



**Haralson County**  
**Office of the**  
**Sheriff**

137 Hayes Glass Drive  
Bremen, Georgia 30110

**Sheriff Stacy Williams**  
Office (770) 646-2011  
Fax (770) 537-6177

**LOYALTY OATH**

**THE OATH STATES:**

"I, a citizen of and being an employee of the Haralson County Sheriff's Office and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia."

This the 21<sup>st</sup> day of December 2020.

Name of employee taking oath Doris Tucker

Doris Tucker  
Employee Signature

Stacy Williams  
Stacy Williams  
Sheriff Haralson County

[Signature]  
Witness

REPORT OF PERFORMANCE

Name Doris Tucker

Department JAIL / Control Room

Title Control Room operator

From 1-1-2013 To 6-30-2013

This report is based on a 5 point rating system. 1 unsatisfactory, 2 needs improvement, 3 average, 4 above average in performance, 5 excellent in performance. Any remarks may be made on separate sheet of paper and attached to this report.

Rating	Rating Element
<u>3</u>	Willingness to perform required or extra duties
<u>4</u>	Acceptance of supervision, performs requested tasks without complaint
<u>3</u>	Willingness to accept responsibility for their actions
<u>4</u>	Leadership abilities, maturity
<u>4</u>	Knowledge of what to do and how to do it, correctly
<u>3</u>	Ability to separate the more important from the less important tasks
<u>4</u>	General knowledge of policies and practices
<u>3</u>	Works without being prodded
<u>3</u>	Quality and quantity of work performed
<u>3</u>	Observance of lunch and break rules
<u>3</u>	Beginning work on time, proper use of sick and other types of leave
<u>3</u>	Maintaining communication with supervisors, and other employees
<u>4</u>	Completing assignments on time with minimal mistakes
<u>4</u>	Promptness of reports and other required paperwork
<u>3</u>	Ability to act under and to withstand pressure and stress
<u>3</u>	Ability to work well with other employees
<u>3</u>	Ability to work with other agencies and the general public
<u>3</u>	Personal grooming
<u>60</u>	Total

3.33 Overall rating. Average of above (total divided by 18)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doris Tucker  
Employee Signature

6-21-2013  
Date

Sgt Doug Foster  
Supervisor Signature

6-21-2013  
Date

Name D/O Doris Pruitt

Department JAIL

Class Title Detection Officers / Control Room Operator

Report Period July 1<sup>st</sup> 2012 To December 31<sup>st</sup> 2012

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	<del>8</del>	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	<del>8</del>	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	<del>8</del>	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	<del>8</del>	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	<del>8</del>	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	<del>8</del>	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent <input checked="" type="checkbox"/> 8 Very Good <input type="checkbox"/> 7	REMARKS <input checked="" type="checkbox"/> End 6 months Probation period. <input type="checkbox"/> Would recommend increase. <input type="checkbox"/> Would not recommend increase <input type="checkbox"/> Would recommend for promotion. <input type="checkbox"/> Would not recommend for promotion.
<input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4	<p><u>Doris Pruitt</u> Control Operator 12-21-12                  (Signature - Employee) (Title) (Date)</p> <p><u>Sgt Doug Kerton</u> Sergeant 12-21-12                  (Signature - Immediate Supervisor) (Title) (Date)</p> <p><u>Pete R Blum</u> Major 12-26-12                  (Signature - Department Head) (Title) (Date)</p>
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	
<input type="checkbox"/> 1 Unsatisfactory	

Name Doris Pruett

Department Jail/ HC50

Class Title Detention officer / Control Room Operator

Report Period January 1st 2012 To June 30th 2012

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	Doris Enthusiasm has Suffered / Not that it is Bad. Just Not what I have Seen From her in Past!
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	Thankfull For Doris Sometimes she helps Me Keep My Sanity!
9	8 7	<input checked="" type="checkbox"/> 6 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	<del>Doris still Great!</del> Takes Longer Breaks lately and more often. / Nothing out of Hand. Or Really bad! She Just Spoiled Me Before!
9	<input checked="" type="checkbox"/> 8 7	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	Great!
9	<input checked="" type="checkbox"/> 8 7	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	Very Consistent, Trust-worthy and Reliable Thanks Doris!
9	8 <input checked="" type="checkbox"/> 7	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	Tension Rises High From Time To Time. Doris you handle This Respectfully Like an adult. Thanks.

<input type="checkbox"/> 9 Excellent	<input type="checkbox"/> End 6 months Probation period.	REMARKS  Doris is Still Doing a great Job Proud to have Doris as Part of Our Shift
<input checked="" type="checkbox"/> 8 Very Good	<input checked="" type="checkbox"/> Would recommend increase.	
<input type="checkbox"/> 7	<input type="checkbox"/> Would not recommend increase	
	<input type="checkbox"/> Would recommend for promotion.	
	<input type="checkbox"/> Would not recommend for promotion.	

<input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4	<u>Doris Pruett</u> (Signature - Employee)	_____ (Title)	<u>6/10/12</u> (Date)
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	<u>Sgt Boston</u> (Signature - Immediate Supervisor)	<u>Sergeant</u> (Title)	<u>6-7-2012</u> (Date)
<input type="checkbox"/> 1 Unsatisfactory	<u>Roger R Blu</u> (Signature - Department Head)	<u>Major</u> (Title)	<u>6-25-12</u> (Date)

Name Doris Pruett

Department JAIL

Class Title Control Room Operator

Report Period 7-1-2011 To 12-31-2011

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent  <input type="checkbox"/> 8 Very Good <input checked="" type="checkbox"/> 7  <input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4  <input type="checkbox"/> 3 Fair <input type="checkbox"/> 2  <input type="checkbox"/> 1 Unsatisfactory	_____ End 6 months Probation period. <input checked="" type="checkbox"/> Would recommend increase. _____ Would not recommend increase _____ Would recommend for promotion. _____ Would not recommend for promotion.	REMARKS Doris is Good at her Job. she has Always Stayed Caught-up.	
	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____

Name Doris Pruitt

Department JAIL

Class Title Detention Officer / Control Room Operator

Report Period 1-1-11 To 6-30-11

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	✓
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	✓
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

9 Excellent

8 Very Good

6 Good

5

4

3 Fair

2

1 Unsatisfactory

- REMARKS
- End 6 months Probation period.
  - Would recommend increase.
  - Would not recommend increase
  - Would recommend for promotion.
  - Would not recommend for promotion.

