats and assignment duties to expose him to additional learning, to advance his level of job knowledge.

**5. GENERAL COMMENTS:**

Sudiran Soosaipillai has shown the he has the required abilities to remain on the Road Patrol. During the training phase of the FTO program he has continued to demonstrate and put to use what he is being taught. Once he exit's the FTO program he should develop and continue to grow.

**MANAGEMENT SIGNATURES DATES:**

Manager Initiating Report: DAH	 _____ Signature	<u>27-Sept.-10</u> Date
Reviewing:	 _____ Signature	<u>10-14-10</u> Date
Reviewing:	 _____ Signature	<u>10/21/10</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

4. Signature acknowledges receipt of this report:

  
Signature

YES	NO
✓	
✓	
✓	

10-24-10  
Date

5. Employee comments:

# NEW HIRE PROCESS





AUGUSTA-RICHMOND COUNTY
HUMAN RESOURCES QUESTIONNAIRE

NAME: Sudiran Soosaipillai 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: [ ] SINGLE [X] MARRIED [ ] DIVORCED
RACE: [ ] WHITE [ ] BLACK [X] ASIAN AMERICAN [ ] HISPANIC [ ] OTHER

CIRCLE HIGHEST SCHOOLING COMPLETED: GRADE SCHOOL: 4 5 6 7 8
HIGH SCHOOL: 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
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] 3-16-10
(SIGNATURE) (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:

**SUBSTANCE ABUSE COVERAGE FORM**

I, Sudiran Soosaipillai, 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.

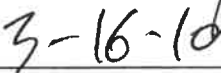
I also understand, in connection with the Richmond County Substance Abuse Program, that "for reasonable cause", (paragraph F page 2 - Annex B of the Safety/Risk Management Manual adopted April 29, 1987) I am subject to testing for the presence of drugs and alcohol in my system.

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: \_\_\_\_\_




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, Sudiran Soosaipillai 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)	<u>3-16-10</u> _____ (date)
<u>Susan Epp</u> _____ (witness)	<u>3-16-10</u> _____ (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: 3-16-10  
WITNESS: Susan Epp DATE: 3-16-10

# Form W-4 (2010)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less "1"** if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. . . . . **G** \_\_\_\_\_

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job or are married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2010</b>
1 Type or print your first name and middle initial. <i>Sudivan</i>		Last name <i>Soosqipillai</i>		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
		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 <i>0</i>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ► <b>7</b>				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ► <i>[Signature]</i>		Date ► <i>3-16-10</i>		
8 Employer's name and address (Employer: Complete lines 9 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 <i>900198 Soosqipi'llar</i>	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 ..... [ ]
  - B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [0]
  - 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) B 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 3-16-10

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#: \_\_\_\_\_

# GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL CHANGE OF STATUS FORM

## SECTION A MUST BE COMPLETED

Last Name	<i>SOOSAIPIILLAI</i>	First Name	<i>SUDIRAN</i>	MI	
SSN		DOB		Race	<i>A</i>
				Sex	<i>M</i>
Agency Name	<i>Richmond County Sheriff's Office</i>			Agency ID #	<i>G1614</i>

## SECTION B MUST BE COMPLETED

Type of Change: check one box and complete the corresponding sections below.					
<input checked="" type="checkbox"/> New Hire	<input type="checkbox"/> Promotion	<input type="checkbox"/> Rank Change	(COMPLETE SECTIONS C AND F)		
<input type="checkbox"/> Separation (COMPLETE SECTIONS D AND F)					
<input type="checkbox"/> Name Change	<input type="checkbox"/> Education Change		(COMPLETE SECTIONS E AND F)		
<input type="checkbox"/> Deceased (COMPLETE SECTIONS C AND F)					

## SECTION C

Date	<i>03/20/10</i>	Rank/Position	<i>DEPUTY</i>
------	-----------------	---------------	---------------

## SECTION D

Date:	Type of Separation:	
If resignation in lieu of dismissal, suspension, or demotion is checked reason for disciplinary action must be indicated below.	<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Career Retirement
	<input type="checkbox"/> Layoff	<input type="checkbox"/> Dismissal
	<input type="checkbox"/> Resignation in Lieu of Dismissal	<input type="checkbox"/> Medical Disability Retirement
	<input type="checkbox"/> Suspension	Number of Days Suspended:
	<input type="checkbox"/> Demotion	From: To:
		(indicate ranks above)
Reason for Disciplinary Action:		
Officer's Last Known Address:		

