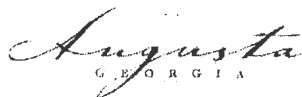


Employment Record

Name Pye, Caleb J.
 Empl 16701
 Computer # C299
 Date of Hire 09/13/2014
 Transferred/Rehired _____

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
09/13/2014	Deputy	SDR0313047	5041	\$1,226.19	43	Date of Hire
01/03/2015	Deputy			\$1,315.42	43	Tier level increase
03/12/2016				\$1,341.73	0	Cost of Living
08/27/2016	Anniversary Promotion	SDR0313047	5041	\$1,447.32	43	Anniversary Promotion
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,596.47	0	2018 Cluster Increase
06/06/2018	DEPUTY	SDR8NQ046	5041	\$1,596.47	15	NEW PCN AND PAY GRADE
01/22/2019				\$1,644.36	0	CLUSTER INCREASE PART II
09/07/2019				\$1,726.58	0	SENIOR DEPUTY



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

Employee Name: Caleb J. Pye EMP I.D.: 16701 DEPT #: 5041 Proposed Effective Date: 9/7/2019

PART 1: TYPE OF REQUEST --> #1: must fill out Part 2-A ONLY --> #2-12: must fill out Part 2-B & Part 3 --> #13: must fill out Part 2-C & Part 3 --> #14: fill out Part 2 & 3
1. Name/Phone/Add 2. Reclassification 3. Position Abolishment 4. Transfer 5. Promotion 6. Demotion 7. Interim Appointment
8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

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

B. POSITION INFORMATION

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

C. SEPARATION INFORMATION

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

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

Senior 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: 8/14/2019
Department Director Signature: Department Director Signature (2):

If a transfer between departments, both director signatures required***
BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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

Employment Record

Name Pye, Caleb J.
 Empl 16701
 Computer # C299
 Date of Hire 09/13/2014
 Transferred/Rehired _____

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06/06/2018	DEPUTY	SDR8NQ046	5041	\$1,596.47	15	NEW PCN AND PAY GRADE

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Employment Record

Name Pye, Caleb J. **Empl** 16701 **Computer #** C299 **Date of Hire** 09/13/2014 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
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Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired		
Pye, Caleb J.	16701	C299	09/13/2014			
Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
09/13/2014	Deputy	SDR0313047	5041	\$1,226.19	43	Date of Hire

Augusta, Georgia

Job Description

Approved Title: Deputy **Job Code:** 81NQ **FLSA Classification:** Non-exempt
Working Job Title: Road Patrol Deputy **Pay Grade:** 15 **Date Revised:** June 14, 2018
Department: Sheriff (5041) **Original Date Prepared:** August 25, 1997
Reports To: Sergeant
Does the Position Have Direct Reports? Yes No
If Yes, What is the Title of the Position that Reports to this Position:
Is the Position Safety Sensitive? Yes No

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

REQUIRED MINIMUM QUALIFICATIONS:

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

Knowledge/Skills/Abilities:

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

Skills:

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

Certification: Georgia Post Mandate Peace Officer Certification

Some positions may require:

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

OTHER:

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

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

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

FINANCIAL RESPONSIBILITY:

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

TRAINING & SUPERVISORY RESPONSIBILITY:

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

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

REVIEW/APPROVALS

Caleb J. Pye _____ Date 8/14/19
 Employee (Print Name)

[Signature] _____ Date 8/14/19
 Line of Staff Management

[Signature] _____ Date 8/14/19
 Department Director

_____ Date _____
 Compensation Administration Staff

_____ Date _____
 HR Director

Bonnie Hayes

From: Ttreon Bush
Sent: Thursday, June 28, 2018 10:46 AM
To: Jack Francisco; 'jfrisco53@gmail.com' (jfrisco53@gmail.com); Steve Smead; Sean Morgan; Sanita Cheatham; Daniel Dunlap; Belinda S. Bunch; Bonnie Hayes; Deanna Carreras
Subject: XTS2500 RADIO

ON 062818 CALEB PYE (C299) RECEIVED XTS2500 RADIO# 205CGD0372-ID# 4700079, TO REPLACE RADIO# 205CHT2236-ID# 4700359. RADIO# 205CHT2236-ID# 4700359 NEED TO BE REPAIRED, SWITCHING CHANNELS.

THANKS
062818

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

"Sometimes, no matter how nice you are, how kind you are, how caring you are, how loving you are, it just isn't enough for some people."

Please consider the environment before printing this email.

This e-mail contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. The City of Augusta accepts no liability for the content of this e-mail or for the consequences of any actions taken on the basis of the information provided, unless that information is subsequently confirmed in writing. Any views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of the City of Augusta. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the content of this message which arise as a result of the e-mail transmission. If verification is required, please request a hard copy version.
AED:104.1



FINANCE DEPARTMENT
RISK MANAGEMENT DIVISION

Donna Williams, CGFM
Director of Finance
Joseph Crozier, CM, CWCP
Interim Risk Manager

April 25, 2017

Caleb Pye
16701
Sheriff's Office
Augusta, GA.

Dear Deputy Pye,

The Safety Review Committee has reviewed your accident of 03/17/2017. It has been determined that you were at-fault in this accident. Damages totaled \$5,815.73. A damage assessment of \$750.00 (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 (7) payments of \$100.00 and (1) final payment of \$50.00, 30 days from the date of this letter, **unless** Option 2 is 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 535 Telfair Street Suite 920, Augusta, Georgia 30901-2382 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,

Joseph Crozier, Interim Risk Manager
Safety Review Committee

Cc: Richard Roundtree / Sheriff
Accident file
Personnel file

Bonnie Hayes

From: Caleb Pye <[REDACTED]>
Sent: Saturday, December 10, 2016 4:10 PM
To: Bonnie Hayes
Subject: SWAT

Bonnie Hayes,

I am writing to you in regards to my interest of becoming a SWAT member of the Richmond County Sheriffs Office.

Currently, I am assigned to Zone 1 of the Augusta area and have been working the field for approximately 2 years.

I am eager to learn about the various divisions within the sheriffs department and I believe that becoming a SWAT member would only improve my skills and benefit me to the roads ahead.

Thank you for your consideration regarding this matter.

Deputy Caleb Pye (C299)

Sent from my iPhone

Augusta, Georgia

Job Description

Approved Title: Deputy
 Working Job Title: Road Patrol Deputy
 Department: Sheriff (5041)
 Reports To: Sergeant

Job Code: 0313
 Pay Grade: 43
 Original Date Prepared:

FLSA Classification: Non-exempt
 Date Revised: September 25, 2011
 August 25, 1997

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.

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:

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FINANCIAL RESPONSIBILITY:

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

TRAINING & SUPERVISORY RESPONSIBILITY:

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REVIEW/APPROVALS

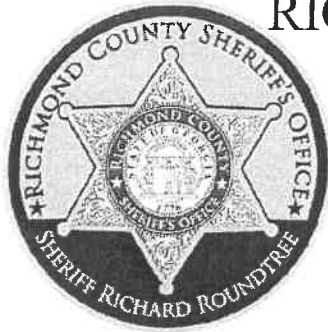
Caleb Pye
 Employee (Print Name) 8/4/16
Date

John & Francisca
 Line or Staff Management 8/4/16
Date

John & Francisca
 Department Director 8/4/16
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

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

Caleb Johnson *AL*

04/09/14

RCSO

PERFORMANCE

APPRAISAL



Dep. Caleb Pye-C299

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. Inconspicuousness; 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.

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. Pye has not had any problems while under my command.

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

Y N

Dep. Pye prides himself on looking for and locating stolen vehicles. He does have a habit of finding them as well.

3. Work knowledge and job skill level / problem solving

Y N

Dep. Pye still has a lot to learn from the job, however through his current experiences and knowledge he does an outstanding job from day to day.

4. Accepts directions / constructive criticism

Y N

Dep. Pye is very understanding of constructive criticism and follows directions well.

5. Accuracy, neatness, and thoroughness of work

Y N

Dep. Pye turns in reports in a timely and efficient manner.

6. Observance of rules and safety practices

Y N

Dep. Pye has had two written warnings for BWC policy, once while conducting a traffic stop and the other while he was involved in a vehicle pursuit. He has not had any issues since then.

7. Attendance / uniform and grooming / equipment maintenance

Y N

Dep. Pye called in sick once and has been late to work twice. Dep. Pye likes to search all areas for stolen vehicles, which in turn he drives his patrol vehicle dirty sometimes and has to be reminded to wash the vehicle.

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: Cpt/Shaun Nguyen
Date: 12/3/19 Evaluation Meeting Conducted By: Cpt Shaun Nguyen B608 / CIO
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: 12-03-19 Signature: [Signature] 1299

Employee Comments:

RCSO
PERFORMANCE APPRAISAL REPORT FORM

1. Type of Review

XXX Annual
 Other

2. Review Period

From: Nov 01 2017 To: Nov 01 2018

3. Next Review Date

Nov 01 2018

4. Employee Name: Caleb Pye	5. Employee Classification/Title: Deputy/Road Patrol
6. Division Road Patrol	

DEFINITION OF RATINGS

Superior:

Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.

Exceeds Expectations:

Performance is consistently above adequate skills. Achieves performance objectives, often beyond expectations.

Meets Expectations:

Performance consistently meets job requirements. Achieves performance objectives as stated.

Needs Improvement:

Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are to be achieved.

Unsatisfactory:

Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.

**RICHMOND COUNTY SHERIFF'S OFFICE
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

General Factors

U= Unsatisfactory NI=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Professionalism U NI ME EE S
- 2. Attendance U NI ME EE S
- 3. Observance of Rules and Safety Practices U NI ME EE S
- 4. Economy of Time and Materials U NI ME EE S
- 5. Initiative U NI ME EE S
- 6. Ability to Make Sound Decisions U NI ME EE S
- 7. Accepts Responsibility U NI ME EE S
- 8. Accepts Directions/Constructive Criticism U NI ME EE S
- 9. Interpersonal Skills/Attitude U NI ME EE S
- 10. Volume of Acceptable Work U NI ME EE S
- 11. Effectiveness Under Stress U NI ME EE S
- 12. Uniform and Grooming U NI ME EE S
- 13. Cooperation with Fellow Employees U NI ME EE S
- 14. Proactive Contacts Does Not Apply U NI ME EE S
- 15. Performance in New Situations U NI ME EE S
- 16. Work Knowledge and Job Skill Level U NI ME EE S
- 17. Problem-solving U NI ME EE S
- 18. Accuracy, Neatness, and Thoroughness of Work U NI ME EE S
- 19. Written/Oral Expression U NI ME EE S
- 20. Equipment Maintenance U NI ME EE S

TOTAL: 20

	20		
--	----	--	--

**RICHMOND COUNTY SHERIFF'S OFFICE
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

1. Record job strengths and superior performance incidents.

Deputy Pye has succeeded his peers in the recovery of stolen vehicles during this period.
Deputy Pye has shown positive growth in understanding the OCGA codes to make proper decisions on calls.

2. Record specific performance deficiencies or job behavior requiring improvement or correction.

Deputy Pye has been verbally talked with about deputy safety when dealing with making arrests from known stolen vehicles without back up assistance.

Deputy Pye needs to reevaluate his arrest techniques by not telling suspect they are under arrest until after they can be secured.

3. List goals and objectives for this employee and how and when they should be accomplished.

Goals and Objectives

Continue to work all areas of present job position and attend advance courses.

Work more traffic accidents to become familiar and comfortable working them.

During tour of duty search the sheriff portal to read policies and procedures in detail.

How to Accomplish

Traffic accidents are an short fall so continue to work accidents and take advance traffic laws

Park patrol vehicle in a high trouble area area to spend time reading through policies.

OVERALL PERFORMANCE SUMMARY

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

 Superior Exceeds Expectations XXX Meets Expectations Needs Improvement Unsatisfactory

Comments:

Deputy Pye has demonstrated growth to become a rounded deputy that can be trusted and relied by coworkers.
Deputy Pye has shown a keen ability to search and locate reported stolen vehicles through this agency.

Actions for Improvement/Development:

Deputy Pye will be continued monitored for his safety concerns by team leader.
Corrections will be made immediately when observed.

Date: 12/21/18 Immediate Supervisor's Signature: [Signature]
Date: _____ Evaluation Meeting Conducted By: _____
By: _____
By: _____

REVIEW COMMENTS AND SIGNATURES

SECOND LEVEL REVIEW

Comments:

Deputy Pye works very hard and has the ability to train others. He should work towards becoming an FTO and also look to motor company control.

Date: 12/18/18 Signature: [Signature]
Title: [Signature]

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

Date: 12-12-18 Signature: [Signature]

NEW HIRE PROCESS

NEW HIPE NOTIFICATION/CONFIRMATION

PLEASE COMPLETE ALL BLANKS

TO: **Employment Manager**
Human Resources

DATE: 8/27/2014

From: Sheriff
(Department Name)

5041
(Department #)

Payroll Class. Title	Deputy
Salary Grade	43
Annual Salary	\$31,880.94
Bi-Weekly Salary	\$1226.19
	(% over entry) _____ **11% or more over entry requires submission of Commission Approval Letter
Hourly rate	\$15.33
Allowance (specify, example: clothing, car, etc.)	N/A
Hours bi-weekly	80
E Time Pay Rule	12 Hr.; 30 Min. A/D

Caleb J. Pye

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>2014</u>					
JANUARY	06	21		JULY	07 21
FEBRUARY	03	17		AUGUST	04 18
MARCH	03	17	31	SEPTEMBER	02 15 29
APRIL	14	28		OCTOBER	13 27
MAY	12	27		NOVEMBER	10
JUNE	09	23		DECEMBER	08

Ronald Phillips
(Replaced employee)

05410/SDR0313047
Employee # and PCN

5041
(Dept #)



Department Director's Signature

Augusta, Georgia

Job Description

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

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: 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.

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

Employee (Print Name) _____

Robert Patten
Line or Staff Management _____

Robert Patten
Department Director _____

Date _____

8/27/14
Date _____

8/27/14
Date _____

Compensation Administration Staff _____

Date _____

HR Director _____

Date _____



AUGUSTA-RICHMOND COUNTY
HUMAN RESOURCES QUESTIONNAIRE

NAME: Caleb J. Pye HOME PHONE: [REDACTED]
ADDRESS: [REDACTED]

(STREET) [REDACTED] (CITY) [REDACTED] (STATE) [REDACTED] (ZIP) [REDACTED]

DATE OF BIRTH: [REDACTED] SEX: MALE FEMALE

SOCIAL SECURITY NUMBER: [REDACTED] U.S. CITIZEN YES NO

MARITAL STATUS: SINGLE MARRIED DIVORCED
RACE: WHITE BLACK ASIAN AMERICAN HISPANIC OTHER

CIRCLE HIGHEST SCHOOLING COMPLETED: GRADE SCHOOL: 4 5 6 7 8
HIGH SCHOOL: 9 10 11 12 GED
COLLEGE: 1 2 3 4
GRADUATE: 1 2 3

RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY: () YES NO
IF YES, NAME: _____ RELATIONSHIP: _____

DEPARTMENT: _____

IN EMERGENCY NOTIFY: [REDACTED] [REDACTED]
(NAME) (PHONE)

PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY?
 NO YES DATE LEFT: _____

[Signature] 08-27-14
(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, Caleb J. Pye, 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: 08-27-14 _____



AUGUSTA-RICHMOND COUNTY
USE OF POLYGRAPH EXAMINATIONS

SECTION I: POLICY

- A. This policy is to be followed in the utilization of polygraph examinations whenever they are used as part of an investigation of alleged impropriety or misconduct by officers, employees, or agents of Richmond County, Georgia.
- B. All Richmond County employees or agents are required to cooperate with supervisors and investigators in the process of conducting investigations of, incidents of, and reports alleging impropriety or misconduct on the part of any officer, employee, or agent including, but not limited to, the providing of written or oral testimony under oath and submission to an examination by polygraph.
- C. Supervisory personnel investigating impropriety or misconduct by employees, investigators employed by Richmond County or investigative agents of other organizations and agencies specifically approved and commissioned to undertake an internal investigation of any Richmond County operated or funded activity, are authorized to employ polygraph examinations.
- D. Polygraph examinations may be administered only by persons employed as polygraph examiners by a law enforcement agency or by persons licensed by the Georgia Board of Polygraph Examiners or licensed in some other state to conduct such examinations. The questions asked in any polygraph examination must relate narrowly and directly to the subject's participation in the alleged impropriety or misconduct under investigation or to his knowledge of information pertaining to such impropriety or misconduct.
- E. Refusal of an order to submit to a polygraph examination under the circumstances covered in this policy shall be considered to be refusal to follow a direct order and shall constitute cause for initiation of adverse action based upon insubordination.

TO: WHOM IT MAY CONCERN
SUBJECT: USE OF POLYGRAPH EXAMINATION

I, Caleb J. Pye 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>08-27-14</u> _____ (date)
 _____ (witness)	<u>8/27/14</u> _____ (date)

GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and 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) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen 15 years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

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

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

Print Name: Caleb Joshua Price

Signed:  Date: 08-27-14

Witnessed:  Date: 8/27/14

Direct Deposit Notification Form

To be signed by all new hires and rehires on or after November 15, 2011

In accordance with the Mandatory Direct Deposit policy approved by the Augusta Richmond Commission on November 15, 2011, any person hired or rehired as an employee of Augusta, Georgia on or after November 15, 2011 is required to accept all payroll related payments by direct deposit. The policy can be found on the Augusta Finance department's website.

I understand that as a condition of employment, I must comply with the policy and enroll in direct deposit on the first day of orientation. If I am unable to establish a bank account, I will provide a letter from a banking institution stating that fact. In that case, I agree to receive my payroll payments thru the debit card program administered by the institution where the Augusta payroll account resides, currently Bank of America (which may be subject to change).

Employee Name (please print) Caleb Joshua Pye

Employee Signature  Date 08-27-14

To be completed by Human Resources:

Employee ID number _____ Position title: _____

Department _____ Date of Hire: _____

This form to be filed in the employee's permanent file.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <i>Are</i>		First Name (Given Name) <i>Chleb</i>		Middle Initial <i>J</i>	Other Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town [REDACTED]	State <i>CA</i>	Zip Code [REDACTED]
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]	E-mail Address [REDACTED]			Telephone Number [REDACTED]	

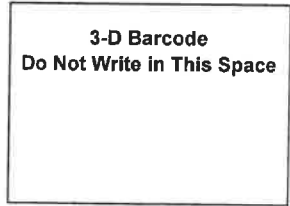
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>[Signature]</i>	Date (mm/dd/yyyy): [REDACTED]
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code

STOP *Employer Completes Next Page* **STOP**

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: GA		Issuing Authority: [REDACTED]
Document Number:		[REDACTED]		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): [REDACTED]		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Bonnie Hayes</i>		Date (mm/dd/yyyy) 8/27/2014	Title of Employer or Authorized Representative Administrative Assistant	
Last Name (Family Name) Hayes		First Name (Given Name) Bonnie	Employer's Business or Organization Name Richmond County Sheriff's Office	
Employer's Business or Organization Address (Street Number and Name) 400 Walton Way		City or Town Augusta	State GA	Zip Code 30901

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
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	<u> </u>

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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2014
1 Your first name and middle initial <i>Caleb S</i>		Last name <i>Pye</i>		2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
[REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 <u>\$ 0</u>		
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		[REDACTED]		7 <u> </u>
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 (This form is not valid unless you sign it.) ▶ <i>[Signature]</i>		Date ▶ <u>08-27-14</u>		
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Caleb Joshua Mck</i>	1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]
2a. HOME ADDRESS (Number, Street, or Rural Route) [REDACTED]	2b. CITY, STATE AND ZIP CODE [REDACTED]

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

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 []
- C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2 []
- D. Married Filing Separate:
Enter 0 or 1 []
- E. Head of Household:
Enter 0 or 1 []

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

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. Federal Estimated Itemized Deductions.....\$ _____
- B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
 Each Spouse \$1,500 \$ _____
- C. Subtract Line B from Line A.....\$ _____
- D. Allowable Deductions to Federal Adjusted Gross Income\$ _____
- E. Add the Amounts on Lines 1, 2C, and 2D\$ _____
- F. Estimate of Taxable Income not Subject to Withholding\$ _____
- G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____
- H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above.....\$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) A **TOTAL ALLOWANCES** (Total of Lines 3 - 5) 0
 (Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 Instructions on page 2 before completing this section.**

- a) 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**
- b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. **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 08-27-14

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.
 If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____ **EMPLOYER'S FEIN:** _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

Bonnie Hayes

From: Ttreon Bush
Sent: Tuesday, September 09, 2014 3:15 PM
To: Bonnie Hayes; Gary Powell; Steve Smead; James L. Overstreet
Subject: CALEB PYE (C299)

ON 090914 CALEB PYE (C299) RECEIVED RADIO# 205CHT2155.

THANKS
TSB 090914

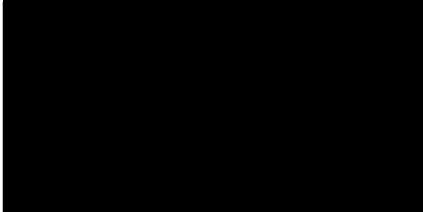
Please consider the environment before printing this email.

