

# Employment Record

**Name** Lee-Branch, Kimberly W.   
 **Empl** 16332   
 **Computer #** C233   
 **Date of Hire** 11/09/2013   
 **Transferred/Rehired**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/09/2013	Investigator	SCI0508001	5051	\$1,576.92	46	Date of Hire
01/03/2015	Investigator			\$1,623.07	0	Tier Level Salary Increase
03/12/2016				\$1,655.53	0	Cost of Living
12/30/2017				\$1,680.36	0	Salary with 1.5% cola.
04/21/2018	Investigator Sergeant	SDA0506002	5011	\$1,895.30	20	Promoted to Sgt/Salary with 2018 Cluster Increase
06/06/2018	INVESTIGATOR SERGE	SDA82GM002	5011	\$1,895.30	20	NEW PCN AND PAY GRADE
01/22/2019				\$2,013.60	0	CLUSTER INCREASE PART II
06/27/2020				\$53,138.90	0	COLA INCREASE
12/25/2021				\$58,200.00	0	2022 SALARY INCREASE
10/15/2022	INVESTIGATOR LIEUTE	SDA82GL001	5011	\$67,121.00	22	PROMOTION



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

HR-1 FORM

Employee Name: Kimberly W. Lee EMP I.D.: 16332 DEPT #: 5011 Proposed Effective Date: 10/15/2022

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

**A. PERSONAL INFORMATION**

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

B. POSITION INFORMATION			C. SEPARATION INFORMATION	
	CHANGE FROM	CHANGE TO	SEPARATION FROM SERVICE REASON:	
Dept. #	5011	5011	<input type="checkbox"/>	VQ 01 Resignation
Job Title	INVESTIGATOR SGT.	INVESTIGATOR LT.	<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
FLSA Status (E or NE)	NE	NE	<input type="checkbox"/>	VQ 03 Lay-Off/RIF
Pay Class	100	100	<input type="checkbox"/>	VQ 04 Death
Salary Grade	20	22	<input type="checkbox"/>	VQ 05 Loss of Job Requirements
PCN	SDA82GM002	SDA82GL001	<input type="checkbox"/>	VQ 06 Termination
Daily Hours	8 HRS.; 60 MIN. A/D	8 HRS.; 60 MIN. A/D	<input type="checkbox"/>	VQ 07 Retirement
Hourly Rate	27.98	32.27	Date Hired:	
Bi-Weekly Salary	2238.46	2581.58	Last Day Worked:	
Annual Salary	58,200.00	67,121.00	Separation Date:	
Supplemental Pay	19.23	19.23	Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Safety Sensitive (Y or N)	Y	Y	Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
GL Account number:	273032110	273032110	Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employee Replaced (Name & I.D.):			If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
			VAC BAL:	COMP BAL:

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

EMPLOYEE IS PROMOTED. EMPLOYEE WILL NEED TIME KEEPER ACCESS. JOB DESCRIPTIONS ATTACHED. THE SHERIFF'S OFFICE HAS THE FUNDING.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Bonnie Hayes</u>	Contact Phone #: <u>706-821-1095</u>	Date Of Request: <u>9/26/22</u>
Department Director Signature: <u>[Signature]</u>	Concurrence Date: <u>9-26-22</u>	
Department Director Signature (2):	Concurrence Date:	
Administrator Signature (only required for ineligibility for rehire):	Concurrence Date:	
General Counsel Signature (only required for ineligibility for rehire):	Concurrence Date:	

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** \_\_\_\_\_ **Empl** \_\_\_\_\_ **Computer #** \_\_\_\_\_ **Date of Hire** \_\_\_\_\_ **Transferred/Rehired** \_\_\_\_\_