## SECTION E

Legal Name Change To:	<i>Note: Legal document of change must be attached.</i>
Education Change To:	
<i>Note: Copy of degree or transcript showing degree conferred must be attached.</i>	

## SECTION F

Authorizing Signature	Date	Telephone Number
<i>Susan Epp</i>	<i>3-16-10</i>	<i>706-821-1095</i>

# EMPLOYEE INFORMATION SHEET:

**Name:** Sudiran Soosaipillai

**Address:** [REDACTED]

**Phone:** [REDACTED]

**SSN:** [REDACTED]

**Hire Date:** Saturday, 03/20/10

**Orientation:** Monday, 03/22/10 @ 8:00 AM and Tuesday, 03/23/10 @ 9:00 AM

**Date to Report:** Tuesday, 03/23/10 @ 5:45 PM

**Assigned Shift:** D-North

**Supervisor:** Lt. Jackey Klaus

**Salary (bi-weekly):** \$1,206.96                      **Salary (annual):** \$31,380.96

**First Check:** 04/09/10

**Computer #:** B987

## 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**            Tuesday, 03/16/10 @ 8:30 AM

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: 03/16/10**

**FROM: Sheriff**  
**(Department Name)**

**5041**  
**(Department #)**

Payroll Class. Title	Deputy
Salary Grade	43
Annual Salary	\$1,206.96
Bi-weekly Salary	\$31,380.96
	(% over entry)
	* 11% or more over entry requires submission of Commission Approval Letter
Hourly rate	
Allowance (specify, example: clothing, car, etc.)	
Hours bi-weekly	80

Sudiran Soosaipillai 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>2010</u>					
JANUARY	09	23	JULY	10	24
FEBRUARY	06	20	AUGUST	07	21
MARCH	06	<b>20</b>	SEPTEMBER	04	18
APRIL	03	17	OCTOBER	02	16 30
MAY	01	15 29	NOVEMBER	13	27
JUNE	12	26	DECEMBER	11	25

Patrick Haynie PCN: SDR0313123  
**(replaced employee)**

14176  
**(employee #)**

5041  
**(dept #)**

Department Director's Signature

# Application Process II

Last Name	First Name	Middle Name	Suf
Soosaipillai	Sudiran		
SS#	DL#	DOB:	
Interview (Date):	022510	Interviewed By:	CAPT. G. A. METZLER
Remarks:	RECOMMEND / PASS TO NEXT STEP.		
POST (Date):	2-22-10		
Remarks:	Pre-service		
Entrance Exam (Date):		Score:	
Polygraph (Date):	3/4/10	Examiner:	
Remarks:	NOI-24		
Range:			
Background by:	Major Wilhelm		
Remarks:	Nothing derogatory.		
Drug Screen:	3-15-10	Physical	3-15-10
No Further Process			
Approved Hire:			



# Application for Employment City of Augusta

**HUMAN RESOURCES DEPARTMENT**

**ROOM 601, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911**

**www.co.richmond.ga.us    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>Road Patrol</u>	Date <u>18 Feb 2010</u>
Name Last <u>Goossipillai</u> First <u>Sudina</u> MI <u>-</u>	
Current Address [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]	
Telephone Number(s) [REDACTED] ( ) [REDACTED]	

Have you ever been employed with the City of Augusta or Richmond County before?  Yes  No

If yes, Date \_\_\_\_\_ Position \_\_\_\_\_

On what date would you be available for work? March 19 2010

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

If you are required to register with the Selective Service, can you show proof of registration? (Required of males ages 18 - 26.)  Yes  No

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>Bellaire SR High, Houston Texas</u>			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If not a high school graduate, do you have a GED?			<input checked="" 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
<u>Augusta tech institute</u>	<u>1991-1992</u>	<u>core classes</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>NA</u>
<u>Augusta tech college</u>	<u>2009-2 years</u>	<u>CRIM JUSTICE</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>anticipated</u>
Colleges/Universities					
School Name and Address	Number of years attended	Course of study	Did you graduate?		Degree obtained
<u>Augusta college</u>	<u>1992-1</u>	<u>core classes</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>NA</u>
<u>Augusta tech Police Academy</u>	<u>2009-1 yr</u>	<u>Basic Law Enforcement</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>TCC-Post-cert</u>
			<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 City of Augusta