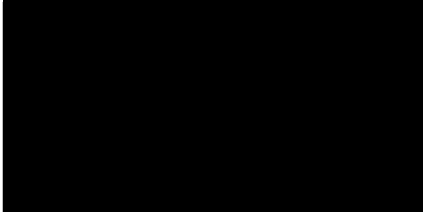
This e-mail contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. The City of Augusta accepts no liability for the content of this e-mail or for the consequences of any actions taken on the basis of the information provided, unless that information is subsequently confirmed in writing. Any views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of the City of Augusta. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the content of this message which arise as a result of the e-mail transmission. If verification is required, please request a hard copy version.
AED:104.1

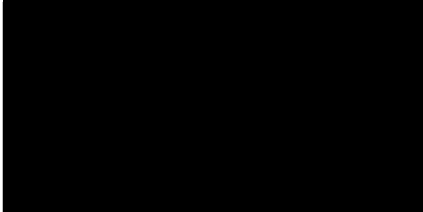
EMPLOYEE INFORMATION SHEET:

COPY

Name: Caleb J. Pye

Address: 

Phone: 

SSN: 

Hire Date: Saturday, September 13, 2014

Orientation: Monday, September 15, 2014, at 9:00 A.M.(See Orientation sheet for location)

Date to Report: Tuesday, September 16, 2014 (Training Range 2098 Greenland Rd.-Sgt. Mitchell)

Assigned Shift: Zone 1/" D" Shift

Supervisor: Lt. Jimmy Wylds

Salary (bi-weekly): \$1,226.19 **Salary (annual):** \$31,880.94

First Check: Friday, October 3, 2014

Computer #: C299

P.O.S.T. PAPERWORK – Susan Epps (706-821-1120)

FINGERPRINTS & PHOTO Jail Administration
Charles B. Webster Detention Center, 1941 Phinizy Road

ROAD DEPUTIES Training Range (Weapon)

UNIFORMS Ttreon Bush (Quartermaster)
Warehouse building behind Red Lobster-
Enter through gates via Walton Way

SWEARING-IN Thursday, September 11, 2014, at 9:00 A.M.
Judge Harry B. James, III
Probate Court
Augusta Judicial Center
735 James Brown Blvd. Suite 1000
(Do not wear uniform)

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

Add Officer Employment Status Change Request

[Return to Officer](#)

Officer Key O202683

Name CALEB JOSHUA PYE

New employment status change request for CALEB JOSHUA PYE added.

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

The current time is 10:41 am. Your session will expire after 20 minutes of inactivity.

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Officer Information

[Fact Sheet](#) [Report Arrest](#)

Demographics

Officer Key O202683
 Name CALEB JOSHUA PYE
 SSN [REDACTED]
 Sex Male
 Race Asian (Not Hispanic or Latino)
 Date of Birth [REDACTED]
 Height 5' 7"
 Weight 163
 Hair Color Brown
 Eye Color Brown
 Address [REDACTED]
 Primary Phone [REDACTED]
 Cell Phone [REDACTED]
 Other Phone [REDACTED]
 Education High School Diploma
 Photograph [View Photograph](#)

Annual Training Dashboard

	Hours This Year
Firearms	2
Deadly Force	2
Total Training	41

Officer Certifications

Certification	Description	Certification Type	Status	Expires	View
PBJA2013O202683	JAILER	Basic	Active		Certification Letter
PBLE2012O202683	BASIC LAW ENFORCEMENT	Basic	Active	June 26, 2016	Certification Letter

Employment History [New C11](#) [C11 Help](#)

Employment Status Change Requests Awaiting POST Decision

Agency	Rank	Start Date	End Date	Status
Edit RICHMOND COUNTY SHERIFFS OFFICE	DEPUTY SHERIFF	September 13, 2014		Actively Employed in Law Enforcement

Employment History

Agency	Rank	Start Date	End Date	Status
View COLUMBIA COUNTY SHERIFFS OFFICE	DEPUTY SHERIFF	March 1, 2013		Actively Employed in Law Enforcement

Mandated Training History

Date Completed	Course	Hours	Location	Certification/Result
08/16/13	BASIC JAIL TRAINING COURSE	80	GPSTC - ATHENS	Jailer Accompanying Letter
06/26/12	BASIC L.E. TRAINING COURSE (TCSG)	700	AUGUSTA TECH COLLEGE POLICE ACADEMY	Peace Officer Accompanying Letter

Training History [Apply for Waiver](#)

Date Completed	Course	Hours	Location	Certification
08/15/14	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	RICHMOND COUNTY SHERIFFS OFFICE	
07/11/14	IKV12G ACTIVE SHOOTER RESPONSE	4	COLUMBIA COUNTY SHERIFFS OFFICE	
06/30/14	IJM31G SECURITY PROCEDURES	2	COLUMBIA COUNTY SHERIFFS OFFICE	
05/30/14	IJM00G MISCELLANEOUS JAIL TRAINING	2	COLUMBIA COUNTY SHERIFFS OFFICE	
04/30/14	IGM03G STRATEGIC PLANNING	1	COLUMBIA COUNTY SHERIFFS OFFICE	

04/23/14	IFM04F BACKUP WEAPON TRAINING	2	COLUMBIA COUNTY SHERIFFS OFFICE
04/07/14	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	COLUMBIA COUNTY SHERIFFS OFFICE
03/31/14	IJM23G INMATE SECURITY	2	COLUMBIA COUNTY SHERIFFS OFFICE
02/28/14	IJM00G MISCELLANEOUS JAIL TRAINING	3	COLUMBIA COUNTY SHERIFFS OFFICE
02/15/14	VHQ01G SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1	COLUMBIA COUNTY SHERIFFS OFFICE
02/11/14	IFM23F FUNDAMENTALS OF SHOOTING	4	COLUMBIA COUNTY SHERIFFS OFFICE
02/03/14	IGM54G OFF DUTY CONDUCT	1	COLUMBIA COUNTY SHERIFFS OFFICE
02/03/14	IGK00G ETHICS AND PROFESSIONALISM	1	COLUMBIA COUNTY SHERIFFS OFFICE
02/03/14	ILF01G SEXUAL HARASSMENT	2	COLUMBIA COUNTY SHERIFFS OFFICE
01/31/14	IGB28G SECURITY AND INTEGRITY OF CHRI (3 HR)	3	COLUMBIA COUNTY SHERIFFS OFFICE
01/31/14	INM00G DEPARTMENTAL INSERVICE TRAINING	1	COLUMBIA COUNTY SHERIFFS OFFICE
01/30/14	VHQ01G SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1	COLUMBIA COUNTY SHERIFFS OFFICE
01/16/14	IJI00G INMATE RIGHTS	3	COLUMBIA COUNTY SHERIFFS OFFICE
11/13/13	ILM31G COURT ORDERS	4	COLUMBIA COUNTY SHERIFFS OFFICE
08/02/13	IFR04F FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4	COLUMBIA COUNTY SHERIFFS OFFICE
05/17/13	ICC14G SUICIDE PREVENTION IN JAILS	2	COLUMBIA COUNTY SHERIFFS OFFICE
05/17/13	IEI01G INMATE MEDICAL PROCEDURES	2	COLUMBIA COUNTY SHERIFFS OFFICE
05/01/13	IFL03F PATROL RIFLE	6	COLUMBIA COUNTY SHERIFFS OFFICE
03/15/13	IGK00G ETHICS AND PROFESSIONALISM	1	COLUMBIA COUNTY SHERIFFS OFFICE
03/15/13	ILF01G SEXUAL HARASSMENT	1	COLUMBIA COUNTY SHERIFFS OFFICE
03/15/13	IGM54G OFF DUTY CONDUCT	2	COLUMBIA COUNTY SHERIFFS OFFICE
03/03/13	IGB28G SECURITY AND INTEGRITY OF CHRI (3 HR)	3	COLUMBIA COUNTY SHERIFFS OFFICE
05/30/12	AYC09G VERBAL JUDO	24	AUGUSTA TECH COLLEGE POLICE ACADEMY
03/07/12	IDG06G TASER X-26	8	AUGUSTA TECH COLLEGE POLICE ACADEMY

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The current time is 10:41 am. Your session will expire after 20 minutes of inactivity.

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RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center
400 Walton Way
Augusta, Georgia 30901
(706) 821-1000 FAX (706) 821-1064
www.augustaga.gov

New Hire Physical Testing and Qualification Assessment

Date: 081514

Time: 0800

Candidate: Caleb Pye OKEY # O202683

10:38 One Mile Run: 6:46

31 Sit-Ups: 31

26 Push-Ups: 26

50 Round Qualification: 1st 436 , 2nd _____, 3rd _____

Please return this sheet to Michelle upon completion.

Thank You

Libby Hackney

From: Libby Hackney
Sent: Thursday, August 07, 2014 1:56 PM
To: William C. Probus; Donnie Chavis; Everett L. Jenkins; Joseph Scarlett; Michelle Thomas
Cc: Susan Epps
Subject: PT & Firearms Qualifications

Caleb J. Pye (road applicant) is scheduled for PT & Firearms on Friday, August 15th at 8:00 AM. Thanks!

Libby S. Hackney
Personnel Office
Richmond County Sheriff's Office
Phone: 706-469-3350
Fax: 706-821-1060
www.RCSOGA.org



Road

Application Process II

Last Name	First Name	Middle Name	Suf
Pye	Caleb	Joshua	
SS#	DL#	DOB:	
[REDACTED]	[REDACTED]	[REDACTED]	
Interview (Date):	07/11/2014		Interviewed By: Road
Remarks:	Continue Process		
POST (Date):	7/2/14		Key# 0202683
Remarks:	in good standing		
Entrance Exam (Date):		Score:	
Polygraph (Date):	7/31/14	Examiner:	[Signature]
Remarks:	NSR - AP		
Range:	Pte. Firearms 08/15/2014		
Background by:	Sgt. GREN RATHN		
Remarks:	appears to be excellent employee/cand. 08/05/2014		
Drug Screen:		Physical	
No Further Proces			
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 <i>deputy</i>		Date <i>11/03/2012</i>	
Name Last <i>Pye</i>	First <i>Calch</i>	MI <i>3</i>	
Current Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Telephone Number(s) [REDACTED]		()	

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

If yes, Date _____ Position _____

On what date would you be available for work? _____

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?
<i>Home educated</i>	[REDACTED]			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not a high school graduate, do you have a GED?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical or Business Schools				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges/Universities				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
<i>Augusta Technical College</i>	<i>SEMI ATTENDED</i>	<i>Criminal Justice</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Augusta is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin or disability. Applications are kept on file for 90 days.

PO



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
<i>Susan Puryear</i>			<i>9 yrs.</i>
<i>Donna Carter</i>			<i>15 yrs.</i>
<i>Wanda Jones</i>			<i>15 yrs.</i>

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

Name of Organization <i>Georgia State Floral</i>	Telephone <i>724-9686</i> (706)-865-7485	Dates Employed From mo/yr <i>2/01/2010</i> To mo/yr <i>03/2012</i>
Number and Street <i>2913 Washington Rd.</i>	City State Zip Code <i>Augusta GA, 30909</i>	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title <i>Driver/worker</i>	Name of Supervisor <i>Len Collins</i>	Pay (hourly rate/salary) Starting <i>7.25</i> Final <i>8.00</i>
Describe Specific Job Duties <i>Delivered flowers, stocked shelves, check-in inventory</i>		

Reason for Leaving *start of Police Academy*

Name of Organization <i>Tommy Mathews Auto Repair</i>	Telephone <i>(706)-868-7485</i>	Dates Employed From mo/yr <i>05/2009</i> To mo/yr <i>08/2009</i>
Number and Street <i>9212 Wheeler Rd.</i>	City State Zip Code <i>Augusta GA 30907</i>	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title <i>worker</i>	Name of Supervisor <i>Tommy Mathews</i>	Pay (hourly rate/salary) Starting <i>7.25</i> Final <i>7.25</i>
Describe Specific Job Duties <i>Swept floors, stocked shelves, helped mechanics</i>		

Reason for Leaving *start of school*

Name of Organization	Telephone ()	Dates Employed From mo/yr _____ To mo/yr _____
Number and Street	City State Zip Code	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title	Name of Supervisor	Pay (hourly rate/salary) Starting _____ Final _____
Describe Specific Job Duties		

Reason for Leaving

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*

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.



Application for Employment Augusta, Georgia

HUMAN RESOURCES DEPARTMENT

ROOM 601, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911

www.augustaga.gov JOB LINE: (706) 821-2305 PHONE: (706) 821-2303 FAX: (706) 821-2867

In order to be considered for a position, applications must be complete. You must **PRINT, SIGN** and **DATE** your application in **INK**.

Position Applying For <i>Road Deputy</i>		Date <i>07-02-14</i>	
Name Last <i>Pye</i>	First <i>Caleb</i>	MI <i>J</i>	
Current Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Telephone Number(s) [REDACTED]		()	

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

If yes, Date _____ Position _____

On what date would you be available for work? _____

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. _____

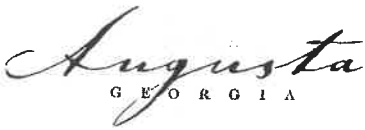
***A misdemeanor or felony conviction will not necessarily disqualify a job candidate from being considered for a position, unless applicable by law.**

Education

High School				
School Name and Address				Did you graduate?
<i>Home Educated</i> [REDACTED]				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not a high school graduate, do you have a GED?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical or Business Schools				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges/Universities				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
<i>Augusta Technical college</i>	<i>still attending</i>	<i>criminal justice</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Augusta is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin or disability. Applications are kept on file for 90 days.



Application for Employment Augusta, Georgia

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

Name	Address	Years Known
Susan Puryear	[REDACTED]	15 yrs
Wanda Jones	[REDACTED]	17 yrs
Donna Carter	[REDACTED]	17 yrs

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

Name of Organization <i>Columbia County Sheriff's Office</i>	Telephone <i>1042 (706) 541-6754</i>	Dates Employed From mo/yr <i>03/13</i> To mo/yr <i>Present</i>
Number and Street <i>2273 County Camp Rd</i>	City State Zip Code <i>Appling GA 30802</i>	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title <i>Deputy Sheriff / 54.000</i>	Name of Supervisor <i>Lt. Janet Green</i>	Pay (hourly rate/salary) Starting _____ Final _____
Describe Specific Job Duties <i>observe inmates</i>		
Reason for Leaving <i>New interest</i>		

Name of Organization <i>Georgia State Floral</i>	Telephone <i>(706) 724-9686</i>	Dates Employed From mo/yr <i>4/10</i> To mo/yr <i>03/12</i>
Number and Street <i>1401 Marvin Griffin Rd.</i>	City State Zip Code <i>Augusta GA 30906</i>	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title <i>Driver/worker</i>	Name of Supervisor <i>Len Collins</i>	Pay (hourly rate/salary) Starting _____ Final _____
Describe Specific Job Duties <i>Delivered flowers, stacked shelves</i>		
Reason for Leaving <i>start of Academy (Police)</i>		

Name of Organization <i>Tommy Mathews Auto Repair</i>	Telephone <i>(706) - 868-7485</i>	Dates Employed From mo/yr <i>05/04</i> To mo/yr <i>05/09</i>
Number and Street <i>4212 Wheeler Rd.</i>	City State Zip Code <i>Augusta GA 30907</i>	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title <i>worker</i>	Name of Supervisor <i>Tommy Mathews</i>	Pay (hourly rate/salary) Starting _____ Final _____
Describe Specific Job Duties <i>swept floors, stacked shelves</i>		
Reason for Leaving <i>start of school</i>		

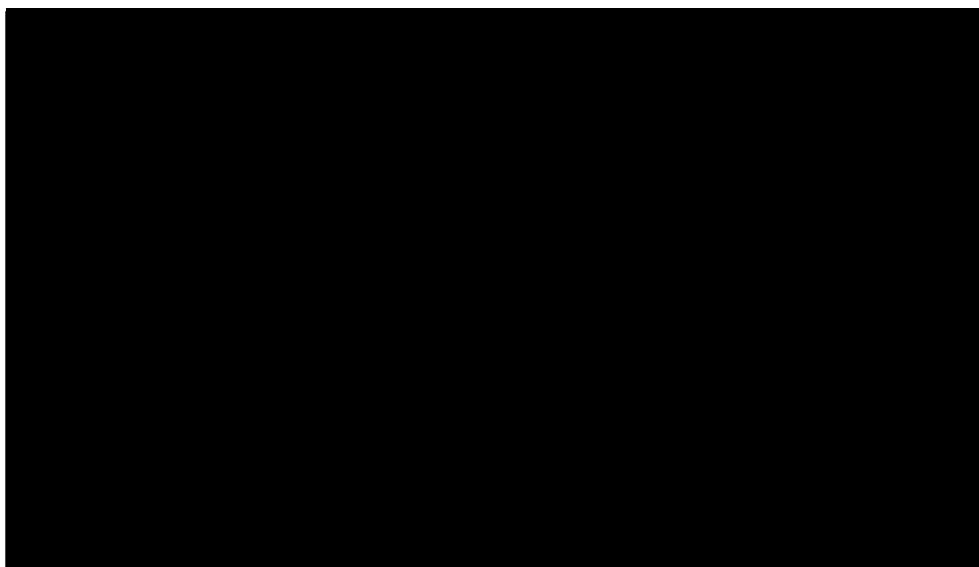
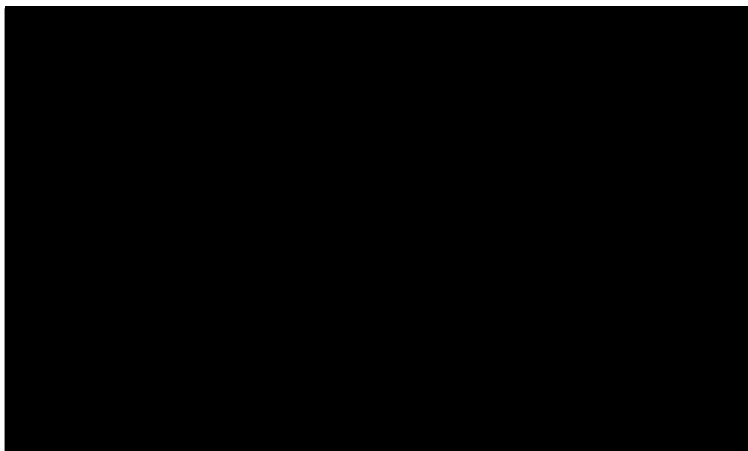
List any additional training, skills or equipment you are skilled in operating related to the position in which you are applying. (This may include computer applications, typing speed, a CDL license, or any other skills.) *Pos. T. certified*

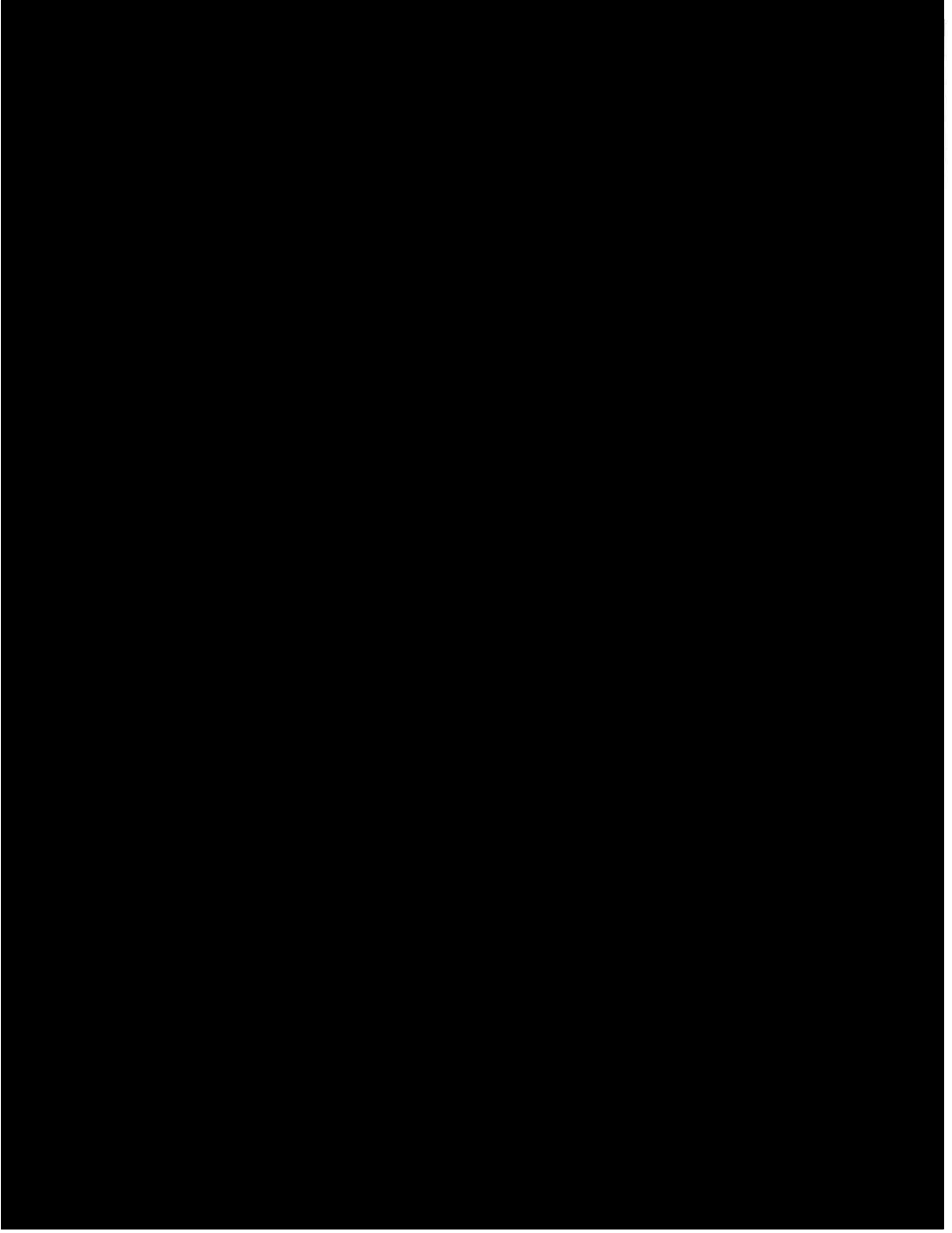
Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application form and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and that information regarding use of drugs may be disclosed to the appropriate county representative as a part of the employment process. I further understand that a post-offer of employment physical examination is also required for certain positions, and in those cases, employment is conditional upon successfully passing the examination. All medical information will be classified as confidential. I hereby authorize Augusta to investigate the information contained in my application, and to verify the information that I have submitted. I further authorize any past or present employer, law enforcement agency, or educational institution to release any information contained in my personnel file, police, or school record. I hereby release any individual providing requested information from all liability and agree not to sue for defamation or other claims based upon statements made to any representative of Augusta.