*Doris has Really Really Made  
My Job Easier!  
Great To work with!*

Doris Pruitt  
(Signature - Employee)

Control Room - 6-12-11  
(Title) (Date)

Sgt Douglas  
(Signature - Immediate Supervisor)

Sergeant 6-12-2011  
(Title) (Date)

Ben R Blue  
(Signature - Department Head)

Major 6-15-11  
(Title) (Date)

Name Doris Pruitt

Department Gail

Class Title Receptionist / Gail

Report Period 7-1-2010 To 12/2010 12-31-2010

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8	6	3	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	great.
	7	5	2			
9	8	6	3	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
	7	5	2			
9	8	6	3	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
	7	5	2			
9	8	6	3	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
	7	5	2			
9	8	6	3	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
	7	5	2			
9	8	6	3	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	good job!
	7	5	2			

<input type="checkbox"/> 9 Excellent  <input type="checkbox"/> 8 Very Good <input type="checkbox"/> 7	<input type="checkbox"/> End 6 months Probation period. <input checked="" type="checkbox"/> Would recommend increase. <input type="checkbox"/> Would not recommend increase	REMARKS
	<input type="checkbox"/> Would recommend for promotion. <input type="checkbox"/> Would not recommend for promotion.	
<input checked="" type="checkbox"/> 6 Good <input type="checkbox"/> 5 <input type="checkbox"/> 4	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	_____ _____	_____ _____
<input type="checkbox"/> 1 Unsatisfactory	_____ _____	_____ _____

Doris Pruitt (Signature - Employee) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) 12/5/10  
R. McGinnis (Signature - Immediate Supervisor) \_\_\_\_\_ (Title) Spl. (Date) 12/5/10  
Ray R. Blue (Signature - Department Head) \_\_\_\_\_ (Title) Major (Date) 12-6-10

Name Kevin Pruitt

Department Hudson CO S10

Class Title O/S

Report Period Jan 1-2010 To June 30-2010

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS				
Excellent	Very Good	Good	Fair	Unsatisfactory						
9	8	<input checked="" type="checkbox"/> 6	3	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.					
	7	5					2			
9	8	6	3	1			2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.			
	<input checked="" type="checkbox"/> 7	5							2	
9	8	<input checked="" type="checkbox"/> 6	3	1					3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
	7	5								
9	8	6	3	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.					
	<input checked="" type="checkbox"/> 7	5								
9	8	6	3	1			5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.			
	<input checked="" type="checkbox"/> 7	5								
9	8	6	3	1					6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	
	<input checked="" type="checkbox"/> 7	5								

<input type="checkbox"/> 9 Excellent	<input type="checkbox"/> End 6 months Probation period.	REMARKS
<input type="checkbox"/> 8 Very Good	<input checked="" type="checkbox"/> Would recommend increase.	
<input type="checkbox"/> 7	<input type="checkbox"/> Would not recommend increase	
<input checked="" type="checkbox"/> 6 Good	<input type="checkbox"/> Would recommend for promotion.	
<input type="checkbox"/> 5	<input type="checkbox"/> Would not recommend for promotion.	
<input type="checkbox"/> 4		
<input type="checkbox"/> 3 Fair	<u>Kevin Pruitt</u> (Signature - Employee)	_____ (Title)
<input type="checkbox"/> 2	<u>Joseph Cochran</u> (Signature - Immediate Supervisor)	<u>Senior Lt</u> (Title)
<input type="checkbox"/> 1 Unsatisfactory	<u>Roger R Blue</u> (Signature - Department Head)	<u>Major</u> (Title)
		<u>6/24/10</u> (Date)
		<u>6/24/10</u> (Date)
		<u>7-6-10</u> (Date)



Name Doris Pruitt

Department Jail

Class Title Window Woman

Report Period ~~Dec Jan~~ Jan Jul 09 To Dec 09

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8 7	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	8 7	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	8 7	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	8 7	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	8 7	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	8 7	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent  <input type="checkbox"/> 8 Very Good <input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> End 6 months Probation period. <input type="checkbox"/> Would recommend increase. <input type="checkbox"/> Would not recommend increase	REMARKS
	<input type="checkbox"/> Would recommend for promotion. <input type="checkbox"/> Would not recommend for promotion.	
<input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4	<u>Doris Pruitt</u> 12-09-09 (Signature - Employee) (Title) (Date)	
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	<u>[Signature]</u> 12-09-09 (Signature - Immediate Supervisor) (Title) (Date)	
<input type="checkbox"/> 1 Unsatisfactory	<u>Major R Blue</u> Major 12-29-09 (Signature - Department Head) (Title) (Date)	

Name Doris Pruitt

Department Jail

Class Title Detention officer

Report Period 01-01-09

To 06-30-09

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent  <input type="checkbox"/> 8 Very Good <input checked="" type="checkbox"/> 7 <u>7</u>  <input type="checkbox"/> 6 Good <input type="checkbox"/> 5 Good <input type="checkbox"/> 4 Good  <input type="checkbox"/> 3 Fair <input type="checkbox"/> 2 Fair  <input type="checkbox"/> 1 Unsatisfactory	End 6 months Probation period. <input checked="" type="checkbox"/> Would recommend increase. _____ Would not recommend increase _____ Would recommend for promotion. _____ Would not recommend for promotion.	REMARKS	
	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____

Doris Pruitt  
(Signature - Employee)

Detention Officer  
(Title)

6/19/09  
(Date)

\_\_\_\_\_  
(Signature - Immediate Supervisor)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Kevin R Blue  
(Signature - Department Head)

Major  
(Title)

6-19-09  
(Date)

Name Doris Pruitt

Department Jail

Class Title Detention Officer - Reception

Report Period 7-1-08 To 12-31-08

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8 <input checked="" type="checkbox"/> 7	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	8 <input checked="" type="checkbox"/> 7	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	8 <input checked="" type="checkbox"/> 7	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	8 <input checked="" type="checkbox"/> 7	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	8 <input checked="" type="checkbox"/> 7	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	8 <input checked="" type="checkbox"/> 7	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent  <input type="checkbox"/> 8 Very Good <input checked="" type="checkbox"/> 7	<input type="checkbox"/> End 6 months Probation period. <input checked="" type="checkbox"/> Would recommend increase. <input type="checkbox"/> Would not recommend increase	REMARKS
	<input type="checkbox"/> Would recommend for promotion. <input type="checkbox"/> Would not recommend for promotion.	
<input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4	_____ (Signature - Employee)	_____ (Title)
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	_____ (Signature - Immediate Supervisor)	_____ (Title)
<input type="checkbox"/> 1 Unsatisfactory	_____ (Signature - Department Head)	_____ (Title)