Lee-Branch, Kimberly W. 16332 C233 11/09/2013

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/09/2013	Investigator	SC10508001	5051	\$1,576.92	46	Date of Hire
01/03/2015	Investigator			\$1,623.07	0	Tier Level Salary Increase
03/12/2016				\$1,655.53	0	Cost of Living
12/30/2017				\$1,680.36	0	Salary with 1.5% cola.
04/21/2018	Investigator Sergeant	SDA0506002	5011	\$1,895.30	20	Promoted to Sgt/Salary with 2018 Cluster Increase
06/06/2018	INVESTIGATOR SERGE	SDA82GM002	5011	\$1,895.30	20	NEW PCN AND PAY GRADE
01/22/2019				\$2,013.60	0	CLUSTER INCREASE PART II
06/27/2020				\$53,138.90	0	COLA INCREASE

# Employment Record

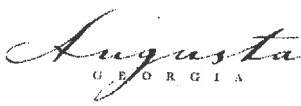
**Name** \_\_\_\_\_ **Empl** 16332 **Computer #** C233 **Date of Hire** 11/09/2013 **Transferred/Rehired** \_\_\_\_\_  
**Lee-Branch, Kimberly W.**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/09/2013	Investigator	SC10508001	5051	\$1,576.92	46	Date of Hire
01/03/2015	Investigator			\$1,623.07	0	Tier Level Salary Increase
03/12/2016				\$1,655.53	0	Cost of Living
12/30/2017				\$1,680.36	0	Salary with 1.5% cola.
04/21/2018	Investigator Sergeant	SDA0506002	5011	\$1,895.30	20	Promoted to Sgt/Salary with 2018 Cluster Increase
06/06/2018	INVESTIGATOR SERGE	SDA82GM002	5011	\$1,895.30	20	NEW PCN AND PAY GRADE

# Employment Record

**Name** \_\_\_\_\_ **Empl** 16332 **Computer #** C233 **Date of Hire** 11/09/2013 **Transferred/Rehired** \_\_\_\_\_  
**Lee-Branch, Kimberly W.**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/09/2013	Investigator	SC10508001	5051	\$1,576.92	46	Date of Hire
01/03/2015	Investigator			\$1,623.07	0	Tier Level Salary Increase
03/12/2016				\$1,655.53	0	Cost of Living
12/30/2017				\$1,680.36	0	Salary with 1.5% cola.
04/21/2018	Investigator Sergeant	SDA0506002	5011	\$1,895.30	20	Promoted to Sgt/Salary with 2018 Cluster Increase



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

Employee Name: Kimberly W. Lee EMP I.D.: 16332 DEPT #: 5051 Proposed Effective Date: 4/21/2018

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

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

**PART 2: PREPARATION FOR PERSONNEL ACTION**

**A. PERSONAL INFORMATION**

Name Change: \_\_\_\_\_ Home Phone #: ( ) -  
Cell Phone #: ( ) -  
Address: \_\_\_\_\_ Office Phone #: ( ) -

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

B. POSITION INFORMATION			C. SEPARATION INFORMATION	
	CHANGE FROM	CHANGE TO	SEPARATION FROM SERVICE REASON:	
Dept #	5051	5011	<input type="checkbox"/>	VQ 01 Resignation
Job Title	Investigator	Investigator Sgt.	<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
FLSA Status (E or NE)	NE	NE	<input type="checkbox"/>	VQ 03 Lay-Off/RIF
Pay Class	100	100	<input type="checkbox"/>	VQ 04 Death
Salary Grade	18	20	<input type="checkbox"/>	VQ 05 Loss of Job Requirements
PCN	SCI0508001	SDA0506002	<input type="checkbox"/>	VQ 06 Termination
Daily Hours	8 Hrs.; 30 Min. A/D	8 Hrs.; 30 Min. A/D	<input type="checkbox"/>	VQ 07 Retirement
Hourly Rate	\$21.74	\$23.69	Date Hired:	
Bi-Weekly Salary	\$1,739.18	\$1,895.30	Last Day Worked:	
Annual Salary	\$45,218.72	\$49,277.69	Separation Date:	
Supplemental Pay	19.23	19.23	Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Safety Sensitive (Y or N)	Y	Y	Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
GL Account number:	273031210	273032110	Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employee Replaced (Name & I.D.):	M McDaniel/5960		VAC BAL: _____ COMP BAL: _____	