Signature of Applicant _____ Date *07-02-14*







High School Diploma

This certifies that

Caleb Joshua Rye

has completed the course of study prescribed by

Dr. and Mrs. [REDACTED]

and is entitled to all the Rights, Privileges, Honors, and Marks of Distinction thereto pertaining.

In Testimony Whereof, this Diploma is conferred, and we have subscribed our names

on the thirtieth day of the month of May in the year two thousand and nine.

[REDACTED]

Study to show thyself approved unto God: a workman that needeth not to be ashamed. Timothy 2:15



The State of Georgia
***PEACE OFFICER STANDARDS
AND
TRAINING COUNCIL***

Hereby recognizes the accomplishments of

CALEB JOSHUA PYE

as a

BASIC LAW ENFORCEMENT

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:

PBLE20120202683

<i>Issue Date</i>	<i>Expires</i>
06/26/2012	06/26/2016

The State of Georgia
Peace Officer Standards and Training Council

Hereby recognizes the accomplishments of

CALEB JOSHUA PYE
BASIC LAW ENFORCEMENT

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: *PBLE20120202683*

Acknowledged this 26th day of June, 2012



Ken Vance, Executive Director



(Cut along dotted line.)



Dear Registrant:

Please keep this letter as legal proof of your registration. Or, you may keep only the wallet sized registration acknowledgment provided below for your convenience.

Use the top portion of this letter to update and/or correct your information. Please review it carefully. Mark through any mistakes and write in the correct information. If you made any changes, cut off the top portion of this letter, and mail it to the Selective Service System using the envelope provided. **If your information is correct, do not return this form.** However, when any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may go www.sss.gov.

FOR NON-IMMIGRANT ALIENS: If you are on a valid visa and believe that you were registered in error, send this entire form and a copy of your I-94, I-95A, or Border Crossing Card (DSP-150) to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638.



If you have questions about the Selective Service System, call 1-847-688-6888.

Thank You!

Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.



Registration Acknowledgment

SELECTIVE SERVICE NUMBER	DATE OF BIRTH
90-1125883-8	10-16-90
NAME AND CURRENT MAILING ADDRESS	
CALEB PYE	
SIGNATURE OF REGISTRANT	
<i>Caleb Pye</i>	

(Fold on line.)

SSS Form 3A (May-07)

SOCIAL SECURITY NUMBER

11-05-08

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

DIRECTOR

William A. Chatfield



Data Report System

Individual Officer Profile

Created: 12-11-2012 02:37

Requested by: Susan Epps

Officer Key **O202683**
 Officer Name **CALEB JOSHUA PYE**
 Race **Asian (Not Hispanic or Latino)**
 Height **5' 7"**
 Weight **140**
 Hair Color **Black**
 Eye Color **Brown**
 Education **High School Diploma**
 Status **In Good Standing**

Officer Certifications

Certification	Description	Certification Type	Status
PBLE2012O202683	BASIC LAW ENFORCEMENT	Basic	Active

Instructor Certifications

None Found

Employment History

None Found

Sanctions

None Found

Investigations

None Found

Training History

Date	Number	Course	Hours
June 26, 2012	BML09G	BASIC L.E. TRAINING COURSE (TCSG)	700
May 30, 2012	AYC09G	VERBAL JUDO	24
March 7, 2012	IDG06G	TASER X-26	8

2012 Total Hours : 732

Summary of Hours for 1 Year

Year	Hours
2012	732
Grand Total of Hours (all years and courses)	732

Law Enforcement Center
400 Walton Way
Augusta, Georgia 30901-5835
(706) 821-1065 FAX (706) 821-1064



Richmond County Sheriff's Office

RONALD STRENGTH
SHERIFF

CRIMINAL AND DRIVER HISTORY WAIVER

In the event my application is selected as a potential candidate for employment with the Richmond County Sheriff's Office, I hereby give my consent for full and complete disclosure of my driver's history and criminal history.

I understand that any information obtained from the criminal and driver histories, upon this release authorization, will be considered in determining my suitability for employment.

I authorize the disclosure of the aforementioned information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my employment suitability.

- Have you ever been arrested for ANY criminal or traffic charge? (No)
If so, explain:
- In what states have you possessed a Driver's License in the past 10 years?
State: Georgia From 10-31-2008 To 10-16-2013
State: _____ From _____ To _____
State: _____ From _____ To _____
- Have you ever served in the Military/Reserves? Yes No
Branch: _____ From _____ To _____
If yes, did you have a Military Driver's License? Yes No
Years: From _____ To _____

[Signature]
SIGNATURE OF APPLICANT

Jenny Carr
NOTARY PUBLIC

Caleb Pyle
PRINT NAME OF APPLICANT

11-15-2012
DATE

[Redacted] 1990
DATE OF BIRTH

JENNY G. CARR
NOTARY PUBLIC
COLUMBIA COUNTY, GEORGIA

[Redacted]
SOCIAL SECURITY NUMBER

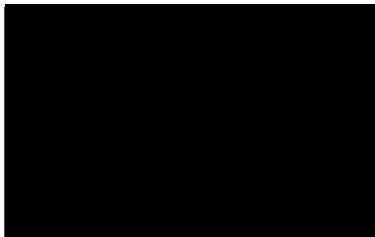
Expires 5/20/16

Caleb Pyle
LIST ALL NAMES (MAIDEN/MARRIED/ALIASES) USED BY APPLICANT

11-15-2012
DATE

sent by Lewis Blanchard
6/26/14

Caleb Joshua Pye



Education

January 2012- April 2012

Basic Law Enforcement Technical Certificate
Peace Officer Academy

Augusta Technical College, Augusta, GA

January 2012-Present

Working on Criminal Justice Associate Degree

Augusta Technical College, Augusta, GA

August 2005-May 2009

Home Educated, Appling, GA

Certification

June 2012

P.O.S.T. Certification, PBLE20120202683

Work Experience

March 2013-present

Columbia County Sheriff's Office

Deputy Jailer

February 2010-March 2012

Georgia State Wholesale Florist

Order processing and delivery

May 2009-August 2009

Tommy Mathewes Auto Repair

Summer shop helper

Personal

DOB: 

Birth Place: Pune, India

References on request

Application completed on-line

June 24, 2014



Data Report System

Individual Officer Profile

Created: 07-02-2014 12:12

Requested by: Bonnie Hayes

Officer Key **O202683**
 Officer Name **CALEB JOSHUA PYE**
 Race **Asian (Not Hispanic or Latino)**
 Height **5' 7"**
 Weight **163**
 Hair Color **Brown**
 Eye Color **Brown**
 Education **High School Diploma**
 Status **In Good Standing**

Officer Certifications

Certification	Description	Certification Type	Status
PBJA2013O202683	JAILER	Basic	Active
PBLE2012O202683	BASIC LAW ENFORCEMENT	Basic	Active

Instructor Certifications

None Found

Employment History

Agency	Rank	Start Date	End Date	Status
COLUMBIA COUNTY SHERIFFS OFFICE	Deputy Sheriff	March 1, 2013		Actively Employed in Law Enforcement

Sanctions

None Found

Investigations

None Found

Training History

Date	Number	Course	Hours
May 30, 2014	IJM00G	MISCELLANEOUS JAIL TRAINING	2
April 30, 2014	IGM03G	STRATEGIC PLANNING	1
April 23, 2014	IFM04F	BACKUP WEAPON TRAINING	2
April 7, 2014	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
March 31, 2014	IJM23G	INMATE SECURITY	2
February 28, 2014	IJM00G	MISCELLANEOUS JAIL TRAINING	3
February 15, 2014	VHQ01G	SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1
February 11, 2014	IFM23F	FUNDAMENTALS OF SHOOTING	4
February 3, 2014	IGK00G	ETHICS AND PROFESSIONALISM	1
February 3, 2014	ILF01G	SEXUAL HARASSMENT	2

February 3, 2014	IGM54G	OFF DUTY CONDUCT	1
January 31, 2014	IGB28G	SECURITY AND INTEGRITY OF CHRI (3 HR)	3
January 31, 2014	INM00G	DEPARTMENTAL INSERVICE TRAINING	1
January 30, 2014	VHQ01G	SUSPICIOUS ACTIVITY REPORTING/PRIVACY & CIVIL LIBERTIES	1
January 16, 2014	IJI00G	INMATE RIGHTS	3
			2014 Total Hours : 31
November 13, 2013	ILM31G	COURT ORDERS	4
August 16, 2013	BMH01G	BASIC JAIL TRAINING COURSE	80
August 2, 2013	IFR04F	FIREARMS REQUAL& USE OF DEADLY FORCE (4 Hrs)	4
May 17, 2013	ICC14G	SUICIDE PREVENTION IN JAILS	2
May 17, 2013	IEI01G	INMATE MEDICAL PROCEDURES	2
May 1, 2013	IFL03F	PATROL RIFLE	6
March 15, 2013	IGK00G	ETHICS AND PROFESSIONALISM	1
March 15, 2013	ILF01G	SEXUAL HARASSMENT	1
March 15, 2013	IGM54G	OFF DUTY CONDUCT	2
March 3, 2013	IGB28G	SECURITY AND INTEGRITY OF CHRI (3 HR)	3
			2013 Total Hours : 105
June 26, 2012	BML09G	BASIC L.E. TRAINING COURSE (TCSG)	700
May 30, 2012	AYC09G	VERBAL JUDO	24
March 7, 2012	IDG06G	TASER X-26	8
			2012 Total Hours : 732

Summary of Hours for 3 Years

Year	Hours
2014	31
2013	105
2012	732
Grand Total of Hours (all years and courses)	868

Richmond County Sheriff's Office
Applicant
Drug Use Statement

Principal Purpose: This form requests information about personal history of use, trafficking, or other activities involving illegal drugs and drug paraphernalia. Its purpose is to determine suitability for employment with the Richmond County Sheriff's Office as part of applicant screening process, and to eliminate non-qualified candidates prior to discovering the same information in later stages of the hiring process; thereby saving both parties wasted time and effort. Completion of this form is voluntary; however, non-completion of the form may result in the withdrawal of the application from further consideration within the hiring process.

Name: Last Rye First Caleb Middle Joshua

SSN: [REDACTED] Date of Birth [REDACTED]

As an applicant for employment with the Richmond County Sheriff's Office any prior drug use, attempted use, and/or experimentation must be disclosed before you can be considered for further processing. Do not include instances in which substances were prescribed, administered, or dispensed by a duly licensed physician for treatment of a legitimate medical condition. Please read the following instructions very carefully before answering the drug questions and initial your acknowledgment:

RJP

Initials

I understand that I must provide truthful information to The Richmond County Sheriff's Office regarding all drug use, attempted use, and/or experimentation of any illegal narcotics or dangerous drugs which have not been prescribed by a duly licensed physician, as well as any marijuana usage, regardless of my age or circumstances at the time of use, attempted use, and/or experimentation. I understand that I will be questioned and polygraphed regarding the information I provide. I understand that any omissions or inaccuracies between the information I provide and what is later learned during my background investigation may preclude me from further consideration for employment.

CSP

Initials

I understand that my responses to the drug questions are to be used to determine eligibility and suitability for employment. I also understand that my answers will not be used in any criminal proceedings against me, and that any declination to respond to the drug questions will be noted in my application record.

CSP

Initials

By the words "use", "attempted use", and "experimentation" I understand that I am being asked to disclose any and all experiences with illegal narcotics or dangerous drugs, to include any act or attempted act of trying, smoking, ingesting, tasting, inhaling, injecting, puffing or otherwise experimenting with a controlled substance or a substance that I believe to be a controlled substance.

Name: Caleb Pye

SSN: [REDACTED]

Date of Birth [REDACTED]

C Pye
Initials

By the word "occasion" I understand that I am being asked to disclose each occasion or event in which I used, attempted to use, or experimented with illegal narcotics or dangerous drugs, to include marijuana. For example, if I was at a party and during that occasion took a puff on three separate marijuana cigarettes, it will consider one use. If I went to another party the same night and again puffed on three marijuana cigarettes; that would constitute a second use.

C Pye
Initials

I understand that if I answer "Yes" to any of the following drug questions, I must attach a fully comprehensive statement that is legible, signed and dated.

Question #1

Have you ever used, tried, tasted, or experimented with any illegal narcotics or dangerous drugs, to include marijuana under any circumstances? (Please check)

YES () NO (X) If you answered yes to question #1, attach a comprehensive statement fully describing each occasion of drug use, attempted use, and/or experimentation covering each of questions A-H listed below. Your attached statement must be legible, signed and dated.

- A. What was/were the drug (s)?
- B. On how many occasions? NOTE: If you cannot be specific as to the exact number of occasions, answer the following: on at least _____ occasions, but not more than _____.
- C. Date first used/tried/experimented
- D. Date last used/tried/ experimented
- E. How was it obtained?
- F. Where was it used/tried/experimented?
- G. In what setting?
- H. Reason for use/try/experimentation

Question #2

Have you ever purchased, furnished, provided, sold, supplied, manufactured, produced, transported, or otherwise trafficked in any illegal narcotic or dangerous drug, to include marijuana? (Please check) YES () NO (X) If yes, what was the amount and cost of the drug?

Question #3

Have you ever abused or sold any licit (legal) drugs, chemicals, paraphernalia, or addictive substances, not to include alcohol? (Please check) YES () NO (X)

Question #4

Have you ever provided drug history information to the military or your past, present, or prospective employer that differs from the drug history information you are now providing to the Sheriff's Office? (Please check) YES () NO (X)

Question #5

Do you foresee any conflict of interest between your personal habits and beliefs and Sheriff's Office's mission to provide a drug-free environment? (Please check) YES () NO (X)


Name: Caleb Pte

SSN: [REDACTED]

Date of Birth [REDACTED]

IF YOU ANSWERED YES TO QUESTIONS #2 - #5, ATTACH A COMPREHENSIVE STATEMENT FULLY DESCRIBING ALL CIRCUMSTANCES AND DATES. YOUR ATTACHED STATEMENT MUST BE LEGIBLE, SIGNED, AND DATED.

I have been fully truthful in my answers and statements to the above questions and have disclosed all drug use, attempted use, and/or experimentation during my lifetime.



Applicant Signature

07-02-1990

Date



Witness

7/2/14

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

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 Present To 10/16/2021

State: _____ From _____ To _____

State: _____ From _____ To _____

- Have you ever served in the Military/Reserves? ___ Yes No

Branch: _____ From _____ To _____

If yes, did you have a Military Driver's License? ___ Yes ___ No

Years: From _____ To _____

[Signature]
SIGNATURE OF APPLICANT

[Signature]
NOTARY PUBLIC

Notary Public, Richmond County, Georgia
My Commission Expires November 1, 2016

Caleb Mc
PRINTED NAME OF APPLICANT

7/2/14
COMMISSION EXPIRES DATE

[Redacted]
SOCIAL SECURITY NUMBER

[Redacted]
DATE OF BIRTH

Asian Male 5'7 160
RACE SEX HEIGHT WEIGHT

Caleb Joshua Mc
LIST ALL NAMES (MAIDEN/MARRIED/ALIASES) USED BY APPLICANT

07-02-14
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

DATE: AUGUST 5TH 2014

RE: CALEB PYE

EMPLOYERS: SGT. GLEN RAHN MADE CONTACT WITH THE FOLLOWING EMPLOYER(S):

**COLUMBIA COUNTY SHERIFF'S OFFICE
2273 COUNTY CAMP RD
APPLING, GA 30802**

Contact was made with Wynn Howard. Howard advised that Pye is a good employee and has been working in the jail since being hired 030113. He submitted his resignation and it was effective 073114. He is leaving on good terms and advised the reason he was leaving was to seek a position with RCSO on Road Patrol.

**GEORGIA STATE FLORAL
1041 MARVIN GRIFFEN RD
AUGUSTA, GA 30906**

Contact was made with Len Collins, manager. Collins advised that Pye was an exceptional employee, very hard working and self-motivated. He was loved by everyone there to include customers. He advised that Pye was a rare find and any agency would be lucky to have him.

08/05
Per Sgt. Rahn, Chief
said to "fast track"
Mr. Pye -



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

REFERENCES

1. Susan Puryear [REDACTED] Called left message.
2. Donna Carter [REDACTED] Called left message.
3. Wanda Jones [REDACTED] Called left message
4. Eric Snowberger (Director at Augusta Tech Police Academy). Advised he was a great student, never had any issues with him and was well liked by staff and peers.
5. Jennie Carr spoke with her and she advised she has known him for 24 years. He is man of high moral character, very smart, willing to help anyone and she believes he would make a great addition to our agency.

A search of social media was conducted by Sgt. Rahn, which met with negative results.

Submitted by:

A handwritten signature in blue ink, appearing to read "Glen Rahn".

Sgt. Glen Rahn
Internal Affairs
400 Walton Way
Augusta, GA 30901
706.821.1604



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

RELEASE OF INFORMATION WAIVER

I do hereby authorize a review and full disclosure of all records concerning myself to the Richmond County Sheriff's Office, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, all records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, complaints or grievance filed by or against me.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Richmond County Sheriff's Office to be a participant in the determination process of my employment suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original Signature.

I have read and fully understand the contents of this authorization for release of information.

(SIGNATURE OF APPLICANT)

07/31/14

(DATE)

Caleb Joshua Pye

(PRINT NAME OF APPLICANT)

CALEB Joshua Pye, 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 31st DAY OF July 2014.

(NOTARY PUBLIC)

Notary Public, Richmond County, Georgia
My Commission Expires Feb. 20, 2017

Application Process I

Last Name	First Name	Middle Name	Suf
Pye	Caleb	Joshua	
SS#	DL#	DOB:	
[REDACTED]	[REDACTED]	[REDACTED]	
New World:	No record.		
Historical			
MNI:			
NCIC/GCIC/III	No history.		
Driver History	Valid Ga license. [REDACTED]		

Employment Record

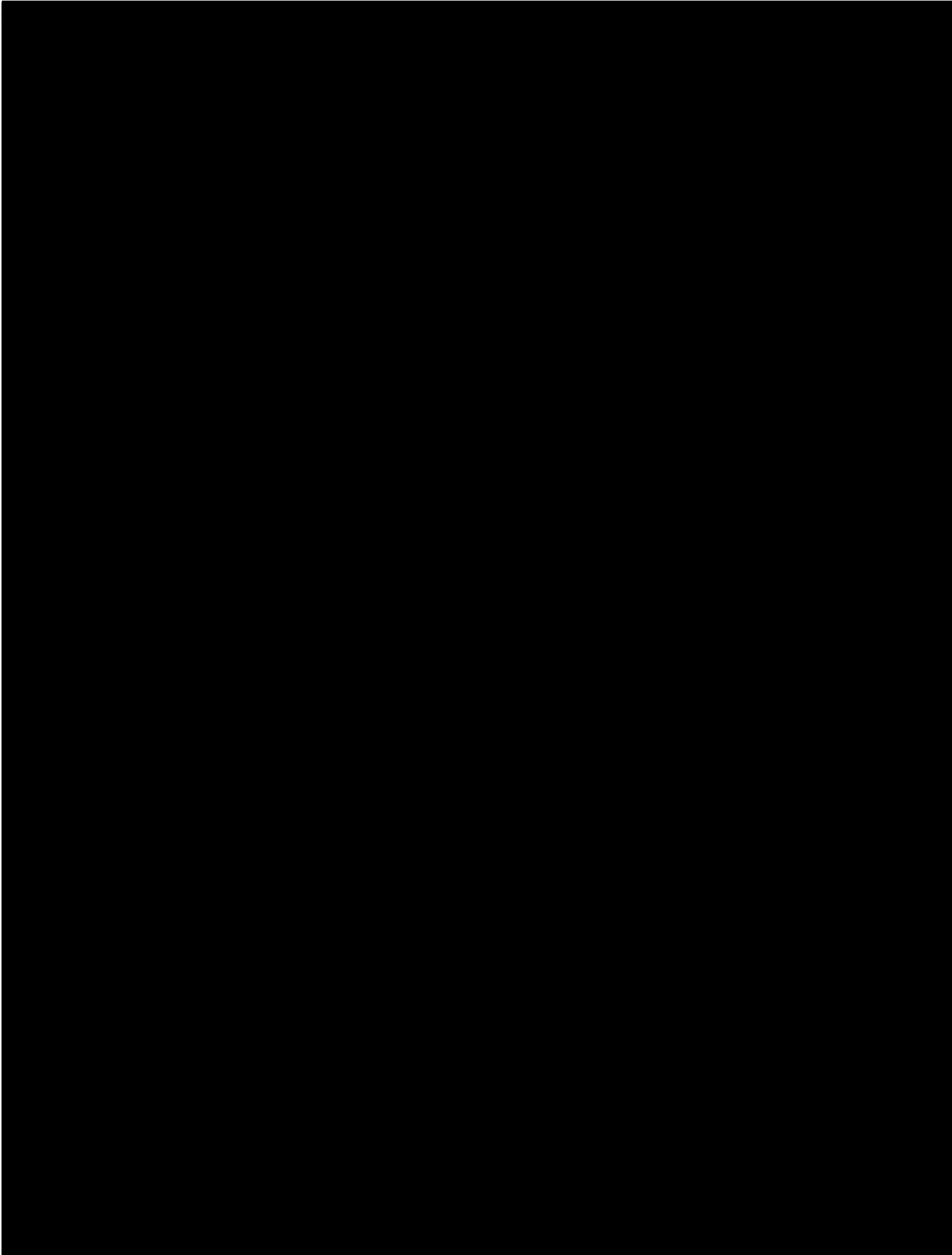
Name _____ **Empl** 16701 **Computer #** C299 **Date of Hire** 09/13/2014 **Transferred/Rehired** _____
Pye, Caleb J.