**References:** List three (3) personal references who are not related to you and are not previous employers.

Name	Address	Phone Number	Years Known
Portland J. Compauro	432 Keeling Lane, Evans, GA	[REDACTED]	5
CPL. Perry Keith RCso	401 Walton way, Augusta, GA	[REDACTED]	5
Sgt Elijah Parker RCso	401 Walton way, Augusta, GA	[REDACTED]	5
Pete Hawkes - Macy's Inc	1275 Marks Church Rd. 30907	[REDACTED]	8

**Employment History:** List most recent or current job first: (please cover last eight (8) years, attach additional page if needed.)

Name of Organization Sears Holdings Co.	Telephone (706) 731-8668	Dates Employed From mo/yr 6/08 To mo/yr 5/09
Number and Street 3450 Wrightsboro Rd	City State Zip Code Augusta, GA 30906	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title Loss Prevention Associate	Name of Supervisor Tony Graf	Pay (hourly rate/salary) Starting 8.10/hr Final 8.10/hr
Describe Specific Job Duties Monitored surveillance camera system for shop lifters and customer safety issues. Processed shop lifters, secured warrants, created video and evidence files.		
Reason for Leaving Resigned to pursue education		

Name of Organization Dillard's INC	Telephone (706) 441-0600 x5990	Dates Employed From mo/yr 10/05 To mo/yr 4/08
Number and Street 3450 Wrightsboro Road	City State Zip Code Augusta, GA 30906	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title camera operator / Loss Prevention	Name of Supervisor Shawn Ulrich	Pay (hourly rate/salary) Starting 12.00/hr Final 12.00/hr
Describe Specific Job Duties Monitored closed circuit surveillance system for shop lifters and safety issues. Processed shop lifters, secured warrants, created digital video evidence files, presented evidence in court.		
Reason for Leaving terminated for making a bad stop.		

Name of Organization Lowry's Corporation	Telephone (706) 868-4112	Dates Employed From mo/yr 11/06 To mo/yr 04/07
Number and Street 4305 Washington Rd	City State Zip Code Evans, GA 30809	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title customer service associate	Name of Supervisor Tracy McLaughlin	Pay (hourly rate/salary) Starting 9.06/hr Final 9.28/hr
Describe Specific Job Duties helped customers, stocked shelves, operated fork lifts		
Reason for Leaving Found Full-time position at Dillard's		

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.)  
 P.o.s.t.-certified June 2009 - Augusta Tech Police Academy. I currently am an intern at F.C. Solicitor's 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.

*Justin Rafferty* 15 Feb 2010 \* See additional pages for Employment Hist. Continued

Sudiran Soosaipillai

18 Feb 2010

## Employment History p1

Company: Howard Lumber Company

475 Columbia Industrial Blvd.

Evans, GA 30809

706-868-8400

Dates of employment: March 2005 to Nov 2005

Official job title: Inside Sales

Supervisor: Lee Barnes

Duties: Sold lumber, building materials, and special orders to contractors and homeowners, stocked and merchandised shelves

Pay: \$11.50 per hour

Reason for leaving: terminated for no reason

Company: Norrell Inc./John Deere

119 Davis Road

Martinez, GA 30907

706-854-1220

Dates of employment: Feb 2005 to March 2005

Official job title: Assembly line technician- temporary

Duties: Worked the assembly line in 5000 series tractor plant in Grovetown, GA

Pay: \$8.50 per hour

Reason for leaving: Found better job at Howard Lumber Co.

Company: Office Max

580 Bobby Jones Expy.

Augusta, GA 30907

Dates of employment: Jan 2005 to Feb 2005

Official job title: Sales Associate

Duties: Customer service, stocking shelves

Pay: \$8.30 per hour

Reason for leaving: not scheduled enough hours

Company: The Home Depot

499 Bobby Jones Expy.

Martinez, GA 30907

706-650-7662

Dates of employment: Nov 1999 to Nov 2004

Official job title: Department Supervisor-Inside Garden

Supervisor: Scott Starling

Duties: Made schedules, Customer service issues and complaints, stocked shelves, Certified Forklift Trainer for store