12/19/08  
(Date)

12/12/08  
(Date)

12-19-08  
(Date)

Name Dino Pratt

Department HCSO/Transport

Class Title Duty Station Officer/Recipient

Report Period 1-1-08

To 6-30-08

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	<input checked="" type="checkbox"/> 8	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent  <input checked="" type="checkbox"/> 8 Very Good <input type="checkbox"/> 7  <input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4  <input type="checkbox"/> 3 Fair <input type="checkbox"/> 2  <input type="checkbox"/> 1 Unsatisfactory	_____ End 6 months Probation period. <input checked="" type="checkbox"/> Would recommend increase. _____ Would not recommend increase _____ Would recommend for promotion. _____ Would not recommend for promotion.	REMARKS <u>Keep up good work!</u>	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____ _____	_____ _____ _____	_____ _____ _____

Name Keith, Denis

Department JAIL

Class Title Detention etc

Report Period 01-01-07 To 06-30-07

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8 <u>7</u>	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	8 <u>7</u>	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	8 <u>7</u>	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	8 <u>7</u>	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
9	8 <u>7</u>	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	8 <u>7</u>	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent	<input checked="" type="checkbox"/> End 6 months Probation period.	REMARKS
<input type="checkbox"/> 8	<input checked="" type="checkbox"/> Would recommend increase.	
<input checked="" type="checkbox"/> 7 Very Good	<input type="checkbox"/> Would not recommend increase	
<input type="checkbox"/> 6	<input type="checkbox"/> Would recommend for promotion.	
<input type="checkbox"/> 5 Good	<input type="checkbox"/> Would not recommend for promotion.	
<input type="checkbox"/> 4		
<input type="checkbox"/> 3 Fair		
<input type="checkbox"/> 2		
<input type="checkbox"/> 1 Unsatisfactory		

<u>Denis Keith</u> (Signature - Employee)	<u>Detention Officer</u> (Title)	<u>7/6/07</u> (Date)
<u>Laura M. Hall</u> (Signature - Immediate Supervisor)	<u>Sergeant</u> (Title)	<u>6/14/07</u> (Date)
<u>Walter R. Blue</u> (Signature - Department Head)	<u>Major</u> (Title)	<u>7-6-07</u> (Date)

Name D. Pruitt

Department Haralson Co S/O

Class Title Dispatcher / Jail

Report Period 01-01-06 To 07-01-06

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8	<u>6</u>	3	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	Good because you dont get mad at the public when the phone goes out of control
	7	5	2			
		4				
9	8	6	3	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	You know your job and other jobs
	<u>7</u>	5	2			
		4				
9	8	6	3	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	You do your work hard, good and try to get all of your work done NO matter how much gets put on you.
	<u>7</u>	5	2			
		4				
9	8	6	3	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	Work Hard at all jobs not just one and always on time for work.
	<u>7</u>	5	2			
		4				
9	8	<u>6</u>	3	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	You trustworthy and work good with others but a slight problem with stress. But done better and
	7	5	2			
		4				
9	8	6	3	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	
	<u>7</u>	5	2			
		4				Worked good with the public

<input type="checkbox"/> 9 Excellent  <input type="checkbox"/> 8 Very Good <input type="checkbox"/> 7	_____ End 6 months Probation period. _____ Would recommend increase. _____ Would not recommend increase	REMARKS	
	_____ Would recommend for promotion. _____ Would not recommend for promotion.		
<input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4	_____ (Signature - Employee)		
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	_____ (Title)		
<input type="checkbox"/> 1 Unsatisfactory	_____ (Date)		
	_____ (Signature - Immediate Supervisor)		
	_____ (Title)		
	_____ (Date)		
	_____ (Signature - Department Head)		
	_____ (Title)		
	_____ (Date)		

Name Doris Pruitt

Department JAIL

Class Title Control Room officer

Report Period 1/05 To 5/05

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
<input checked="" type="checkbox"/>	8 7	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
	<input checked="" type="checkbox"/>	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	<i>Adv. Pruitt has been a great asset to this facility she has learned and executes her job well.</i>
<input checked="" type="checkbox"/>	8 7	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
<input checked="" type="checkbox"/>	8 7	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	
<input checked="" type="checkbox"/>	8 7	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
<input checked="" type="checkbox"/>	8 7	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent  <input type="checkbox"/> 8 Very Good <input type="checkbox"/> 7	_____ End 6 months Probation period. _____ Would recommend increase. _____ Would not recommend increase	REMARKS
	_____ Would recommend for promotion. _____ Would not recommend for promotion.	
<input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4	<u>Doris Pruitt</u> (Signature - Employee)	<u>Control Room</u> (Title)
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	<u>H. Hall</u> (Signature - Immediate Supervisor)	<u>Sargent</u> (Title)
<input type="checkbox"/> 1 Unsatisfactory	<u>Doris</u> (Signature - Department Head)	_____ (Title)
		<u>5/15/05</u> (Date)
		<u>5/15/05</u> (Date)
		_____ (Date)

Name Dennis Pruitt

Department Jail

Class Title Detention Officer

Report Period 07-01-05 To 12-31-05

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS				
Excellent	Very Good	Good	Fair	Unsatisfactory						
9	8	<u>6</u>	3	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	See Attached				
	7	5					2			
9	8	<u>6</u>	3	1			2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	See Attached		
	7	5							2	
9	8	6	3	1					3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	See Attached
	<u>7</u>	5								
		4								
9	8	<u>6</u>	3	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	See Attached				
	7	5					2			
9	8	<u>6</u>	3	1			5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	See Attached		
	7	5							2	
9	<u>7</u>	6	3	1					6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	See Attached
		5								
		4								

<input type="checkbox"/> 9 Excellent	<input type="checkbox"/> End 6 months Probation period. <input checked="" type="checkbox"/> Would recommend increase. <input type="checkbox"/> Would not recommend increase	REMARKS
	<input type="checkbox"/> 8 Very Good <input type="checkbox"/> 7	
<input checked="" type="checkbox"/> 6 Good <input type="checkbox"/> 5 <input type="checkbox"/> 4	_____ (Signature - Employee)	
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	_____ (Title)	
<input type="checkbox"/> 1 Unsatisfactory	_____ (Date)	
	_____ (Signature - Immediate Supervisor)	_____ (Title)
	_____ (Signature - Department Head)	_____ (Title)



DORIS PRUITT

1. OFC PRUITT IS VERY DEPENDABLE, A SELFSTARTER, KNOWLEDGABLE OF JOB DUTIES, NEEDS TO WORK ON PEOPLE SKILLS AT TIMES.
2. OFC PRUITT TAKES BREAKS AT PROPER TIMES, OFC PRUITT HAS VERY GOOD WORK HABITS, OFC TAKES PROPER SICK AND OTHER TYPES OF LEAVE. OFC PRUITT COMPLETES HER WORK IN A TIMELY MANNER WITHOUT BE PROMPTED TO DO SO. OFC PRUITT HAS GOOD QUALITY WORK AND EXPECTS THE SAME OF OTHERS.
3. OFC PRUITT HAS SLIGHT TROUBLE WITH PRESSURE BUT IS IMPROVING DAILY.
4. OFC PRUITT IS FRIENDLY, AND HAS EXEMPLARY FAVORABLE IMPRESSION ON THE PUBLIC AND WITHIN THE DEPARTMENT.