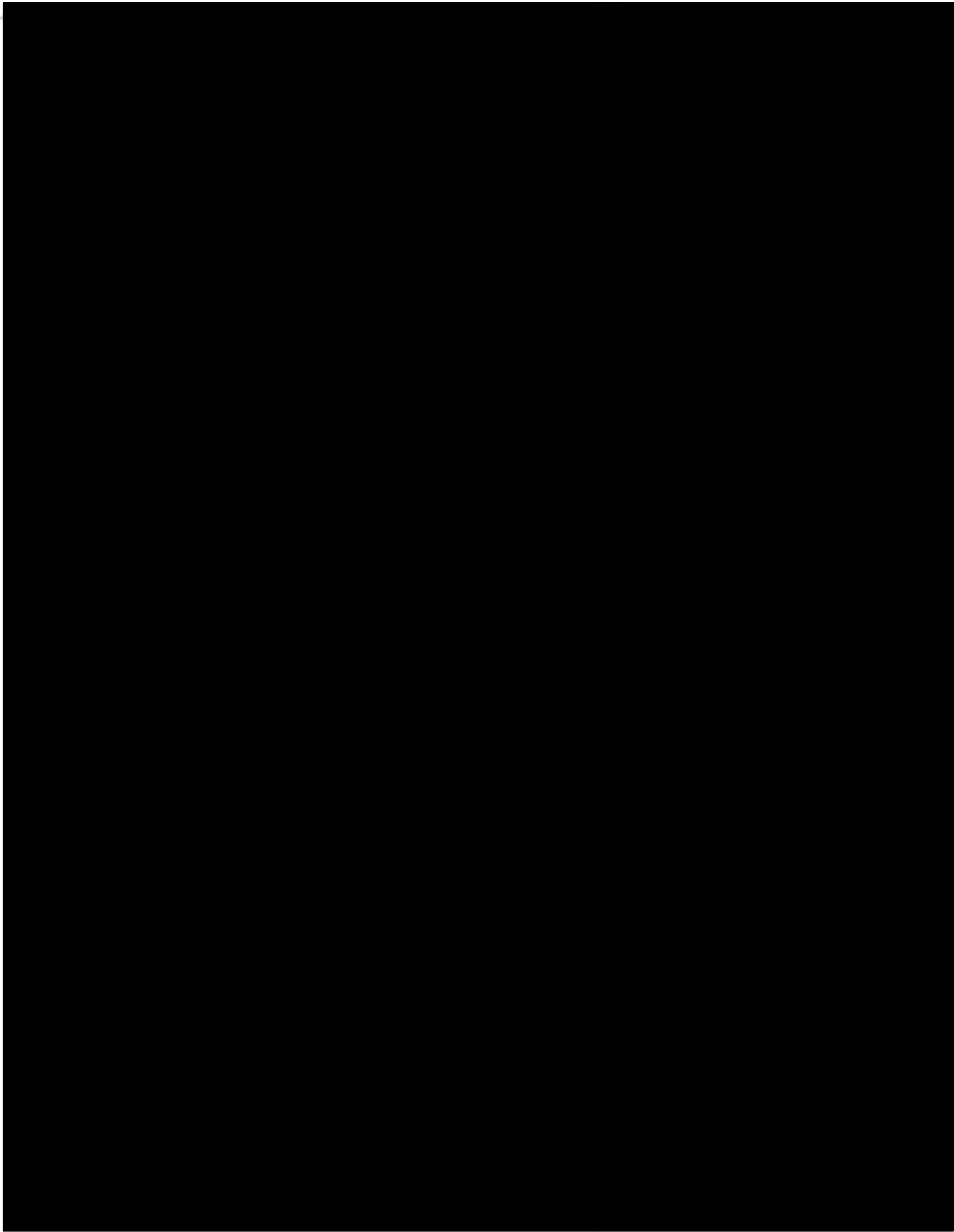
Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
09/13/2014	Deputy	SDR0313047	5041	\$1,226.19	43	Date of Hire
01/03/2015	Deputy			\$1,315.42	43	Tier level increase
03/12/2016				\$1,341.73	0	Cost of Living
08/27/2016	Anniversary Promotion	SDR0313047	5041	\$1,447.32	43	Anniversary Promotion
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,596.47	0	2018 Cluster Increase
06/06/2018	DEPUTY	SDR8NQ046	5041	\$1,596.47	15	NEW PCN AND PAY GRADE
01/22/2019				\$1,644.36	0	CLUSTER INCREASE PART II
09/07/2019				\$1,726.58	0	SENIOR DEPUTY
06/27/2020				\$45,564.46	0	COLA INCREASE
12/25/2021				\$48,185.64	0	2022 SALARY INCREASE

Employment Record

Name Pye, Caleb J. **Empl** 16701 **Computer #** C299 **Date of Hire** 09/13/2014 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
09/13/2014	Deputy	SDR0313047	5041	\$1,226.19	43	Date of Hire
01/03/2015	Deputy			\$1,315.42	43	Tier level increase
03/12/2016				\$1,341.73	0	Cost of Living
08/27/2016	Anniversary Promotion	SDR0313047	5041	\$1,447.32	43	Anniversary Promotion
12/30/2017				\$1,542.48	0	Salary with 84 hours and 1.5% cola.
02/24/2018				\$1,596.47	0	2018 Cluster Increase
06/06/2018	DEPUTY	SDR8NQ046	5041	\$1,596.47	15	NEW PCN AND PAY GRADE
01/22/2019				\$1,644.36	0	CLUSTER INCREASE PART II
09/07/2019				\$1,726.58	0	SENIOR DEPUTY
06/27/2020				\$45,564.46	0	COLA INCREASE





**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, Calib Joshua Pyc, 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 Sheriff's Office (Department/Office).

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

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

[Signature]
Signature

12-04-21
Date

Calib Pyc
Printed Name

Sheriff's Office
Department

[Redacted]
Social Security Number

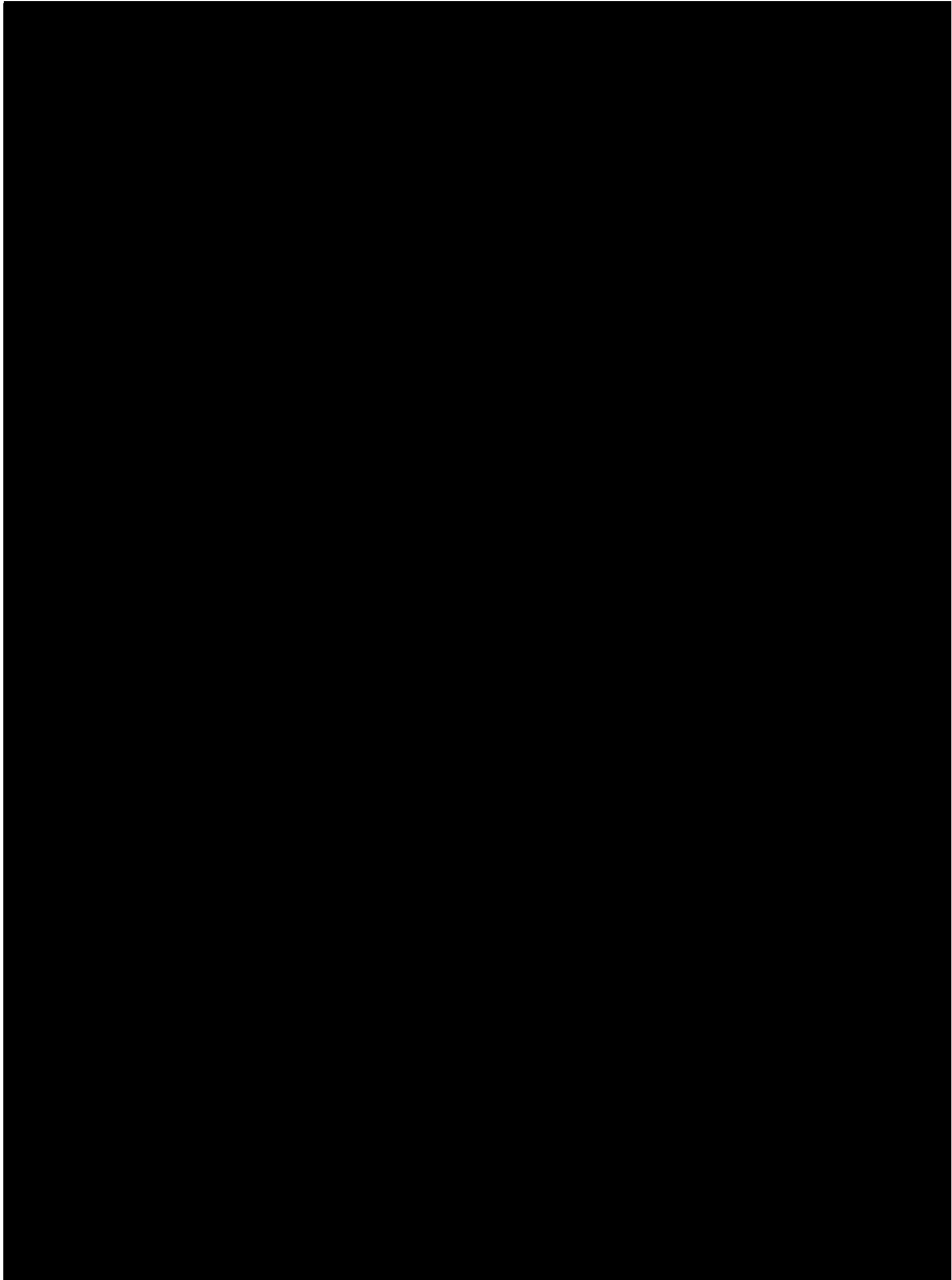
16701
Employee ID Number

Sworn to and subscribed before me,
This 9 day of Dec, 2021

[Signature]
Notary Public

My commission expires: _____








The bottom half of the page is mostly blank white space. There are some very faint, illegible marks and a thin horizontal line near the bottom edge, which appear to be artifacts from the scanning process or the original document's content that has been mostly lost.

**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 25 of April 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.



Signature
Richmond County Sheriff's Office Employee

Caleb Pyle

Printed Name

Bonnie Hayes

From: Ttreon Bush
Sent: Friday, July 24, 2020 11:36 AM
To: Sheila B. White; Steve Smead; Sean Morgan; Bonnie Hayes
Subject: XTS2500 RADIO

Importance: High

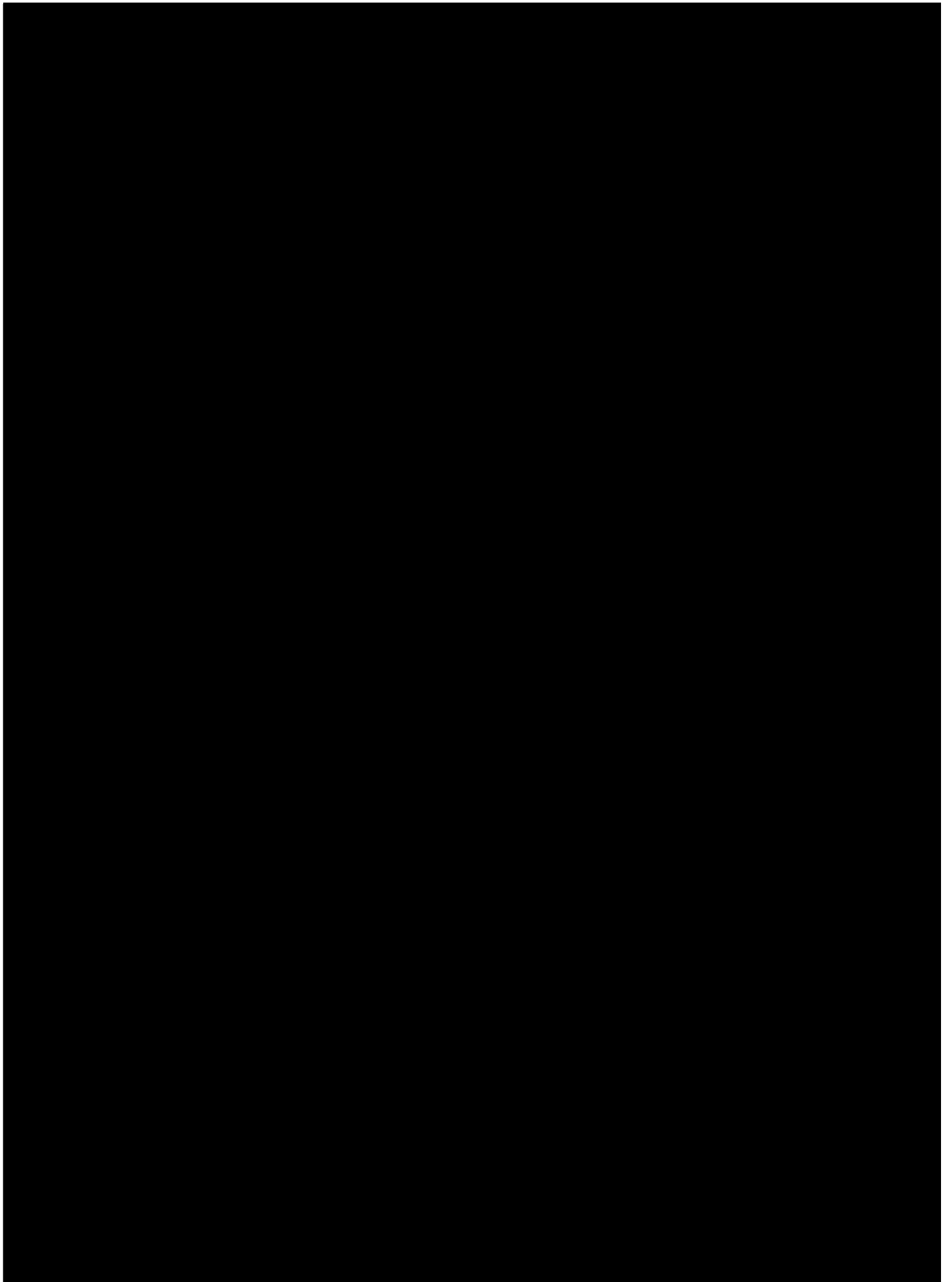
PLEASE PUT XTS2500 RADIO# 205CHR4743-ID# 4700200 BACK IN THE QUARTERMASTER STOCK, WAS CALEB PYE (C299)

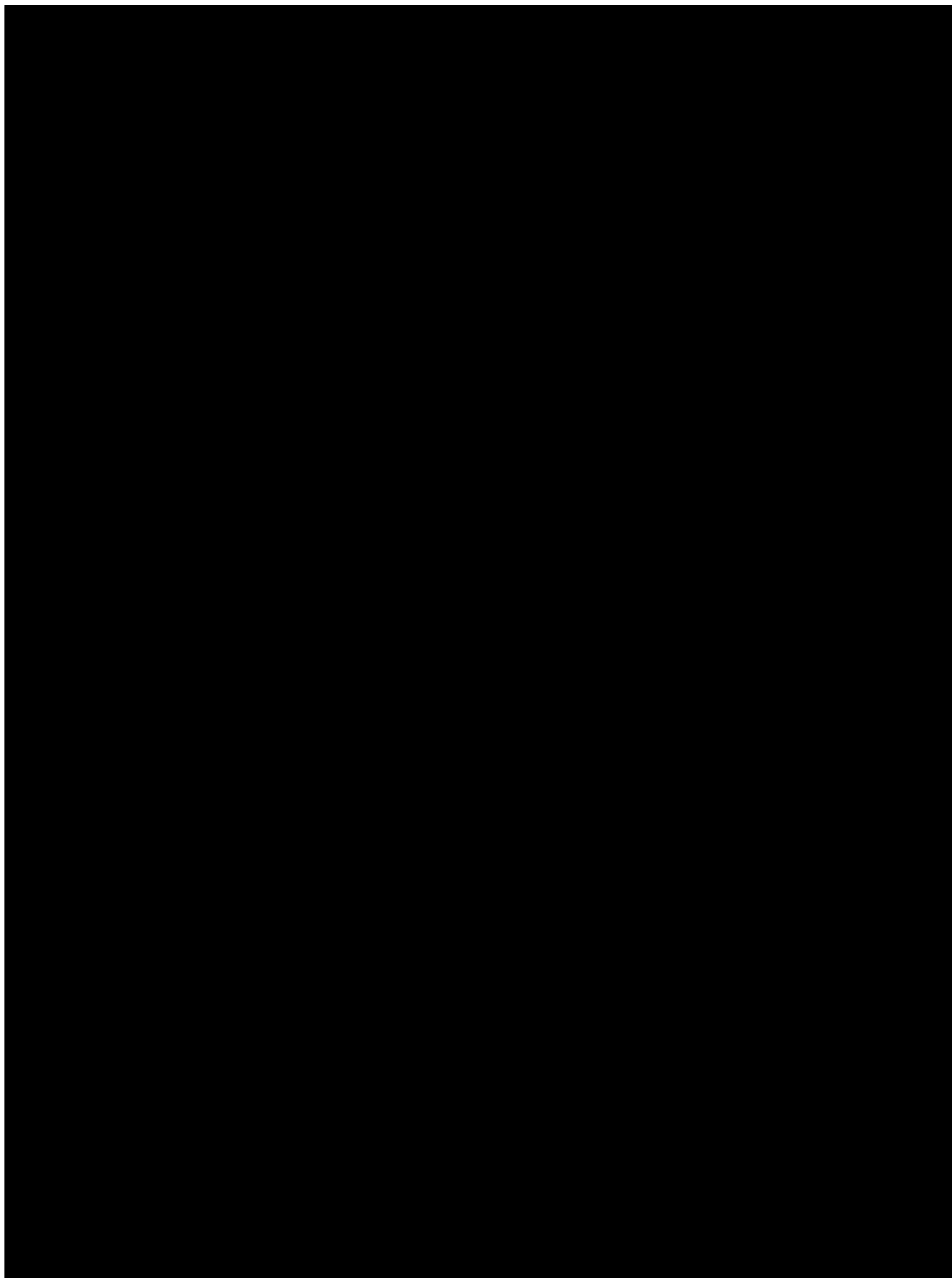
THANKS
072420

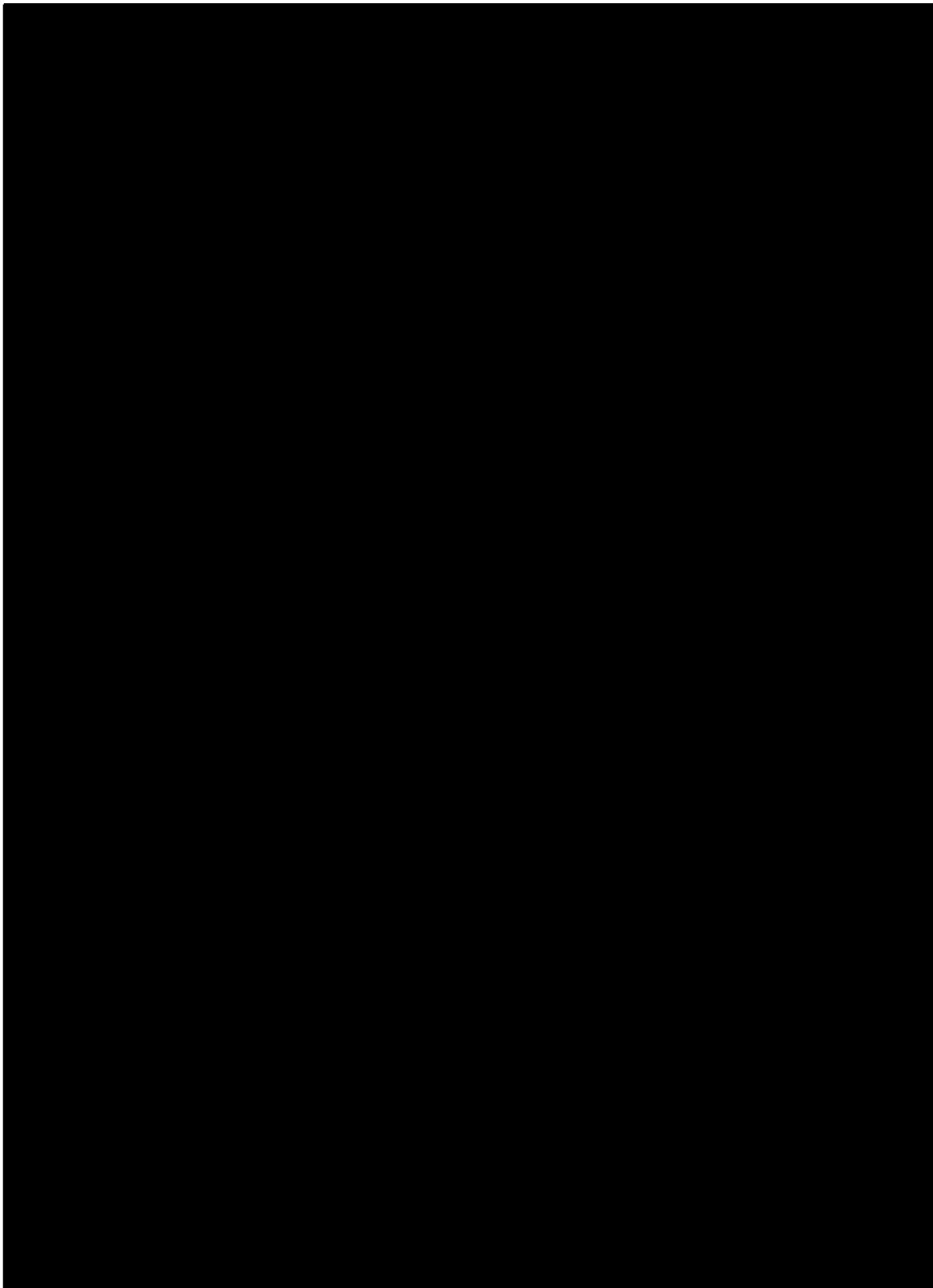
T. BUSH
QUARTERMASTER
RICHMOND COUNTY SHERIFF'S OFFICE
PHONE: 706-821-1703
FAX: 706-821-1701