Pay: \$13.25 per hour

Reason for leaving: terminated for following shoplifter while off clock

Sudiran Soosaipillai  
18 Feb 2010

## Employment History p2

Company: Home Quarters Warehouse

596 Bobby Jones Expy.

Augusta, GA 30907

706-868-6959

Dates of employment: Feb 1993 to Nov 1999

Official job title: Sales Specialist- Lawn & Garden

Supervisor: Shaw Bradford

Duties: Sold power equipment, did minor repairs on customers' equipment, customer service

Pay: \$9.81 per hour

Reason for leaving: they went out of business



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

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**Officer Profile Report For:**

**SUDIRAN SOOSAIPILLAI**



SEX: M RACE: A BIRTH: [REDACTED] - Thursday  
EDUC: GED

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**Officer Certifications**

PBLE091246S BASIC LAW ENFORCEMENT 07/31/2009

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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

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**Employment History**

AGENCY NAME	CODE	Started	To
TECH COLLEGE PRE-SERVICE	G2303	12/04/2008	Present

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**Training History**

DATE	NUMBER	COURSE	HOURS
06/04/2009	BMS01G2	EXTENDED BASIC COURSE	292
06/04/2009	BML06G1	BASIC LAW ENFORCEMENT TRAINING CRS.	408

TOTAL HOURS for 2009: 700

Grand Total Hours: 700



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 an/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.

Sudiran Soosaipillai 3-4-10 Sudiran Soosaipillai  
(SIGNATURE OF APPLICANT) (DATE) (PRINT NAME OF APPLICANT)

Sudiran Soosaipillai, 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 4<sup>th</sup> DAY OF March 2010.

Susan A. Epp  
(NOTARY PUBLIC)

Notary Public, Richmond County, Georgia  
My Commission Expires March 25, 2013





Law Enforcement Center  
401 Walton Way  
Augusta, Georgia 30911  
Office (706) 821-1065 FAX (706) 821-1064

# Richmond County Sheriff's Office

**RONALD STRENGTH  
SHERIFF**

March 09, 2010

**RE: Soosaipillia, Sudiran**

**EMPLOYERS:**

<b>Sears Holding Company</b>	<b>Augusta, GA.</b>
<b>Dillards Inc.</b>	<b>Augusta, GA.</b>
<b>Lowes, Inc.</b>	<b>Augusta, GA.</b>

**The three listed employers of the applicant contract with The Work Number for employee verification.**

**The Work Number is a fee for service company, and does not provide any info other than verification of employment.**

**PERSONAL REFERENCE:**

**Sgt. Elijah Parker  
R C S O**

**Sgt. Parker stated he has known the applicant for several years and last saw him about one year ago. He worked with the applicant at Augusta Mall.**

**Applicant is described as level headed and Sgt. Parker has no knowledge of any unfavorable habits or undesirable affiliations of the applicant.**

**Sgt. Parker states the applicant is intelligent, a hard worker, and he would recommend him for hire.**

**Cpl. Keith Perry  
R C S O**

**Cpl. Perry states he has known the applicant for about five years and has worked with him at Augusta mall. Last saw him about two weeks ago.**

**The applicant is very level headed and Cpl. Perry has no knowledge of any unfavorable habits or undesirable affiliations of the applicant.**

*March 9, 2010*  
*Page 2*

Cpl. Perry states he would recommend the applicant for hire and thinks he will make a good officer.

# Application Process I

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suf</b>
Soosaipillai	Sudiran		
<b>SS#</b>	<b>DL#</b>	<b>DOB:</b>	
[REDACTED]	GA049059757	[REDACTED]	
<b>New World:</b>	SEE PRINTOUTS		
<b>Historical</b>			
<b>MNI:</b>	11/18/05 Citation		
<b>NCIC/GCIC/III</b>	No Record		
<b>Driver History</b>	GA DL STATUS VALID - No history on driver		

## 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?**

If so, explain: no

- **In what states have you possessed a Driver's License in the past 10 years?**

State: Georgia From 1989 To Present  
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 \_\_\_\_\_

Gediran Soosapillai  
SIGNATURE OF APPLICANT

Gediran Soosapillai  
PRINT NAME OF APPLICANT

19 Feb 2010  
DATE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

Susan A. Epps  
NOTARY PUBLIC

2-19-10  
DATE  
Notary Public, Richmond County, Georgia  
My Commission Expires March 25, 2013