Name Doris Pruitt

Department Hunter B. Smith's office

Class Title Probation - Detention Officer

Report Period 07-01-07

To 12-31-07

RATING (CHECK ONE)					RATING ELEMENTS (RATE EMPLOYEE'S PERFORMANCE BY ENTERING A CHECK (X) MARK UNDER ONE OF THE CLASSIFICATIONS IN RATING SECTION AT LEFT)	REMARKS
Excellent	Very Good	Good	Fair	Unsatisfactory		
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	1. <b>ATTITUDE:</b> Consider WILLINGNESS TO PERFORM DUTIES; DRIVE; DESIRE TO ATTAIN GOALS, TO ACHIEVE; INITIATIVE; ENTHUSIASM ABOUT JOB; ACCEPTANCE OF SUPERVISION; ADAPTABILITY TO CHANGING CONDITIONS; WILLINGNESS TO ACCEPT RESPONSIBILITY AND LEADERSHIP; MATURITY.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	2. <b>KNOWLEDGE OF JOB:</b> Consider KNOWLEDGE OF WHAT TO DO AND HOW TO DO IT; ABILITY TO SEPARATE THE MORE IMPORTANT FROM THE LESS IMPORTANT; ABILITY TO PERFORM THAT WHICH IS REQUIRED; KNOWLEDGE OF THE OVER-ALL PURPOSE OF THE DEPARTMENT.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	3. <b>WORK HABITS:</b> Consider WORKING WITHOUT BEING PRODDED; INDUSTRY; QUANTITY; PLANNING AND ORGANIZING; CARE AND PREPARATION OF EQUIPMENT; OBSERVANCE OF RULES AND PROCEDURES; OBSERVANCE OF REST AND LUNCH TIME LIMITS; BEGINNING WORK PROMPTLY AND ON TIME; PROPER USE OF SICK AND OTHER TYPES OF LEAVE; CONDUCT ON THE JOB; CONFORMITY WITH OFFICE PRACTICES, MAINTENANCE OF COMMUNICATION.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	4. <b>QUALITY OF WORK:</b> Consider ACCURACY; PRECISION; COMPLETING ASSIGNMENTS ON TIME; PROMPTNESS OF REPORTS; WORK EFFECTIVENESS; WORK ACCEPTABILITY.	<u>Doris Pruitt</u>
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	5. <b>DEPENDABILITY:</b> Consider CONSISTENCY OF PERFORMANCE; TRUSTWORTHINESS; VERACITY; RELIABILITY; ABILITY TO WITHSTAND PRESSURE; ABILITY TO WORK WELL UNDER STRESS.	
9	8 <input checked="" type="checkbox"/>	6 5 4	3 2	1	6. <b>EMPLOYEE AND PUBLIC CONTACTS:</b> Consider ABILITY TO WORK HARMONIOUSLY WITH CO-WORKERS; SUPERVISORS, AND GENERAL PUBLIC; TACT; FRIENDLINESS; CREATION OF FAVORABLE IMPRESSION ON THE PUBLIC; PERSONAL GROOMING.	

<input type="checkbox"/> 9 Excellent	<input type="checkbox"/> End 6 months Probation period.	<b>REMARKS</b> Thanks for working with me and all of the other staff. Learning together. It's been an experience, looking to grow in a with you.
<input type="checkbox"/> 8 Very Good	<input checked="" type="checkbox"/> Would recommend increase.	
<input checked="" type="checkbox"/> 7	<input type="checkbox"/> Would not recommend increase	
	<input type="checkbox"/> Would recommend for promotion.	
	<input type="checkbox"/> Would not recommend for promotion.	
<input type="checkbox"/> 6 <input type="checkbox"/> 5 Good <input type="checkbox"/> 4	<u>Doris Pruitt</u> (Signature - Employee)	<u>Hunter B. Smith</u> (Title)
<input type="checkbox"/> 3 Fair <input type="checkbox"/> 2	<u>Lt. Crystal Ray</u> (Signature - Immediate Supervisor)	<u>Lt.</u> (Title)
<input type="checkbox"/> 1 Unsatisfactory	<u>Ron E. Blue</u> (Signature - Department Head)	<u>Major</u> (Title)
		<u>12-18-07</u> (Date)
		<u>12-18-07</u> (Date)
		<u>12-18-07</u> (Date)

**HARALSON COUNTY DETENTION FACILITY**

**RECEIPT OF DIRECTIVES**

I, Doris Tucker, an employee of the Haralson County Detention Facility, do hereby acknowledge receipt of the Policy and Guideline Directives Manual of the Facility.

By my signature, I certify that I will perform my job functions at all times in accordance with the directives contained in the policy and guideline directives manual.

Further, I certify my understanding that the policy and guideline directive manual of the Haralson County Detention Facility is a **CONFIDENTIAL** manual for use only by the staff of the Haralson County Detention Facility and that the directives are not to be reproduced, distributed or otherwise discussed with persons who are not staff members of the Haralson County Detention Facility without the expressed permission or at the direction of the Sheriff or Jail Administrator of Haralson County.

I understand that any violation of this receipt of directives agreement may result in my suspension or termination of employment as a member of the staff of the Haralson County Detention Facility. I also understand that I have fourteen (14) days to read and understand the policy and guideline manual.

I understand also that a violation of any policy and guideline contained in this policy and guideline manual may result in my being subject to employee discipline up and including termination.