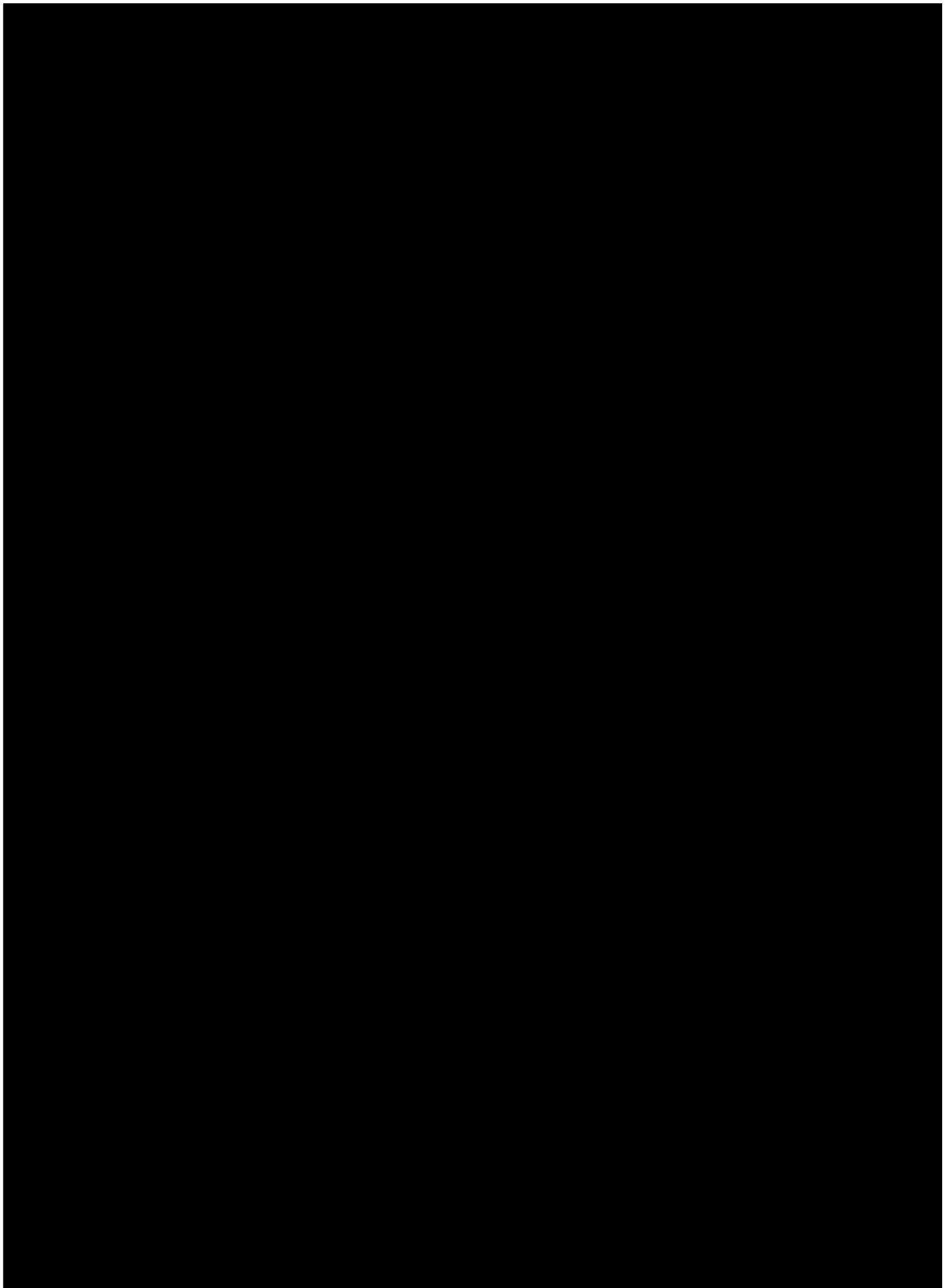
"Sometimes, no matter how nice you are, how kind you are, how caring you are, how loving you are, it just isn't enough for some people."

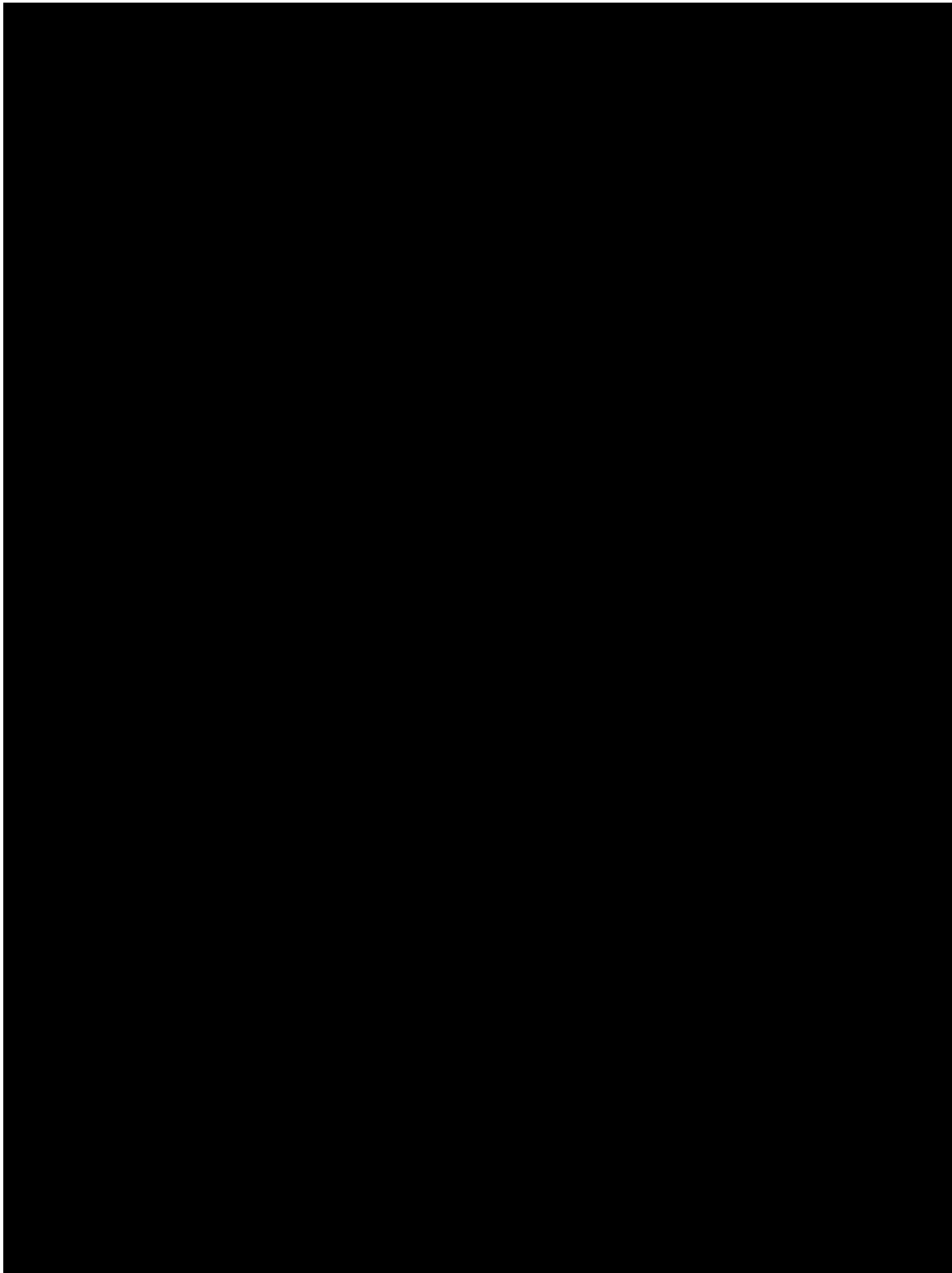
This e-mail contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. The City of Augusta accepts no liability for the content of this e-mail or for the consequences of any actions taken on the basis of the information provided, unless that information is subsequently confirmed in writing. Any views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of the City of Augusta. E-mail transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the content of this message which arise as a result of the e-mail transmission. If verification is required, please request a hard copy version.
AED:104.1

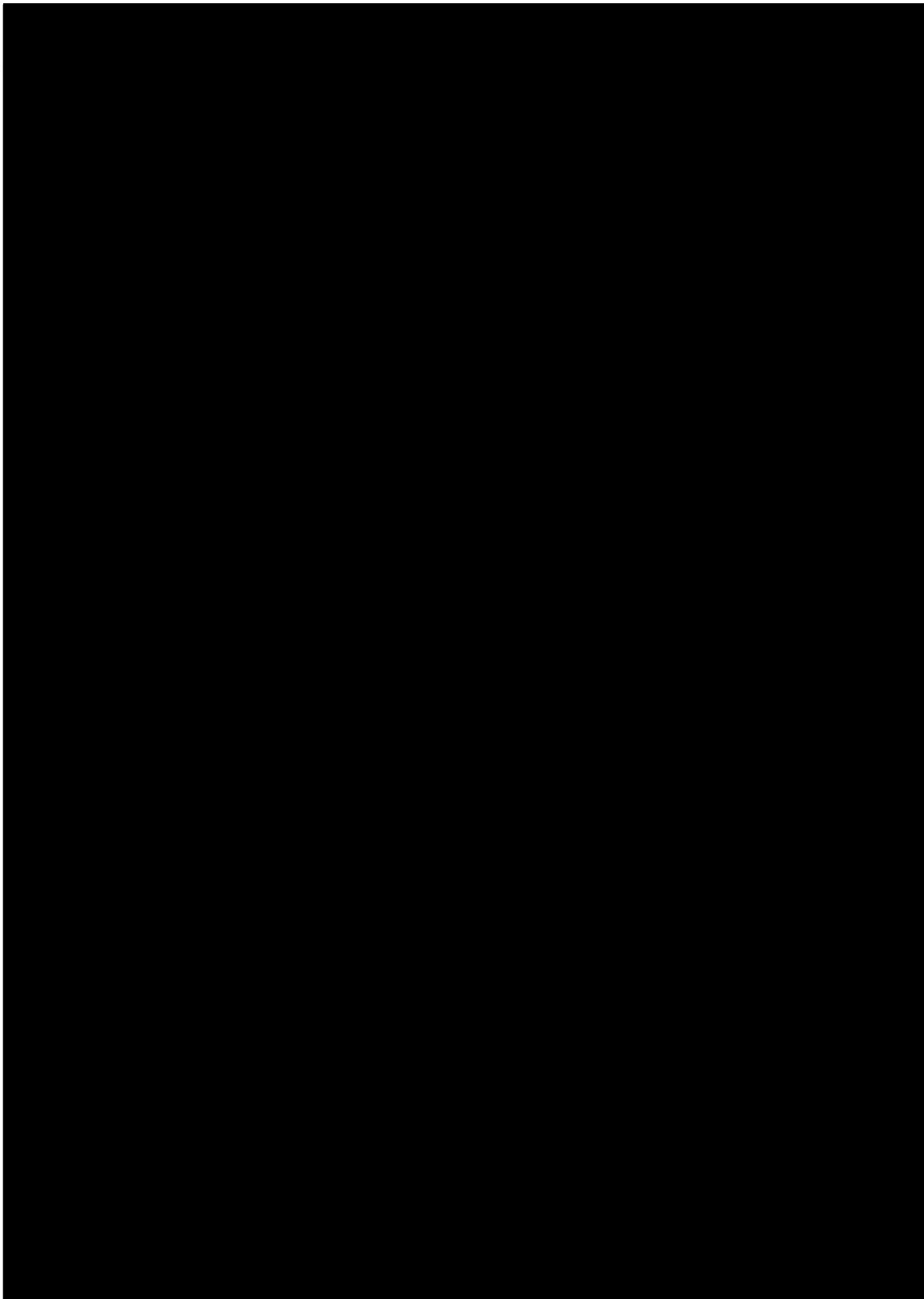


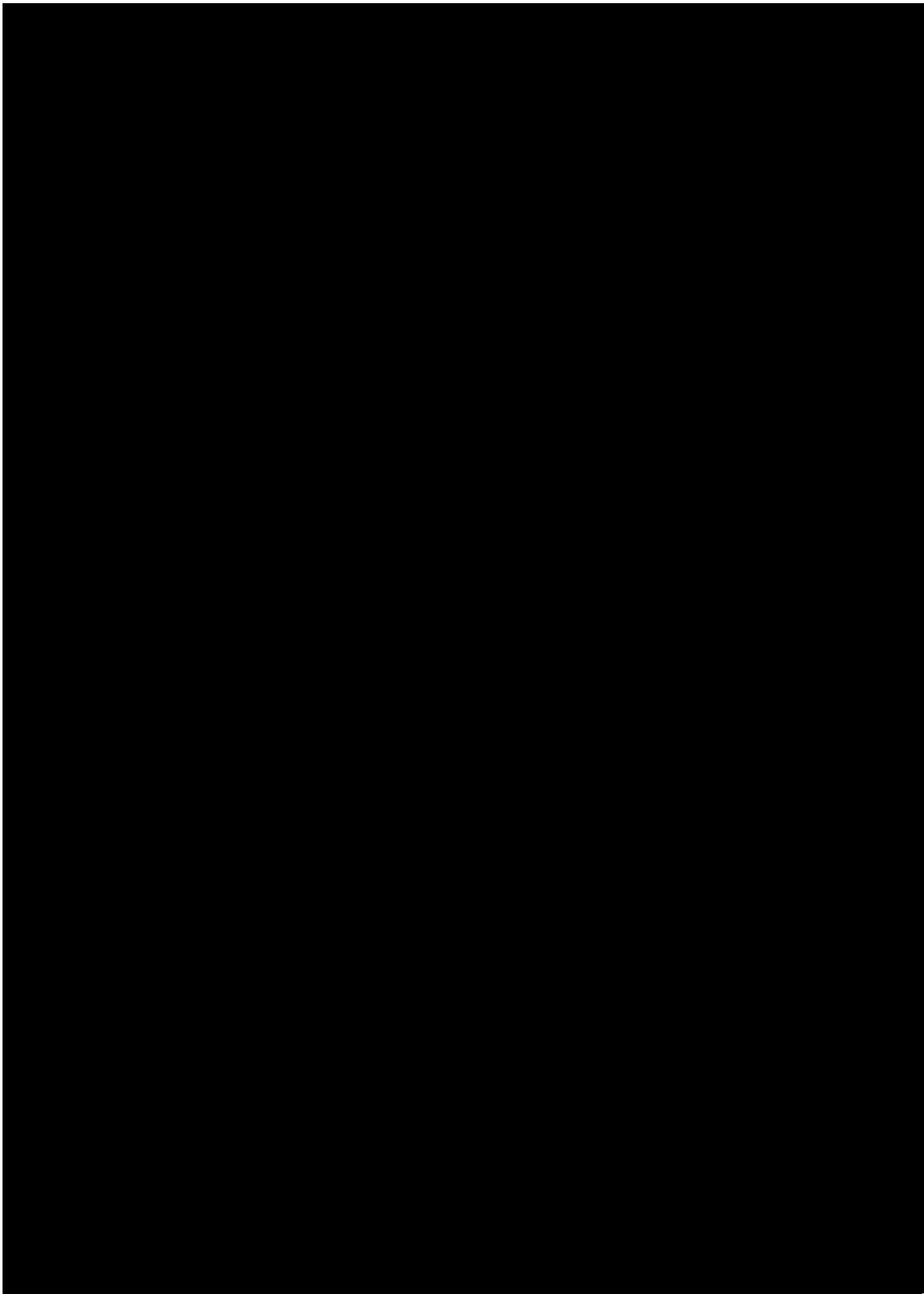


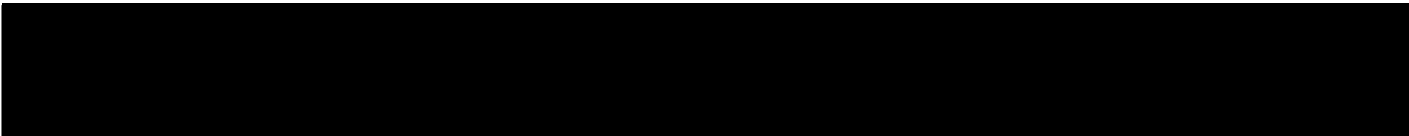
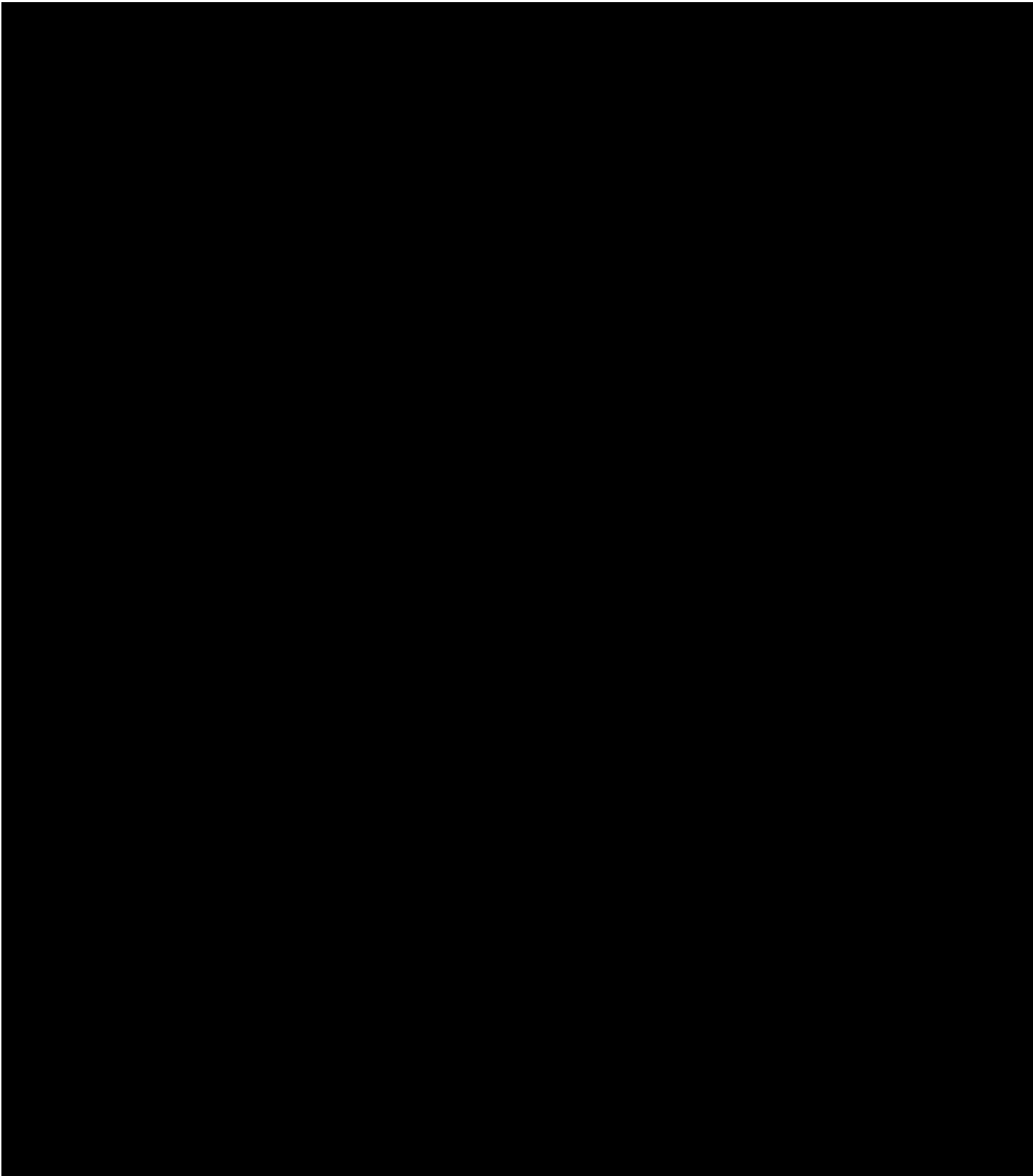


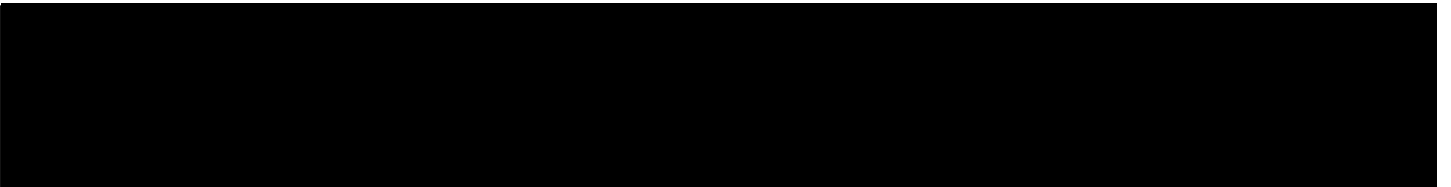
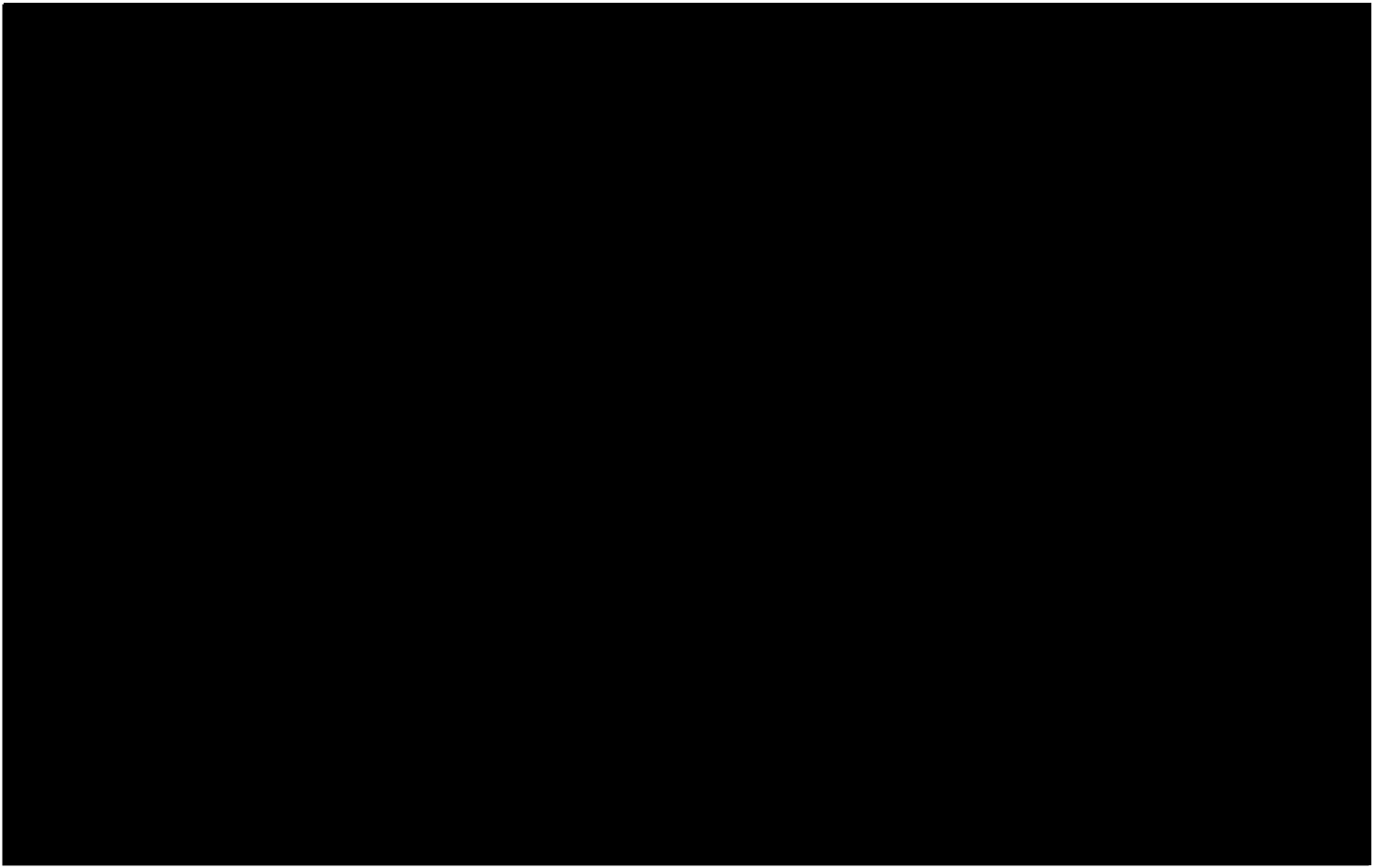