Doris Tucker  
Print Employee Name

Doris Tucker  
Employee Signature

8/25/17  
Date

Timothy Ma  
Witness Signature

8-25-17  
Date

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Doris Pruitt  
Print Employee Name

Doris Pruitt  
Employee Signature

7/16/12  
Date

Tommy Ruby  
Witness Signature

7-16-12  
Date

HARALSON COUNTY DETENTION FACILITY

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Doris Pruitt  
Print Employee Name

Doris Pruitt  
Employee Signature

7/8/2010  
Date

[Signature]  
Witness Signature

7-8-10  
Date

HARALSON COUNTY DETENTION FACILITY

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Doris Pruitt  
Print Employee Name

Doris Pruitt  
Employee Signature

10/10/08  
Date

[Signature]  
Witness Signature

10-10-08  
Date

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Doris Pruitt  
Print Employee Name

Doris Pruitt  
Employee Signature

11/6/07  
Date

Jadario  
Witness Signature

11/6/07  
Date



OFFICE OF THE  
**SHERIFF**  
HARALSON COUNTY  
BUCHANAN, GEORGIA 30113

PHONE:  
OFFICE  
JAIL 646-2011

JANUARY 26, 2004

I, Doris Pruitt, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE PERSONNEL POLICIES OF HARALSON COUNTY.

I ALSO ACKNOWLEDGE THAT I HAVE BEEN ADVISED 2 COPIES OF THE POLICIES HAVE BEEN PLACED EACH IN THE SQUAD ROOM AND JAIL, ONE COPY IN INVESTIGATIONS. ALL COPIES WILL REMAIN IN THESE LOCATIONS FOR ME TO READ AND FOR ANY FUTURE REFERENCE. I MAY MAKE MY OWN COPY IF I WISH.

I ACKNOWLEDGE THAT I HAVE BEEN ADVISED IF I HAVE ANY QUESTIONS CONCERNING THE POLICY I WILL IMMEDIATELY ASK PERSONNEL OFFICER, MAJOR SHEREE KIMBALL, TO CLARIFY THE QUESTION FOR ME.

I AGREE TO RESPECT AND ABIDE BY THE PERSONNEL POLICIES OF HARALSON COUNTY.

CONCERNING PAGES 29 AND 30 PAR. 8.400, SEXUAL HARASSMENT, MAJOR SHEREE KIMBALL WILL BE THE DESIGNEE ASSIGNED TO RECEIVE SEXUAL HARASSMENT COMPLAINTS.

EMPLOYEE SIGNATURE- Doris Pruitt

DATE 10-18-04

PERSONNEL OFFICER- \_\_\_\_\_

DATE \_\_\_\_\_



# Application for Employment Haralson County Sheriff's Department

Date of Application 12-1-04

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

## Position(s) Applied for:

Last Name	First Name	Middle Name
Pruitt	Denis	Marie

\* Date of Birth 1/65 \* Social Security Number [REDACTED] \* Information needed to complete criminal background check.

Address	Number	Street	City	State	Zip Code
1626 Cedar St. Apt. A		Carrollton, GA			30117

Telephone Number	Home	Work	Cellular
[REDACTED]		(770) 646-2011	

## Employment Questions

- Have you ever filed an application with us before?  Yes  No
- Have you ever been employed with us before?  Yes  No
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you prevented from becoming employed in this country because of Visa or Immigration Status? Yes  No
- Are you currently on "lay-off" status and subject to recall? Yes  No
- Can you travel if a job requires it? Yes  No
- On what date would you be available for work? now
- Are you available to work:  Full Time  Part Time  Shift work  Temporary

## Background Questions

- Have you ever plead guilty to or been convicted of any crime other than misdemeanor traffic violations? Yes  No
- Have you ever been treated for or diagnosed with a mental health disorder? Yes  No
- Have you ever been dependant on prescribed or illegal drugs of any type? Yes  No
- Will you consent to a polygraph test?  Yes  No
- Will you consent to a psychological evaluation?  Yes  No
- Do you agree to allow us to check your criminal history through the National Crime Information Center?  Yes  No

**Educational Background**

Elementary School Attended:

Name of School City State Zip Code  
Woodrow Wilson Elem. Peoria, IL 61614

Middle School Attended:

Name of School City State Zip Code  
Broadmoor Jr. High Pekin IL 61554

High School Attended:

Name of School City State Zip Code  
Faith Academy Flora IL 62839

Highest Grade Completed:

9 10 11  12 G.E.D. Year Graduated 1983

College Attended:

Name of College City State Zip Code  
Christ for the Nations Institute Dallas, Tx 75224

Years Completed

1  2 3 4 Year Graduated N/A Major Public Relations/Journalism

Additional Education:

\*Connections to Work Waco, Ga  
Certified training in Microsoft 2000  
\*Assemblies of God Ministries  
Certified Women's Ministries  
Certified Missions Leader

**Military Background (if applicable)**

Branch of Service: \_\_\_\_\_

Military Occupational Skill: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**Law Enforcement Background (if applicable)**

P.O.S.T. Certification Number: \_\_\_\_\_

Years of Certification: \_\_\_\_\_

Type of Certification: \_\_\_\_\_

**Employment History** (Begin with your present or last job.)

1.

Employer	Dates Employed From - To	Work Performed
HCSO	Oct 18 '04 - Current	D/O. Currently training in Control Room
Telephone Number	Hourly Pay Rate Starting - Final	
(770) 646-2011	\$ 8.30 hr.	
Job Title	Supervisor	
D/O	Lt. Keever + Lt. Payton, Capt. Willhoite	
Reason for Leaving		
Currently employed		

2.

Employer	Dates Employed From - To	Work Performed
Carrollton City Schools	9/03 - 10/04	Substitute in Kitchens - on call every A.M.
Telephone Number	Hourly Pay Rate Starting - Final	
(770) 837-2120	\$16.00 hr.	
Job Title	Supervisor	
Substitute	varied by school	
Reason for Leaving		
New job at HCSO		

3.

Employer	Dates Employed From - To	Work Performed
Lithia Springs Assembly of God	Aug '94 - Feb '00	multi-line telephone, fax, computer operations, typing, filing, dealing with the public.
Telephone Number	Hourly Pay Rate Starting - Final	
(770) 948-4183	freewill offering	
Job Title	Supervisor	
Secretarial Assistant		
Reason for Leaving		
moved		

4.

Employer	Dates Employed From - To	Work Performed
Telephone Number	Hourly Pay Rate Starting - Final	
Job Title	Supervisor	
Reason for Leaving		

**Special Skills and Qualifications**

Summarize any special skills and qualifications acquired from employment or other experiences.

Microsoft Office 2000 (limited in Excel), Business Math, Internet Web page design, multitasking, multi-line telephones, dealing with the public.

4 hours P.O.S.T. training in liability and use of force, Training in Eagle, currently training in Control Room, will complete CPR course 12/13/04

**References**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name: Sam Henderson Address: 6 E. Head St. Buchanan Telephone Number: [Redacted]

Name: Amanda Ennis Address: 7133 Blue Bird Ln Lithia Springs Telephone Number: [Redacted]

Name: Marie Stubblefield Address: 3658 Haddle Place Douglasville, Ga Telephone Number: [Redacted]

**Why do you want to work for the Haralson County Sheriff's Department?**

I LOVE THIS JOB! I enjoy the environment & the people I work with. I have yet to find any aspect of this job objectionable in any way. I deal with the public in a polite, professional manner. I believe in the humane treatment of inmates. I know how to follow orders, respect the chain of command and authority therein and will loyally continue to do so.

**Applicant's Statement**

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should enquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: [Signature] Date: 12-1-04

**Departmental Use Only**

Arrange Interview \_\_\_\_\_ Remarks \_\_\_\_\_

Employed: Yes No Date of Employment \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_ Salary \_\_\_\_\_ Hired by \_\_\_\_\_

Appendix

**Application for Employment  
Haralson County Sheriff's Department**

To be completed by all employees, employed under Sheriff Ronnie Kimball's current Administration.

Employee's Name: Doris Pruitt Current Rank N/A  
Length of time employed in law enforcement: Years \_\_\_\_\_ Months 2  
Length of time employed at the Sheriff's Office: Years \_\_\_\_\_ Months 2  
Job Title Detention Officer Length of time in this position: Years \_\_\_\_\_ Months 2  
Would you be satisfied if you remained in this position after January 1, 2005? yes  
If this position were not available after January 1, 2005, would you be interested in a different assignment? yes  
Would you be interested in transferring to another division if positions were available? yes  
If so, what position would you be interested in? any

Since being employed at the Haralson County Sheriff's Office, Have you been disciplined for any violation of the Haralson County Sheriff's Office S.O.P. which resulted in any punishment more severe than a verbal reprimand? no

If you answered yes, briefly explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete this portion of the application if you are assigned a Sheriff's Office vehicle.

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Mileage \_\_\_\_\_

Do you Share this vehicle? \_\_\_\_\_ If so, Who do you share a vehicle with? \_\_\_\_\_

In what condition do you consider this vehicle to be in? Excellent Good Fair Poor

**A Message from Sheriff Elect Eddie Mixon**

Upon my taking office on January 1, 2005, the Haralson County Sheriff's Office will go through a restructuring process with anticipated minimal personnel changes. These changes are felt by myself to be vital in completing the vision that I have for the Department. Afterwards, all remaining personnel will be placed on a probationary period for the first six months of my term. There will be strict guidelines in my department and all employees will be held to a high standard. For all those who have worked for me before, you know what I expect, to those who haven't, I feel that I am fair, but will demand professionalism, respect and loyalty. If you can maintain these high standards, I need you in my organization, if not, I encourage you to begin searching for another job, this may save both you and I some time and effort.

I also plan to restructure the ranking system of the department. This may not be popular with all personnel, however, I feel it necessary due to a "top-heavy" administration. Just as Sheriff Kimball had ideas when he was elected, and all other Sheriff's before us, I have a different vision. This, in no way reflects the job Sheriff Kimball and his administration have done for the last eight years.

I look forward to the challenge ahead of us, but once again I want to stress that if you don't plan to comply with my guidelines, or if you have your own agenda, you may be in the wrong place.

Thank You *Eddie Mixon*

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. PRINT YOUR FULL NAME <b>Doris Pruitt</b>	2. YOUR SOCIAL SECURITY NUMBER [REDACTED]
HOME ADDRESS (Number and Street or Rural Route) <b>626 A Cedar St</b>	CITY, STATE AND ZIP CODE <b>Carrollton, Ga 30117</b>

PLEASE READ INSTRUCTIONS BEFORE COMPLETING LINE 3

IF YOU DO NOT WISH TO CLAIM ALLOWANCES, PLEASE ENTER '0' ON YOUR MARITAL STATUS SIGN BELOW AND DISREGARD REMAINDER OF THE INSTRUCTIONS

MARITAL STATUS

3. A. Single - enter - 0 - or 1 <input checked="" type="checkbox"/>	D. Unmarried Head of Household - Enter - 0 - or 1 or 2 <input type="checkbox"/>
B. Married Filing Joint Return Both Spouses Working Or Filing Separate Return - Enter - 0 - or 1 or 2 <input type="checkbox"/>	4. Dependents - Enter Number <input checked="" type="checkbox"/> <b>3</b>
C. Married Filing Joint Return One Spouse Working - Enter - 0 - or 1 or 2 <input type="checkbox"/>	5. Additional Allowances - See Page 2 <input type="checkbox"/>

4. LETTER USED (A, B, C, D)  **A** TOTAL ALLOWANCES IN BLOCKS  **4**  
(Employer. The letter indicates the table on pages 3 through 22 of the Income Tax W/M Tables. Allowances are at the top of each table.)

7. EXEMPT - TO CLAIM EXEMPTION FROM WITHHOLDING BECAUSE I INCURRED NO LIABILITY FOR GEORGIA INCOME TAX FOR LAST YEAR, AND I DO NOT EXPECT TO HAVE A LIABILITY FOR GEORGIA INCOME TAX FOR THIS YEAR. CHECK HERE  YEAR \_\_\_\_\_

Under penalty of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature: Doris Pruitt Date: 10-18-04

Employer Complete Form 8 if employee claims over 14 allowances or exempt status and send to Georgia Department of Revenue.

8. EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_ EMPLOYER'S IDENTIFICATION NUMBER \_\_\_\_\_  
 FE# \_\_\_\_\_  
 GA WITH# \_\_\_\_\_

DETACH ALONG THIS LINE. GIVE THE TOP PART OF THIS FORM TO EMPLOYER  
 INSTRUCTIONS

The Law requires you to complete Form G-4 so that your employer can withhold Georgia Income Tax from your pay. (Form G-4 remains effect until changed or until February 15 of next year if "Exempt" is claimed on line 7.) By correctly completing this form, you can adjust the amount of tax withheld from your wages to meet your tax liability.

If you do not give your employer an allowance certificate, you will be treated as a single person with no withholding allowance as required by law.

If you received a large refund last year, you may be having too much tax withheld. If so, you may want to increase the number of allowances on Line 5. If you owed a large amount of tax last year, you may not be having enough tax withheld. If so, you can claim fewer allowances on Line 5, or ask that an additional amount be withheld.