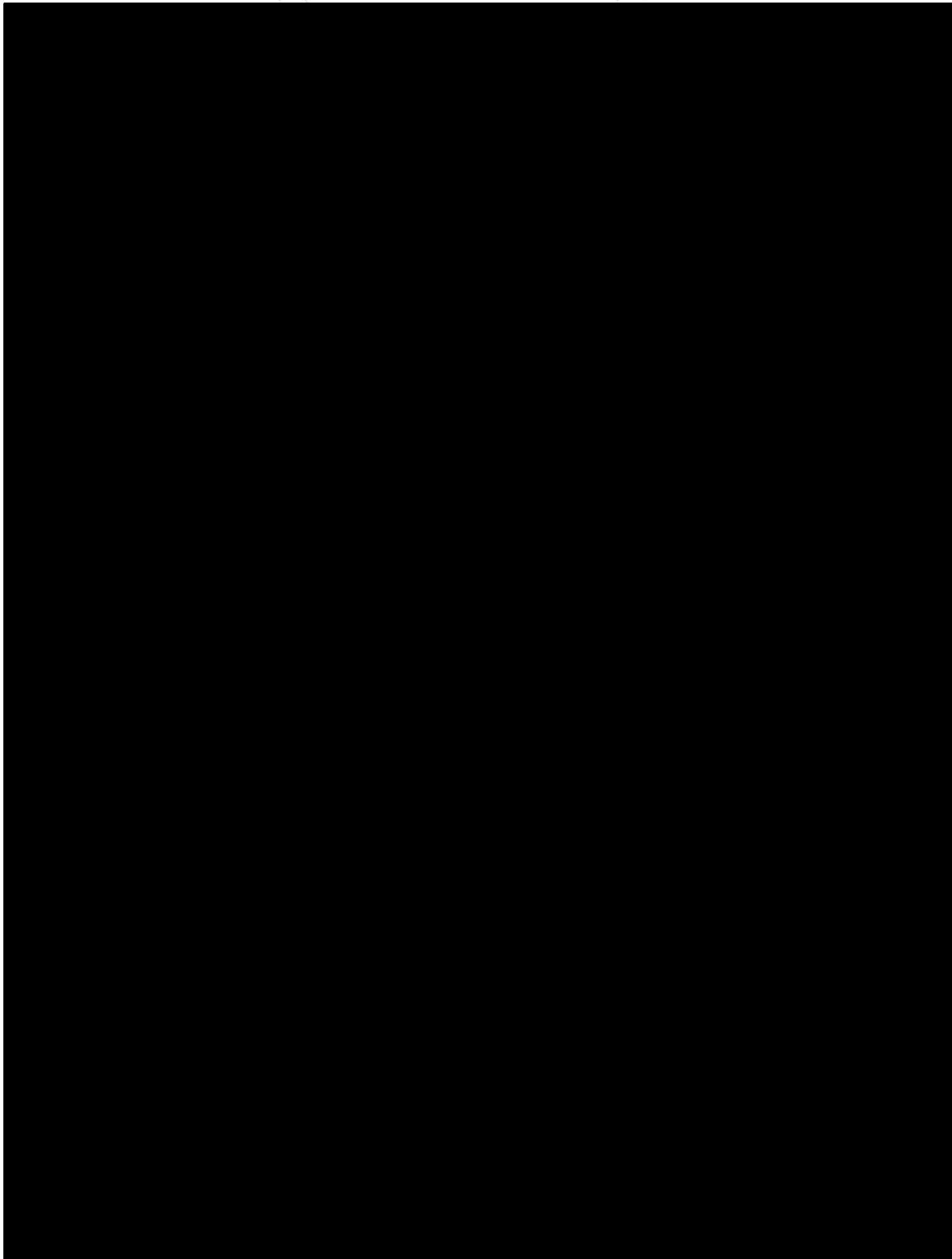


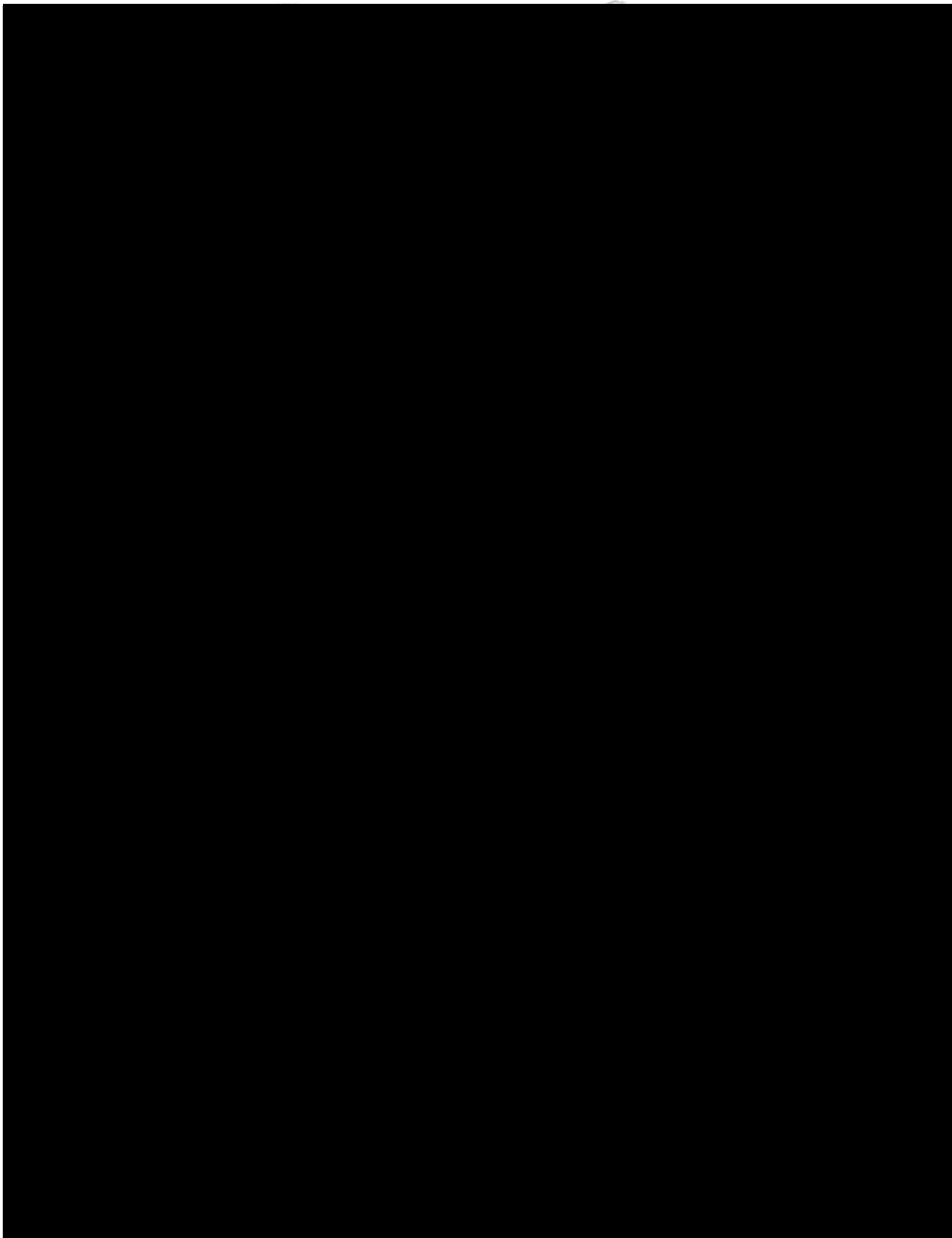


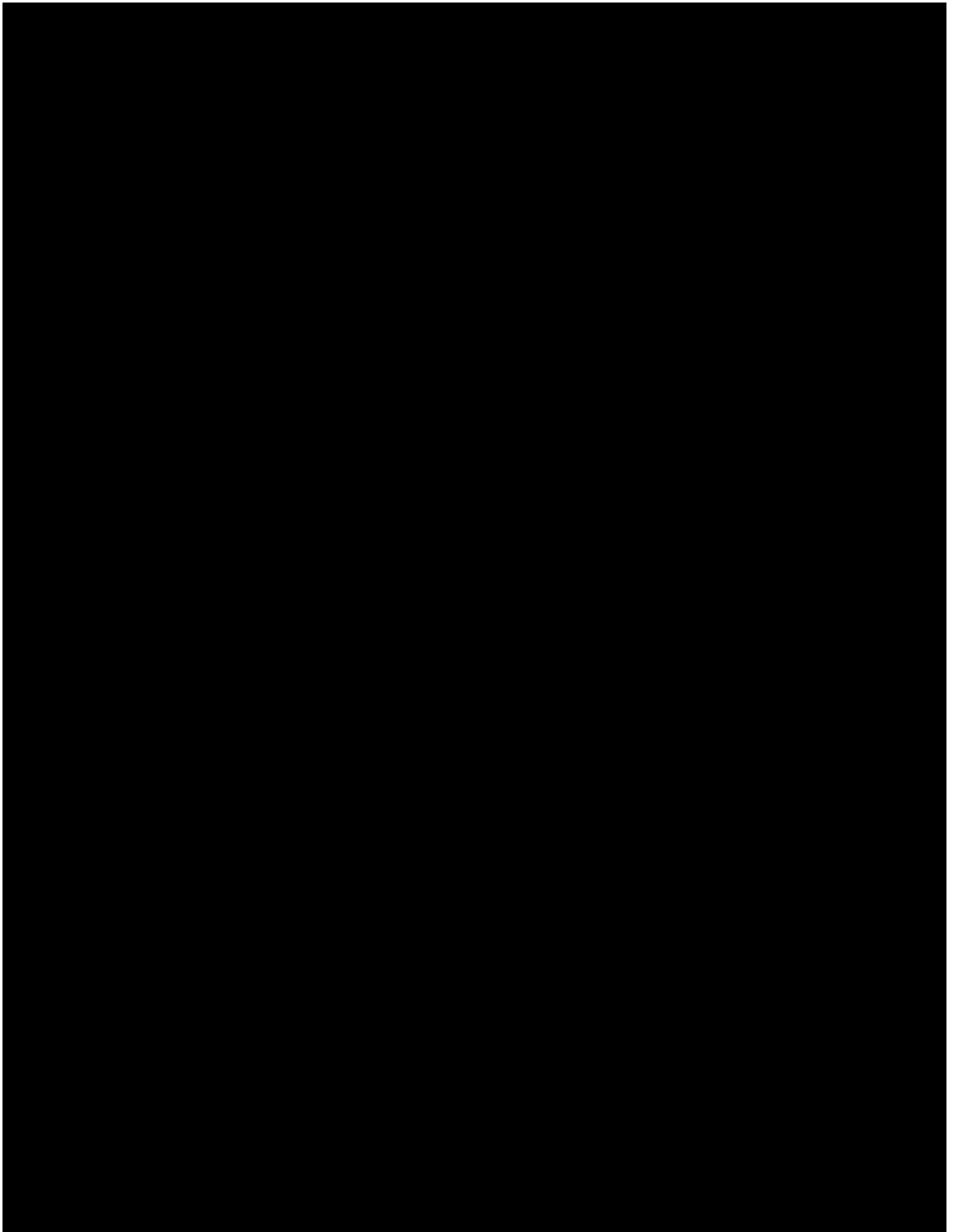


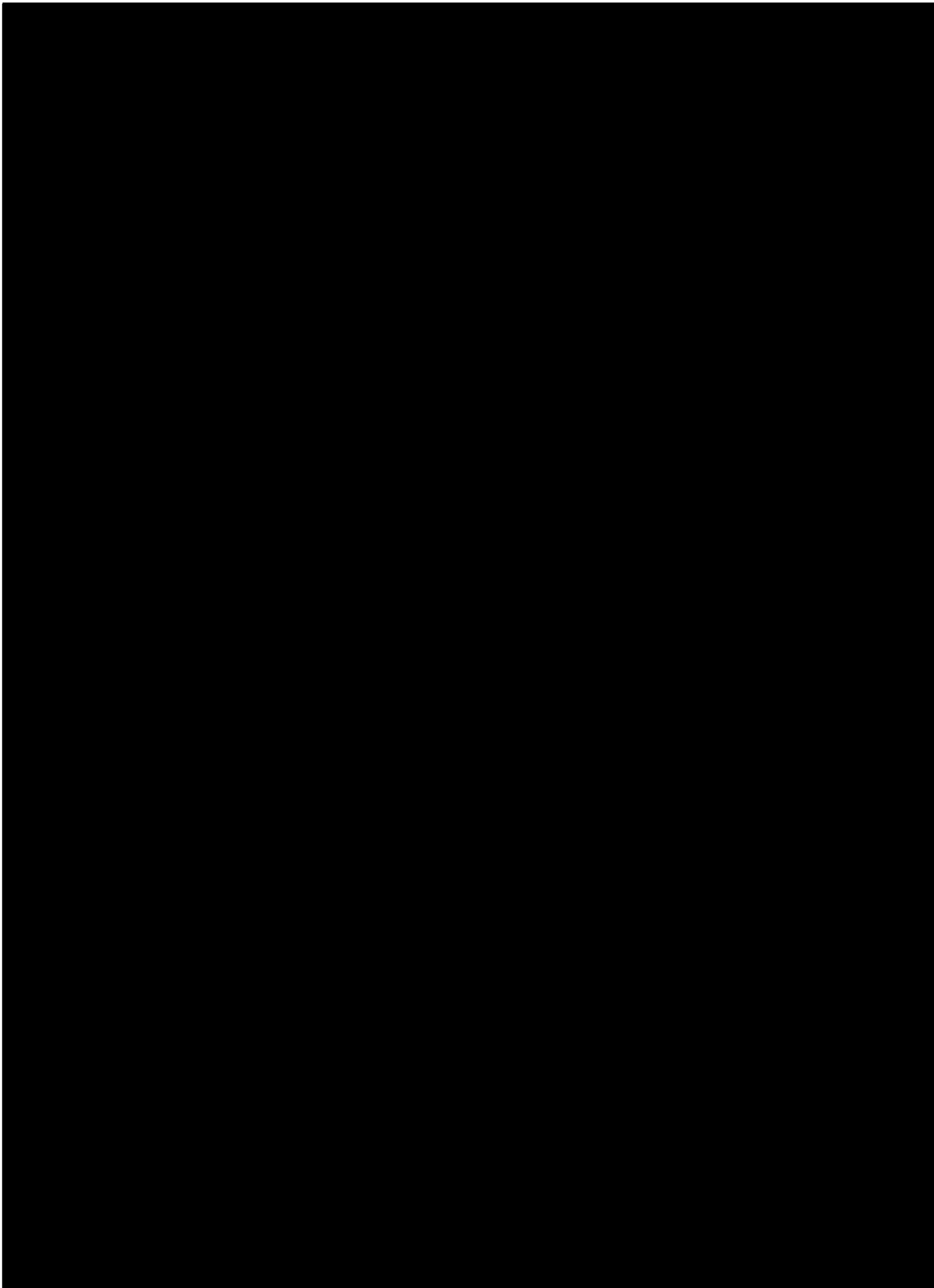


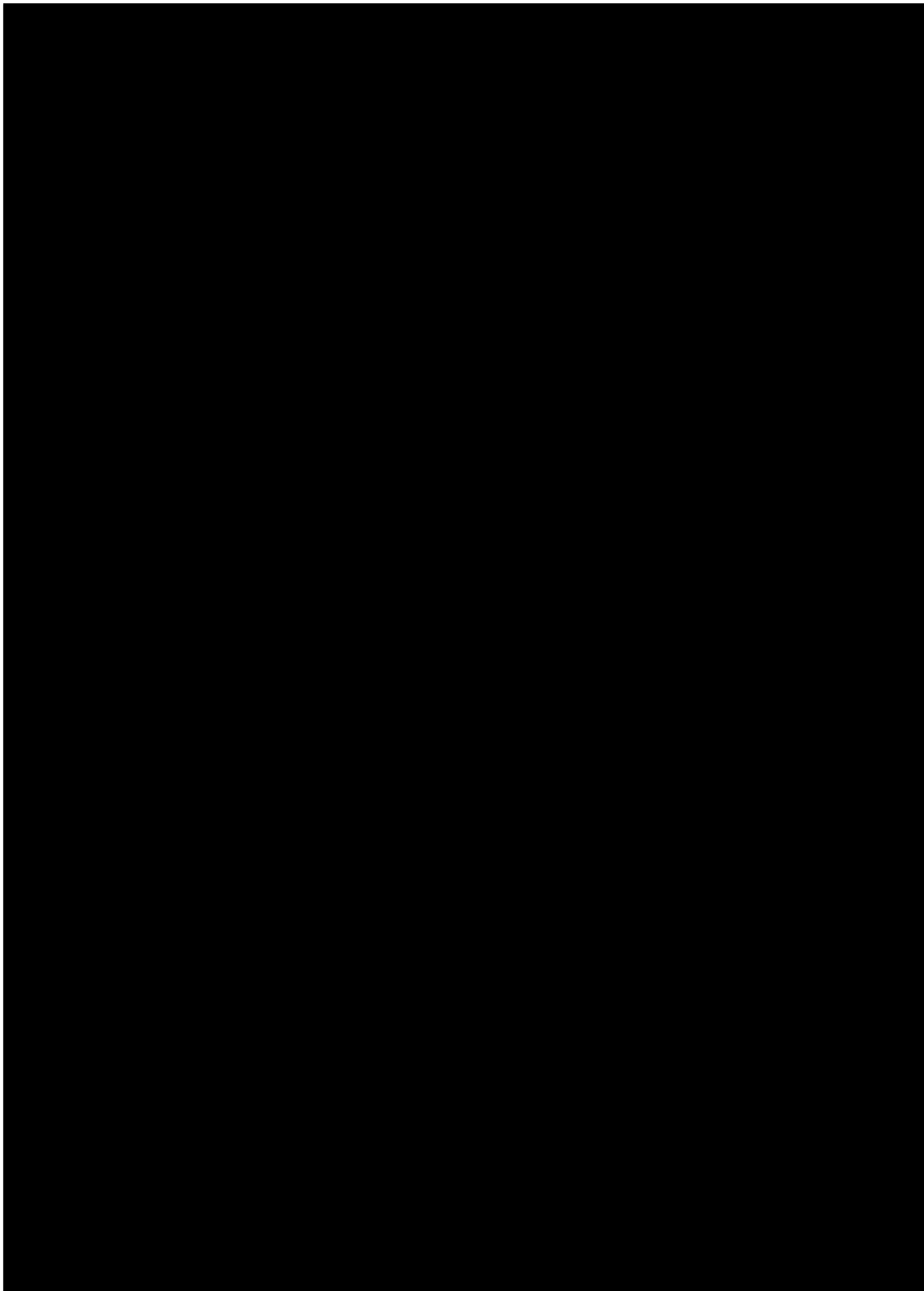


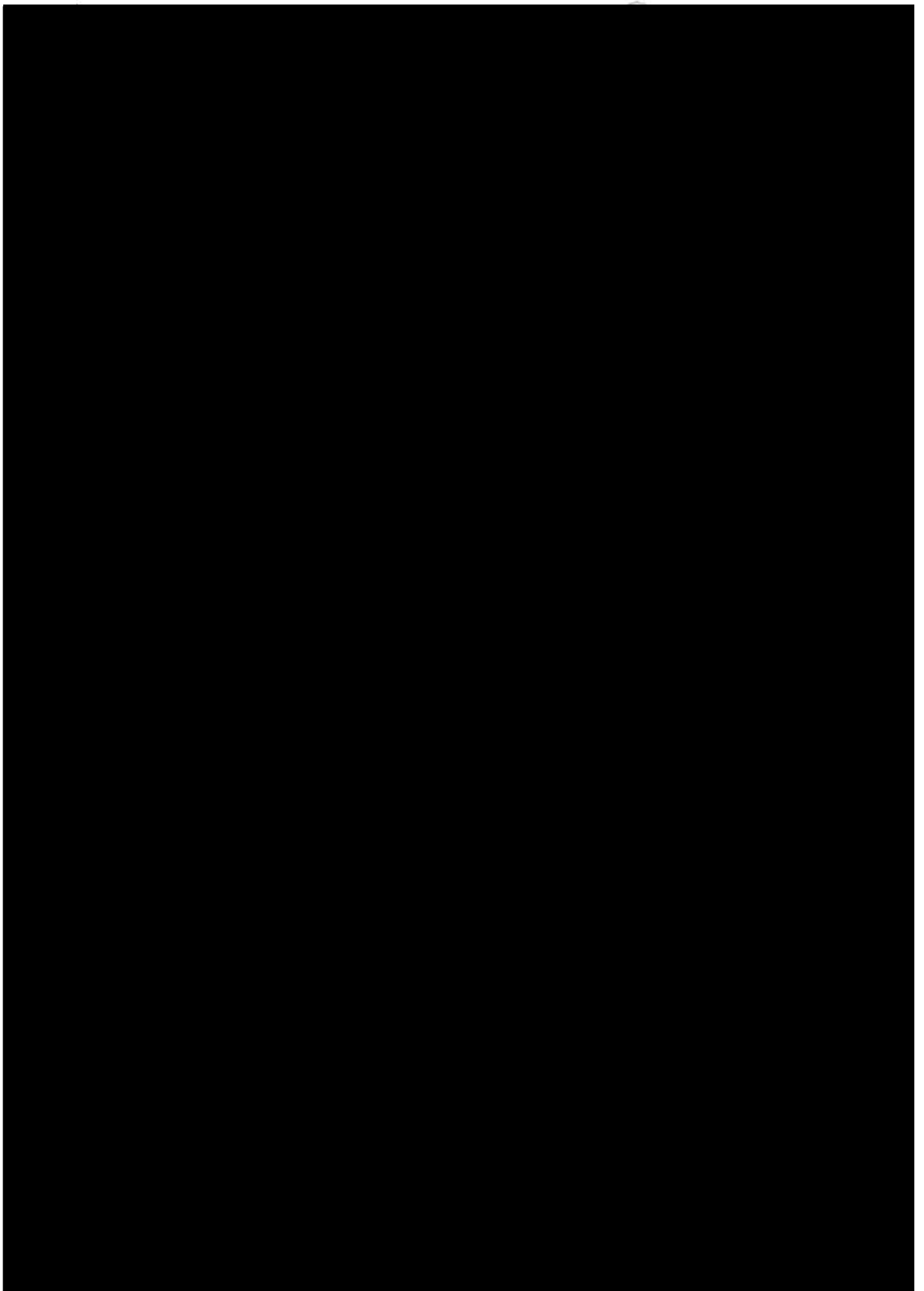


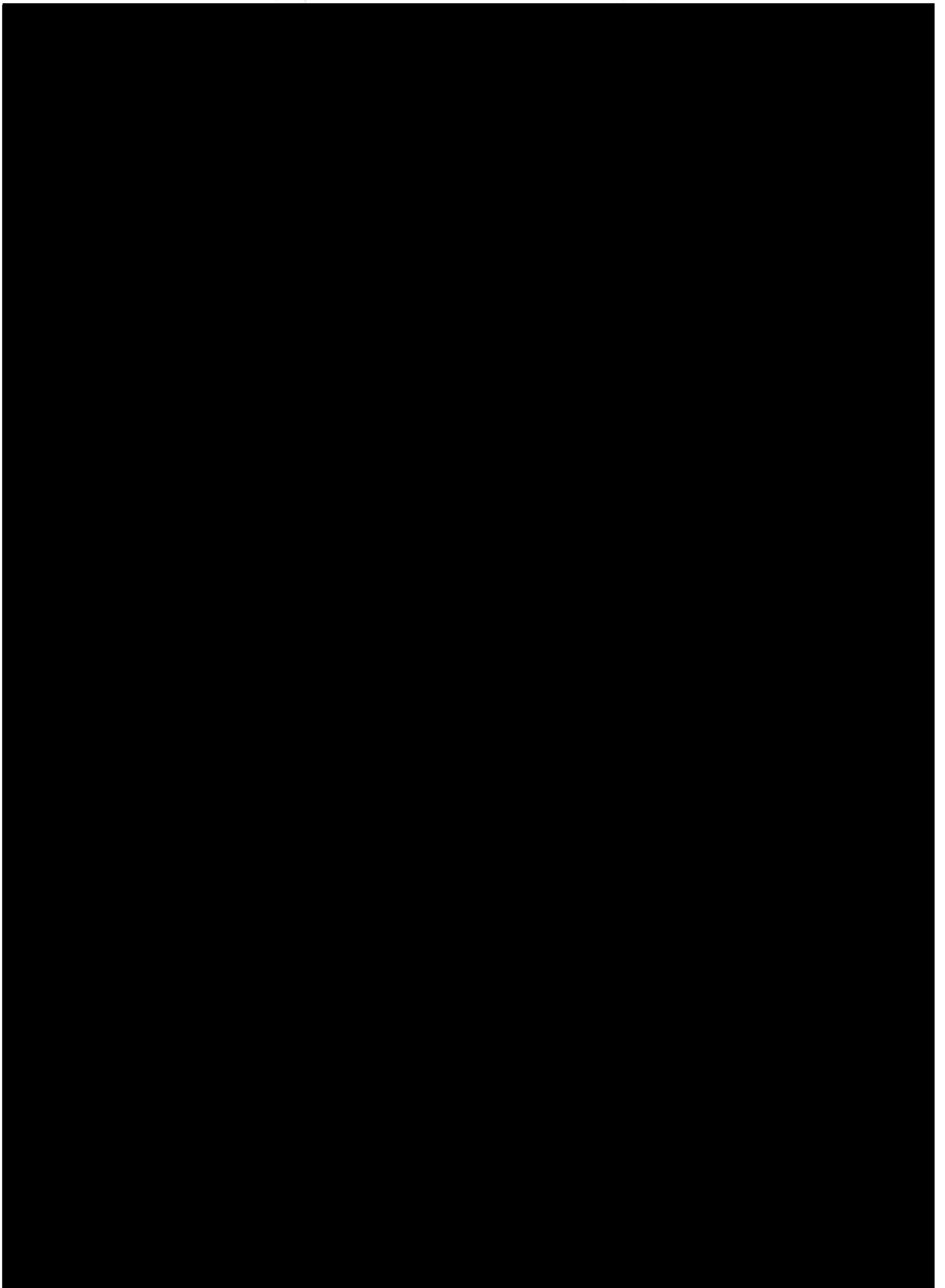


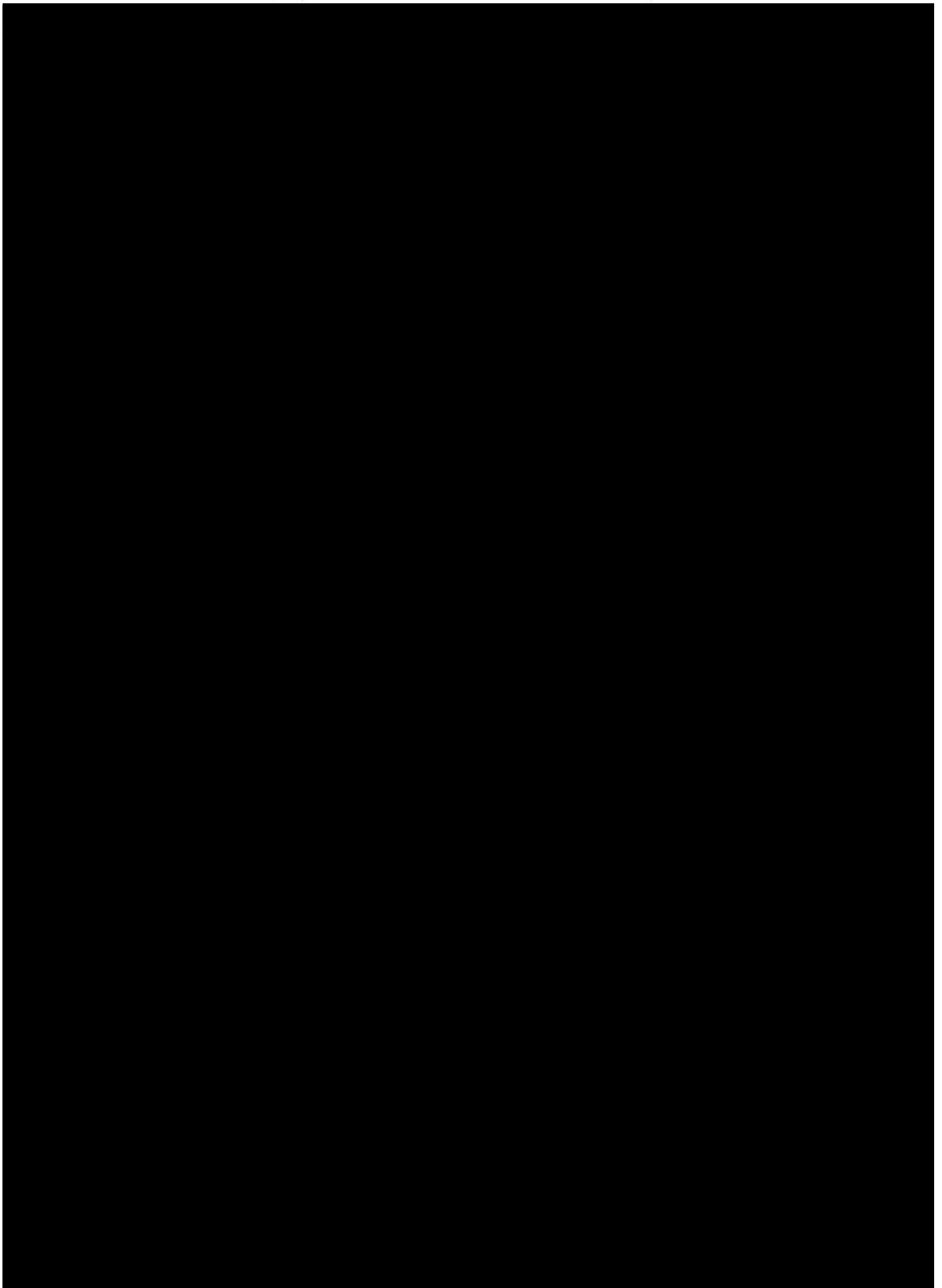


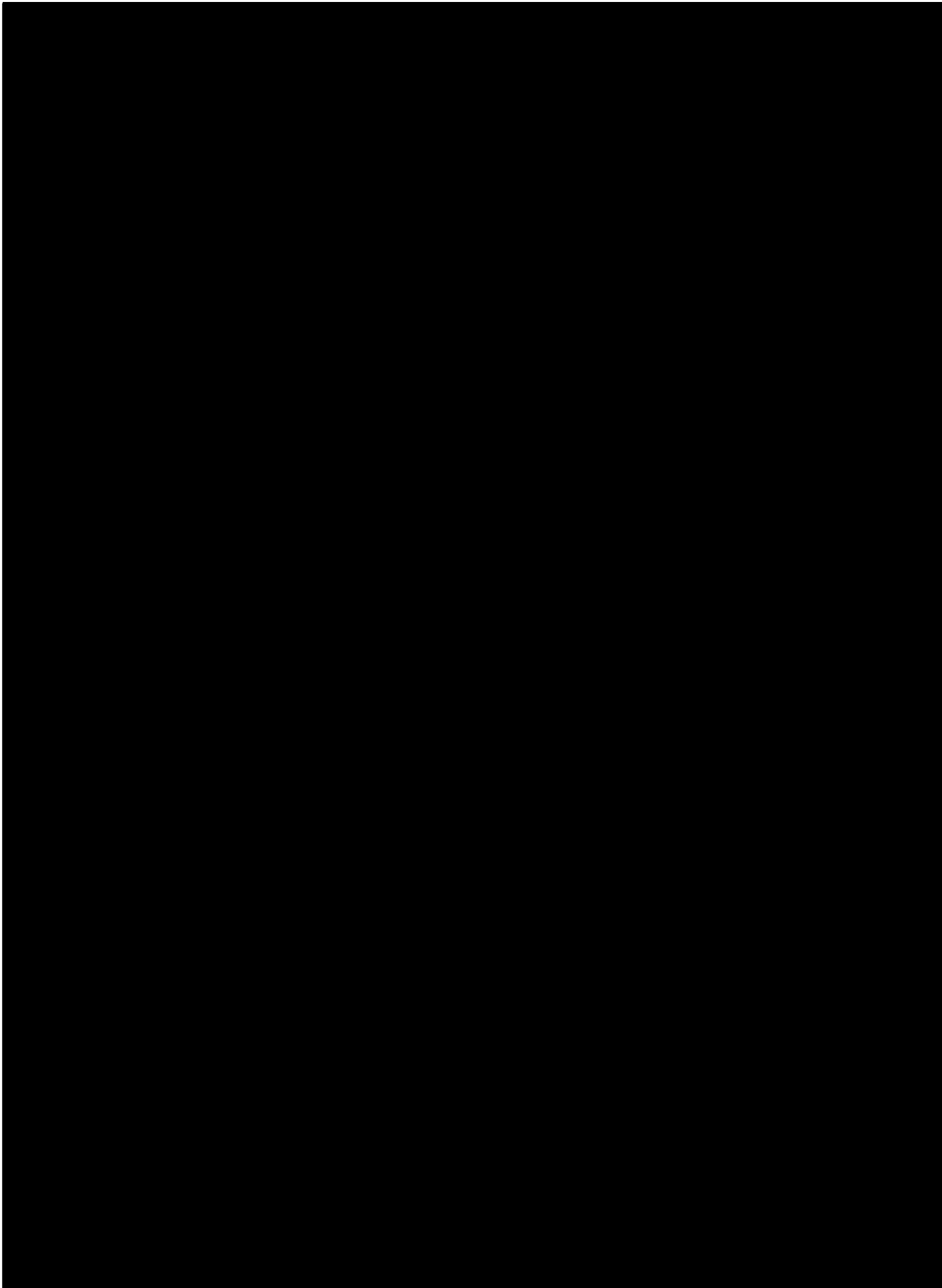


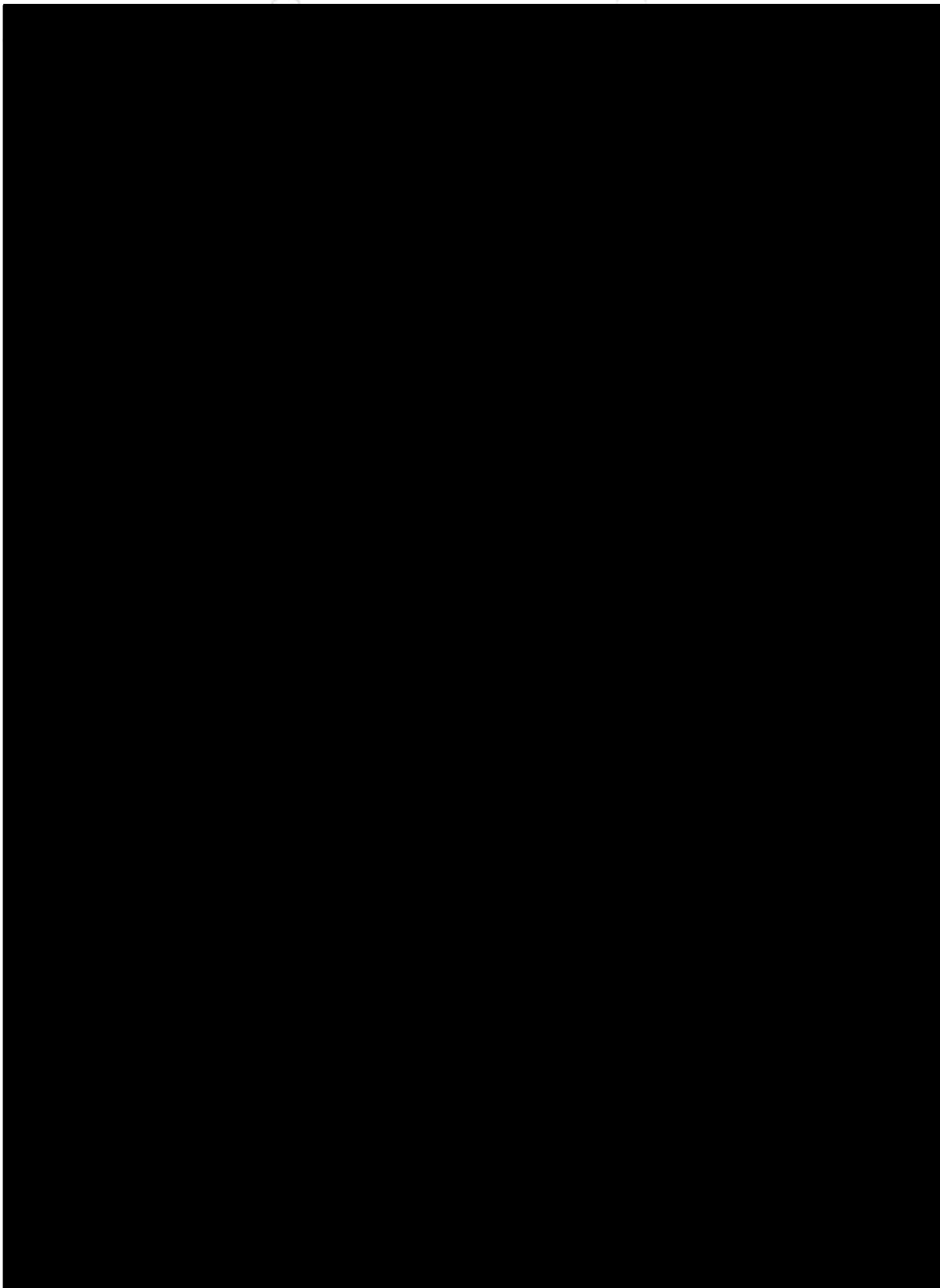


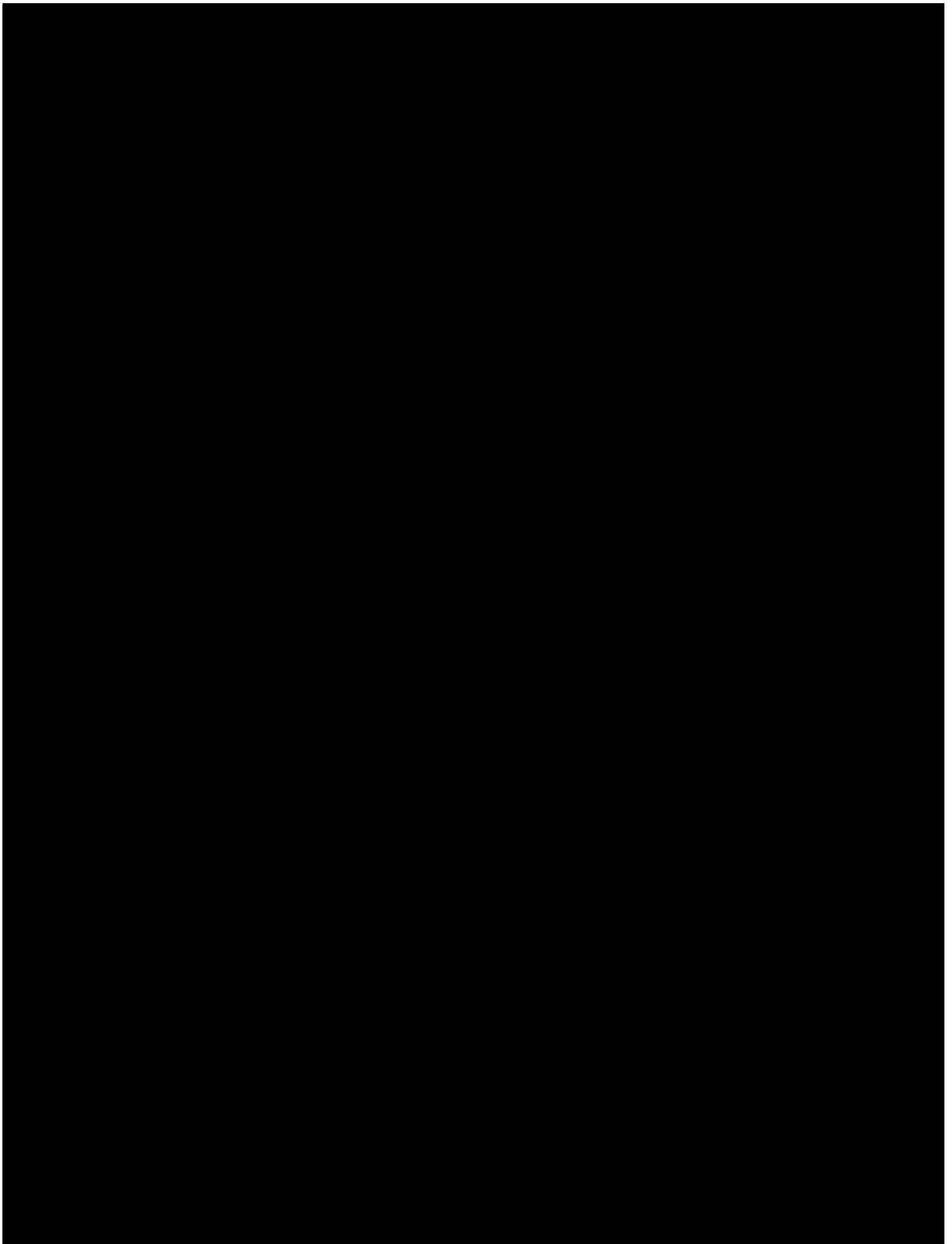


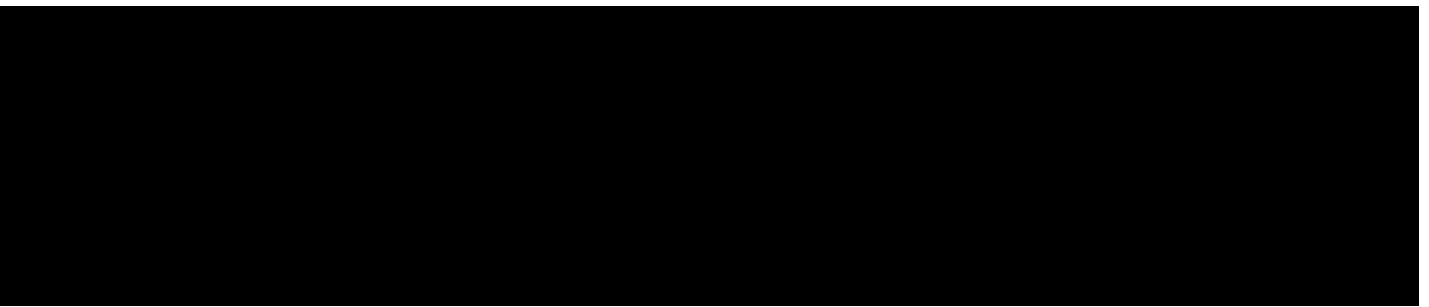
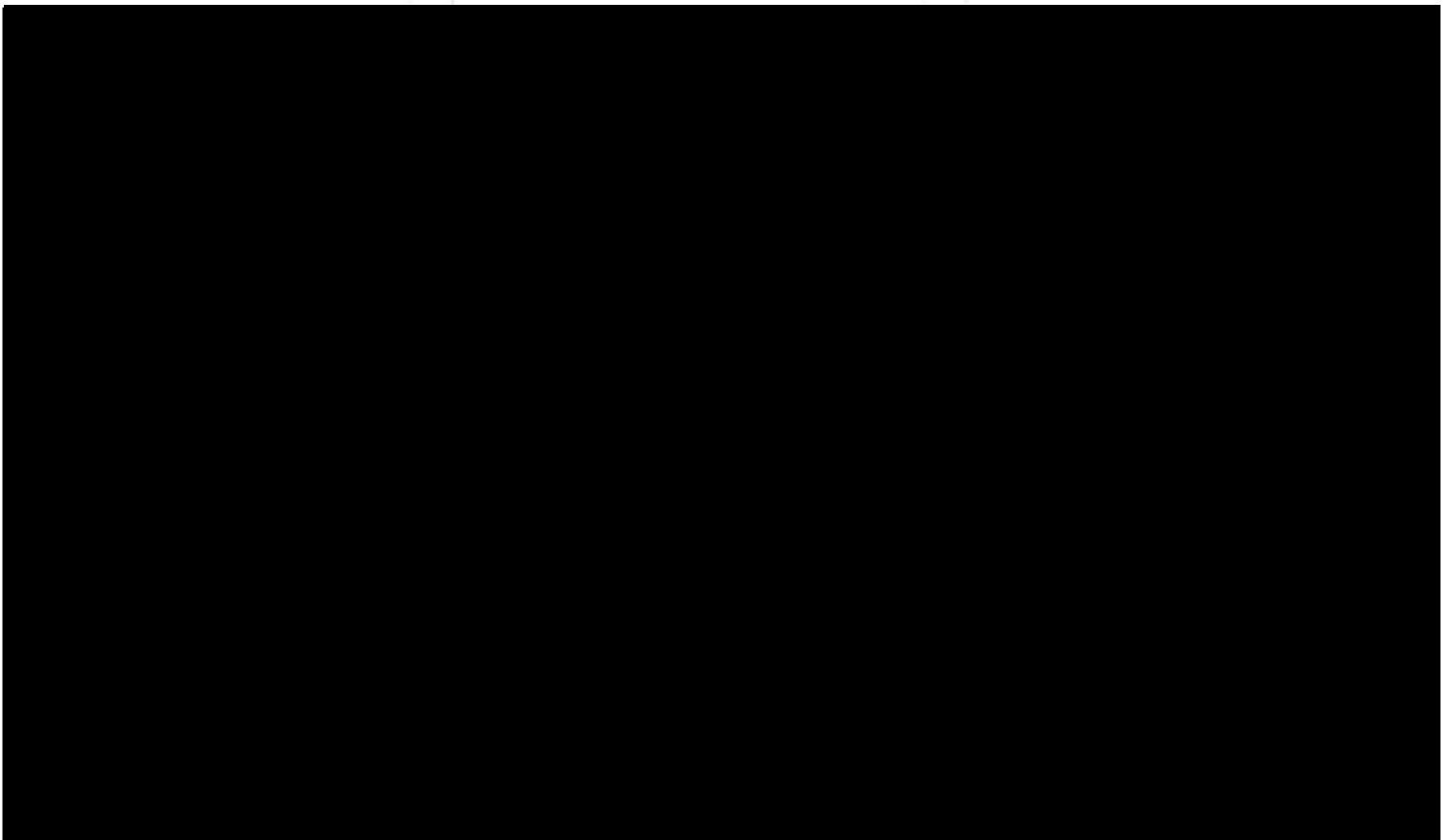


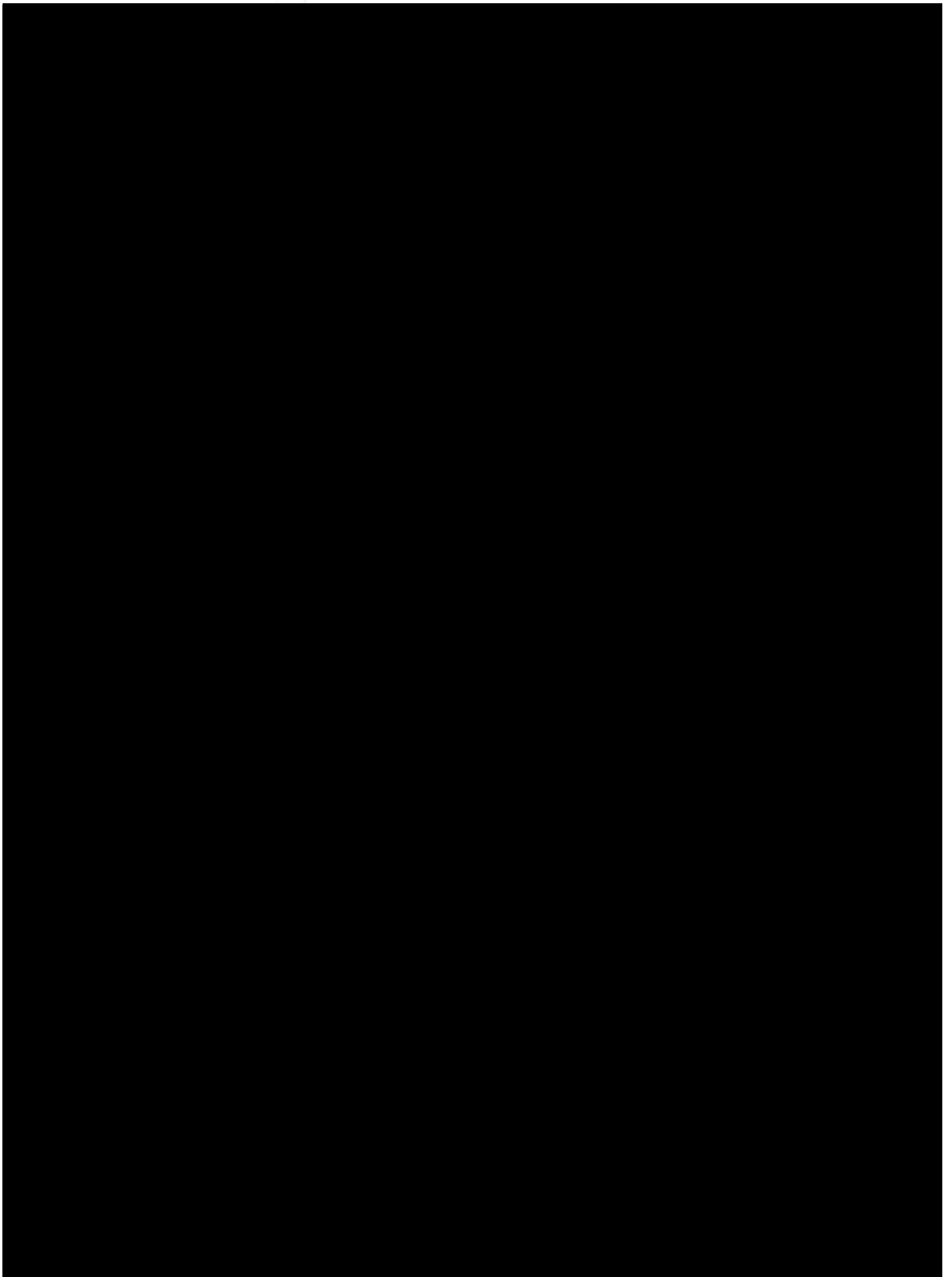


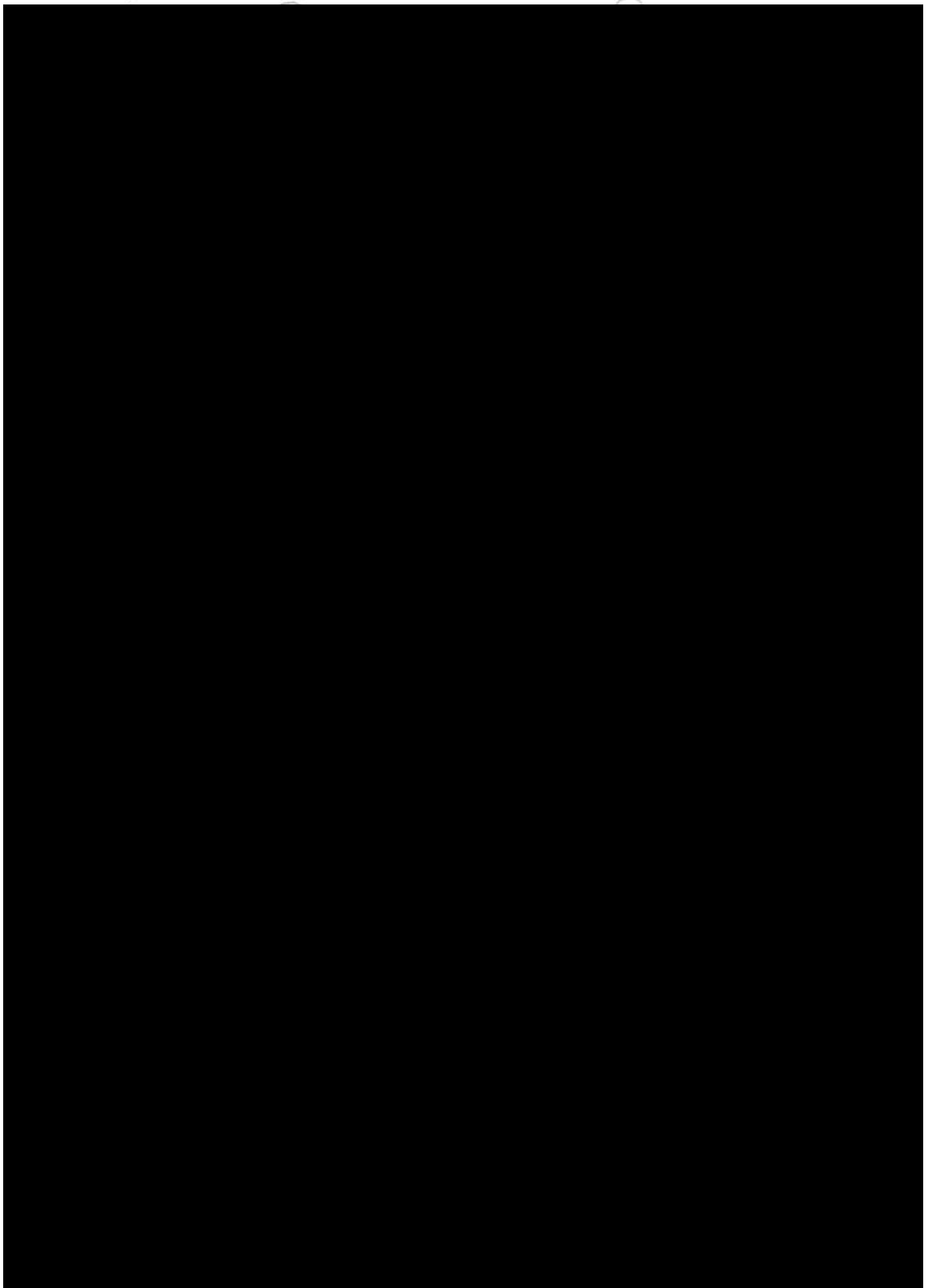


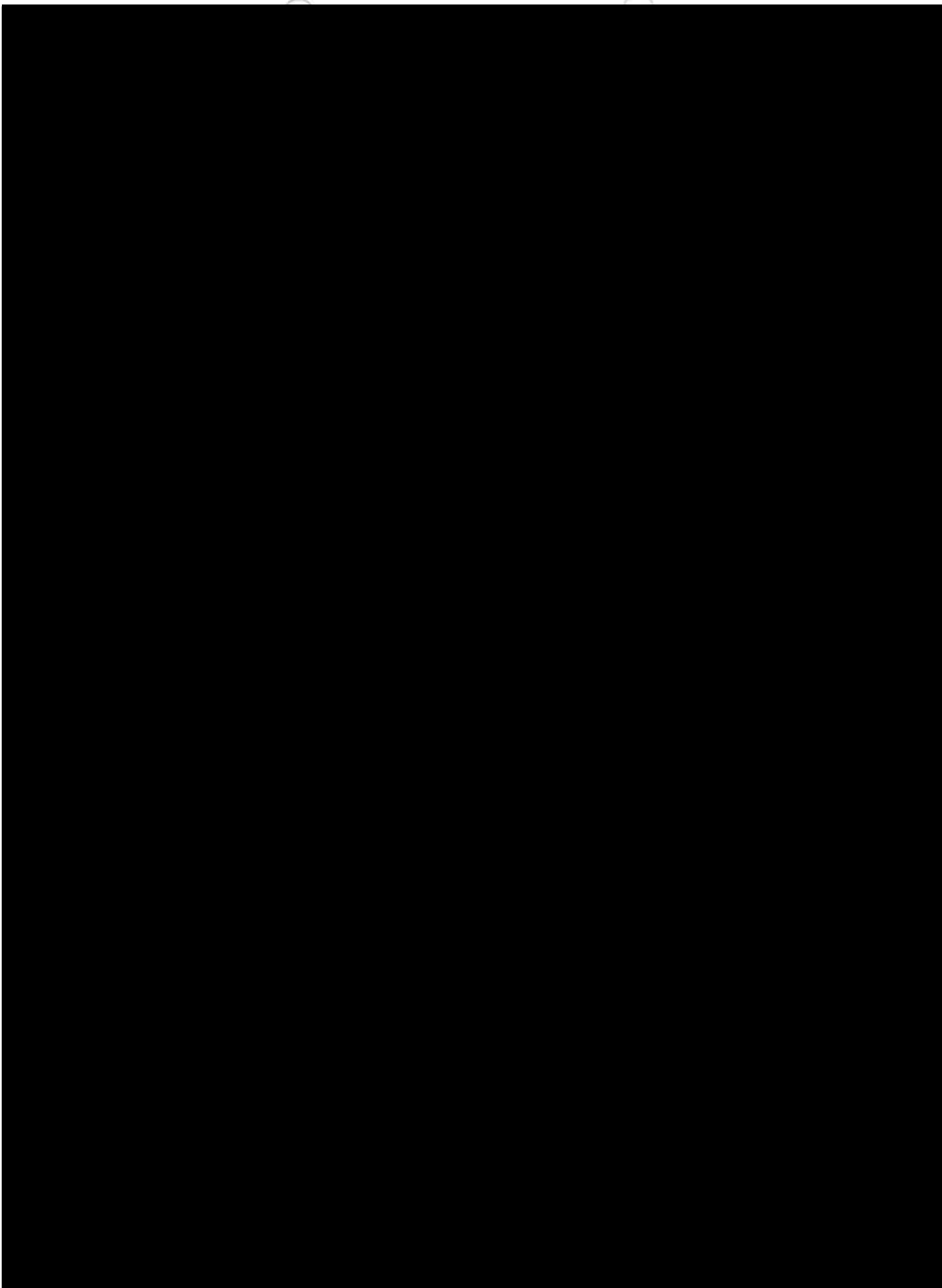


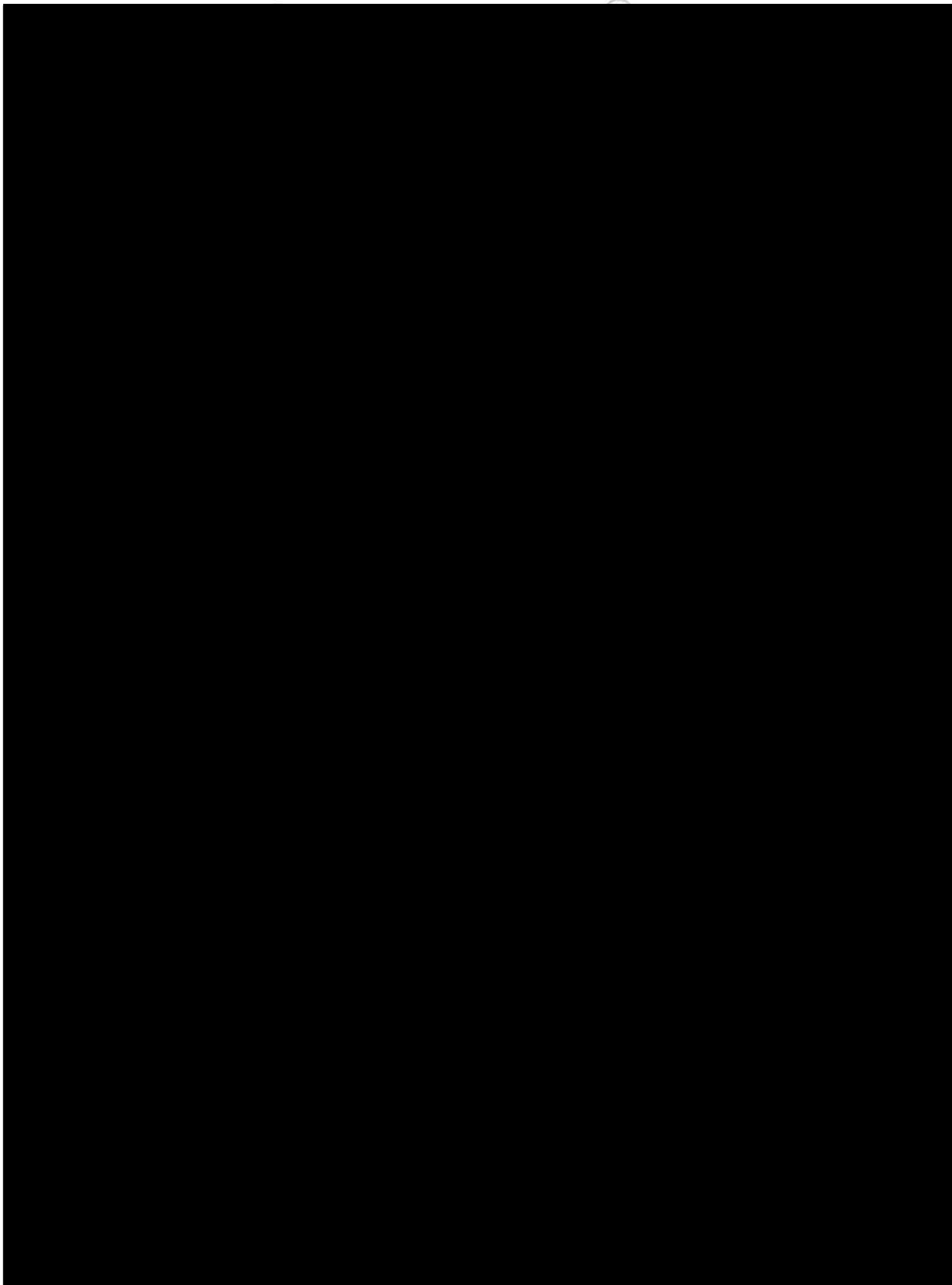














RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

DEPUTY: PYE; Caleb C299 **EMPLOYEE ID:** 16701
DATE OF VIOLATION: 11/10/21
VIOLATION OF S.O.P. #: Unsatisfactory Job Performance 4.26