LINE BY LINE INSTRUCTIONS

- ENTER NAME, ADDRESS AND SOCIAL SECURITY NUMBER IN BOXES 1 AND 2
- LINE 3 - Check marital status to be used by your employer for the purpose of calculating your tax to be withheld.
  - A - SINGLE (Enter 1 if you wish to claim yourself)
  - B - MARRIED (Filing Joint Return with Both Spouses Working or Filing Separate) - enter 1 if you wish to claim yourself
  - C - MARRIED (Filing Joint Return with One Spouse Working) - enter 2 if you wish to claim yourself and your spouse
  - D - UNMARRIED HEAD OF HOUSEHOLD
    - 1 - Enter 1 if you wish to claim yourself but the child/parent for whom you maintain a home does not qualify as a dependent.
    - 2 - Enter 2 if you wish to claim yourself and a qualified dependent for whom you maintain a home. DO NOT claim an additional allowance on Line 4 for the dependent used to qualify you as head of household.
- LINE 5 - ADDITIONAL ALLOWANCES - Please use Worksheet on page 2.
- LINE 7 - EXEMPTION FROM WITHHOLDING. You can claim exemption from withholding only if you filed a Georgia return last year paying no tax and had a right to a refund of all income tax withheld and this year do not expect to owe any Georgia Income Tax and expect to have a right to a refund of all tax withheld. If you qualify, check box on Line 7 and write the year for which exempt status is effective.
  - If you want to claim exemption from withholding next year, you must file a new G-4 on or before February 15 of next year. If you are not having Georgia Income Tax withheld this year, but expect to have a liability next year, you must give your employer a G-4 by December 1 of this year.

Your employer must send to the Georgia Revenue Department any G-4 claiming more than 14 Withholding allowances or claiming exemption from withholding. The employer is to complete Box 8 only on copies of G-4 sent to Georgia Revenue Department. Employer will honor G-4 as filed pending notification.

WORKSHEET FOR FIGURING YOUR WITHHOLDING ALLOWANCES TO BE ENTERED ON LINE 5 OF FORM G-4.

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 68  Blind   
 Spouse: Age 65  Blind

Number of blocks checked 0 x 1300 = \$ ~~1300~~

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

(A) Federal Estimated Itemized Deductions ..... \$ \_\_\_\_\_

(B) GEORGIA STANDARD DEDUCTION - This adjustment is necessary if itemized deductions are included in line (A) above, since the standard deduction is built in the Georgia Withholding Tax Tables, and both standard and itemized deductions cannot be claimed. (see below) ..... \$ 2300

ENTER ONE    Single/Head of Household    \$2300  
                   Married Filing Joint            \$3000  
                   Married Filing Separate            \$1500

(C) SUBTRACT LINE B FROM LINE A ..... \$ \_\_\_\_\_

(D) ALLOWABLE DEDUCTIONS TO FEDERAL ADJUSTED GROSS INCOME ..... \$ \_\_\_\_\_  
 (Such as Retirement Income Exclusion, U.S. Obligations, Social Security and other allowable deductions per Georgia Law)

(E) ADD THE AMOUNTS ON LINES 1, 2C, AND 2D ..... \$ \_\_\_\_\_

(F) ENTER AN ESTIMATE OF YOUR TAXABLE INCOME NOT SUBJECT TO WITHHOLDING ..... \$ \_\_\_\_\_  
 (Such as interest, dividends and lump sum distributions)

(G) SUBTRACT LINE F FROM E AND ENTER RESULT ..... \$ \_\_\_\_\_  
 IF LESS THAN ZERO (0) STOP HERE.

(H) DIVIDE THE AMOUNT ON LINE G BY \$2700 TO GET THE NUMBER OF PERSONAL ALLOWANCES (if the remainder is over \$1350 round up). ENTER HERE AND ON LINE 5 OF FORM G-4 ..... \_\_\_\_\_

ADDITIONAL WITHHOLDING:

If you have income other than salaries and wages you can authorize your employer to withhold an additional amount. You can figure 5% of the other income, then divide by the yearly number of pay periods (Weekly, Monthly, Etc.), or whatever you feel will be needed.

I authorize additional withholding per pay period of \$ \_\_\_\_\_ (Signed) \_\_\_\_\_

Purpose: Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding: If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form quickly. Use 2000 exemption for 2000 (effective February 18, 2001).

Notes: (1) You cannot claim an exemption from withholding if (A) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions: If you are not exempt, complete the Personal Allowances Worksheet below.

Allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Child tax and higher education credits: For details on adjusting withholding for these and other credits see Pub. 919, How Do I Adjust My Tax Withholding?

Head of household: Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for your self and your dependent(s) or other qualifying individuals. See line E below.

Wage income: If you have a large amount of wage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals.

Two-earner/two-job: 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 prepared for the highest paying job and zero allowances are claimed for the other.

Check your withholding: After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2000. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records)

Worksheet with lines A through H for calculating allowances. Includes checkboxes for marital status, dependents, and child tax credits. Handwritten numbers: A=1, B=0, C=0, D=3, E=0, F=0, G=0, H=4.

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

Form W-4 Employee's Withholding Allowance Certificate. Includes fields for name (Doris Pruitt), address, employer name, and date (10-18-04). Contains checkboxes for marital status and exemption from withholding.



EMPLOYEE INFORMATION AND VERIFICATION (To be completed and signed by employee.)

(Print or Type) Last Pruitt First Doris Middle M Birth Name Cowan  
 Street Name and Number 626 A Cedar St. City Carrollton State Ga ZIP Code 30117  
 Date of Birth (Month/Day/Year) 1/1965 Social Security Number [REDACTED]

Under penalty of perjury, that I am (check a box):  
 Citizen or national of the United States.  
 An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).  
 An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_).  
 Admission Number \_\_\_\_\_ Expiration of employment authorization, if any \_\_\_\_\_  
 Under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me.  
 Federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Doris Pruitt Date (Month/Day/Year) 10-19-04

PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me in the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)		
Address (Street Name and Number)	City	State	Zip Code

EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate box. Document Identification Number and Expiration Date for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> United States Passport <input type="checkbox"/> Certificate of United States Citizenship <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Expired foreign passport with Employment Authorization <input type="checkbox"/> Alien Registration Card with photograph Identification Date (if any) _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ Document Identification _____ Expiration Date (if any) _____	<input type="checkbox"/> 1. Original Social Security Number (has a card stating it is not valid for work) <input type="checkbox"/> 2. A birth certificate issued by State or municipal authority bearing a seal or certification <input type="checkbox"/> 3. Unexpired DHS Employment Auth. Specify form _____ Document Identification _____ Expiration Date (if any) _____

STATEMENT: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be true and correct, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Name (Print or Type)	Title
Address	Date

GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL  
CHANGE OF STATUS FORM

This form is used to notify POST of personnel changes on certified/registered officers, and candidates who have an application on file for certification at POST. Applicants hired as officers who have no previous experience and are uncertified are reported to POST via an Application for Officer Certification. The application is due at POST on or before the officer's first day of sworn employment.