On 11/10/21 Deputy Pye responded to a suspicious vehicle in the middle of the roadway with driver slumped over the wheel at Walton Way and Baker Ave. On arrival his report states that he found the driver slouched over the wheel of his vehicle and appeared to be dazed and unresponsive. He located a small baggy filled with an unknown powdered substance in his lap. Gold Cross arrived and administered NARCAN to the driver, who regained consciousness and was able to speak. Gold Cross transported the driver to AUMC for treatment. Deputy Pye took the powdered substance and "dispersed it onto the ground for disposal" without testing it for any type of illegal substance. Deputy Pye then completed a miscellaneous report for Insanity, Mentally Incompetent Person and submitted it. {Copy of original report attached}. Upon speaking with Deputy Pye about this he stated that he thought that the substance might be heroin but wasn't sure. He further stated that the reason he did not test the substance is because he was already behind on reports and thought if he didn't test it then he wouldn't have to make charges on what ever the substance was. Deputy Pye was consulted in the need to be thorough in the administering of his duties and to not have his workload determine how he enforces the laws of Georgia. Deputy Pye was advised that any future violations like this will result in more severe disciplinary action.

DISCIPLINARY ACTION INITIATED BY: Sgt. Mike Logue A342

DATE: 11/11/21

PROPOSED ACTION: Written Reprimand

REVIEWED BY: (IF APPLICABLE)

		DATE:	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<u>Recommendation</u>
CORPORAL:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
SERGEANT:	<u>Mike Logue</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<u>Written</u>
LIEUTENANT:	<u>W.B. Adams</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>8 hours</u>
CAPTAIN:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
MAJOR:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
COLONEL:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHIEF DEPUTY:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
SHERIFF:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

FINAL DISPOSITION:

8 Hours suspension

EMPLOYEE'S SIGNATURE:  / C299