SECTION A ALWAYS COMPLETE THIS SECTION THEN APPLICABLE SECTION BELOW

██████████	<u>Pruitt</u>	<u>David</u>	<u>M</u>	<u>██████-65</u>	<u>W/F</u>	<u>15</u>
Social Security #	Last Name	First	MI	Date of Birth	Race/Sex	Educ.
AGENCY: <u>Haralson Co. Sheriff's Office</u>					AGENCY ID#: <u>1666</u>	

SECTION B COMPLETE WHEN HIRING AN OFFICER WITH PREVIOUS EXPERIENCE

Date officer was hired: _____ / _____ / _____	Rank: _____
*(See reverse side for list of Ranks)	

SECTION C COMPLETE FOR CHANGES IN YOUR PRESENT STAFF

Legal Name Change to _____	_____	_____	_____
(Attach legal document of change)	Last Name	First Name	MI
Date Promoted: _____	Rank: _____	Date Retired: _____	Date Deceased: _____
*(See reverse side for list of Ranks)			
Voluntary resignation date: _____	Lay off: (Reduction In force) date: _____		

SECTION D DISCIPLINARY ACTION

Resigned in lieu of dismissal: _____	Dismissed: _____	Demoted on: _____	to a _____
Date	Date	Date	Rank
Suspended Indefinitely: _____	Suspended (min. 30 days) from _____	to _____	
Date	Date	Date	
Reason for disciplinary action: _____			
Officer's last known address: _____			

AUTHORIZATION TO SUBMIT TO POST

Authorizing Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

RETURN FORM TO: GEORGIA POST COUNCIL, 2175 NORHLAKE PKWY, SUITE 144, TUCKER, GA 30084

THIS FORM MAY BE DUPLICATED

POST-FORM C-11

NOTICE OF WORKERS'  
COMPENSATION PROCEDURES

This is to certify that I have read and understand the WORKERS' COMPENSATION PANEL OF PHYSICIANS notice.

I understand that when I am involved in an on-the-job injury my employer will pay medical costs for treatment by the physician(s) I select from the Panel of Physicians. If I desire to obtain medical services from a physician not listed on the Panel, I may do so; however, I will be liable for those medical expenses. The physician selected from the Panel may arrange for appropriate consultations, referrals, and other specialized medical services as the nature of the injury requires. If I am dissatisfied with the physician selected, I may make one change without permission to a second physician also listed on the Panel. Upon notification of the employer, an Independent Medical Examination may be elected as set forth by the law. However, any further changes require the permission of the employer/insurer, self-insurer claims office, of the State Board of Worker' Compensation.

In the case of a bona-fide emergency involving severe injury or when a Panel Physician is not available, I should seek medical care from the nearest Hospital Emergency Room. However, all follow-up care must, thereafter, be rendered by a physician from the Panel, or a Panel Physician's referral.

I further understand that I must notify my supervisor or a member of my department's administrative staff or the Personnel Office as soon as the injury occurs, regardless of the extent of the injury, and when possible, prior to seeking treatment. I understand that the treating physician will verify my employment and eligibility for treatment with my employer before commencing treatment unless the nature of the injury so prohibits. Delay in notification may result in denial of payment for medical services rendered.

Doris Pruitt  
(Please print name)

Emp. No. \_\_\_\_\_

Doris Pruitt  
(Signature of Employee)

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Witness)

Date \_\_\_\_\_

## 12 HOUR EMPLOYEES

REGULAR HOURS = 84

TO RECEIVE OVERTIME AN EMPLOYEE MUST WORK 86 HOURS (THIS DOES NOT INCLUDE ANY SICK OR VACATION TIME). IF AN EMPLOYEE HAS WORKED OVERTIME BUT HAS TAKEN ANY SICK TIME OR VACATION TIME IN THE SAME PAY PERIOD, THE EMPLOYEE WILL NOT RECEIVE ANY OVERTIME PAY FOR THAT PAY PERIOD.

12 HOUR EMPLOYEES ACCRUE SICK AND VACATION TIME AS FOLLOWS:

.31 DAYS SICK PER PAY PERIOD

.26 DAYS VACATION PER PAY PERIOD

## 8 HOUR EMPLOYEES

REGULAR HOURS = 80

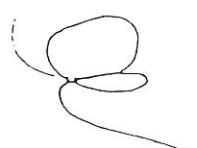
TO RECEIVE OVERTIME AN EMPLOYEE MUST WORK 80 HOURS (THIS DOES NOT INCLUDE ANY SICK OR VACATION TIME). IF AN EMPLOYEE HAS WORKED OVERTIME BUT HAS TAKEN ANY SICK TIME OR VACATION TIME IN THE SAME PAY PERIOD, THE EMPLOYEE WILL NOT RECEIVE ANY OVERTIME PAY FOR THAT PAY PERIOD.

8 HOUR EMPLOYEES ACCRUE SICK AND VACATION TIME AS FOLLOWS:

.47 DAYS SICK PER PAY PERIOD

.39 DAYS VACATION PER PAY PERIOD

FIRE DEPARTMENT MUST WORK 106 HOURS TO RECEIVE OVERTIME



ACKNOWLEDGEMENT

I, Doris Pruitt, the undersigned, hereby acknowledge that I am being hired this date by Haralson County as an at-will employee, for a term not to exceed six (6) months from the date of signing of this acknowledgement, that I have no entitlement to continued employment, and that my employment may be terminated by me or by Haralson County at any time, with or without cause, and without prior notice or hearing.

Witness my hand and seal this the 18th day of October, 2004.

Signature: Doris Pruitt

Printed name: Doris Pruitt

Personally appeared before me  
The undersigned, \_\_\_\_\_,  
\_\_\_\_\_, who, being  
known to me to be the person who  
signed this document, did declare and  
acknowledge to me that he did so freely and  
voluntarily, after having read and  
understanding same.

This the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

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

This is to verify that I have read and understand the Haralson County Fitness for Duty Policy Drug and Alcohol Testing Programs either posted in the courthouse lobby, in my department, or in the hands of my department head. I also understand that under this policy, I am subject to random testing for illegal drugs and/or alcohol.

Signed

Doris Pruitt

Name