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

Employee is promoted. Job descriptions attached. The employee will continue to receive 19.23 clothing allowance. 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: 3/26/2018

Department Director Signature: John Mancuso Concurrence Date: 3/26/18

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

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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

# Employment Record

**Name** \_\_\_\_\_ **Empl** 16332 **Computer #** C233 **Date of Hire** 11/09/2013 **Transferred/Rehired** \_\_\_\_\_  
**Lee-Branch, Kimberly W.**

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/09/2013	Investigator	SC10508001	5051	\$1,576.92	46	Date of Hire
01/03/2015	Investigator			\$1,623.07	0	Tier Level Salary Increase
03/12/2016				\$1,655.53	0	Cost of Living
12/30/2017				\$1,680.36	0	Salary with 1.5% cola.



# Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired		
Lee-Branch, Kimberly W.	16332	C233	11/09/2013			
Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/09/2013	Investigator	SC10508001	5051	\$1,576.92	46	Date of Hire
01/03/2015	Investigator			\$1,623.07	0	Tier Level Salary Increase
03/12/2016				\$1,655.53	0	Cost of Living

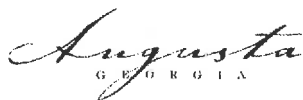
# Employment Record

**Name** \_\_\_\_\_ **Empl** \_\_\_\_\_ **Computer.#** \_\_\_\_\_ **Date.of.Hire** \_\_\_\_\_ **Transferred/Rehired** \_\_\_\_\_  
 Lee-Branch, Kimberly W.      16332      C233      11/09/2013

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
11/09/2013	Investigator	SC10508001	5051	\$1,576.92	46	Date of Hire
01/03/2015	Investigator			\$1,623.07	0	Tier Level Salary Increase

# Employment Record

<b>Name</b>	<b>Empl</b>	<b>Computer #</b>	<b>Date of Hire</b>	<b>Transferred/Rehired</b>		
Lee-Branch, Kimberly W.		C233	11/09/2013			
<b>Date</b>	<b>Position</b>	<b>PCN</b>	<b>Department</b>	<b>Rate of Pay</b>	<b>Grade</b>	<b>Reason for Change</b>
11/09/2013	Investigator	SC10508001	5051	\$1,576.92	46	Date of Hire



Request for Personnel Action (RPA)

Employee Name: Kimberly Lee-Branch EMP I.D.: 16332 DEPT #: 5051 Proposed Effective Date: 1/31/2015

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: \_\_\_\_\_ Home Phone #: ( ) -  
 Cell Phone #: ( ) -  
 Address: \_\_\_\_\_ Office Phone #: ( ) -

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

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	5051	5051
Job Title	Investigator	Investigator
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	46	46
PCN	SCI0508001	SCI0508001
Daily Hours	8 hr-30D	8 hr- 30 D
Hourly Rate	\$20.29	\$20.29
Bi-Weekly Salary	\$1,623.08	\$1,623.08
Annual Salary	\$42,199.92	\$42,199.42
Supplemental Pay		CLOTHING \$19.23
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031210	273031210
Employee Replaced (Name & I.D.):		

C. SEPARATION INFORMATION

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

PART 3: EXPLANATION FOR REQUEST

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

Employee is granted a Clothing Allowance

*The Sheriff's office does have the funds to support this supplement*

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Sally Patton</u>	Contact Phone #: ( <u>706</u> ) <u>821</u> - <u>1433</u>	Date Of Request: <u>1/14/2015</u>
Department Director Signature: <u>Robert Patton</u>		Concurrence Date: <u>1-14-15</u>
Department Director Signature (2):		Concurrence Date:

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

Received on (date): \_\_\_\_\_ 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:

# Augusta, Georgia

## Job Description

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

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

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

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

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

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

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

**REQUIRED MINIMUM QUALIFICATIONS:**

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

**Knowledge/Skills/Abilities:**

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

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

**Skills:**

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

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

**OTHER:**

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

**PHYSICAL REQUIREMENTS:**

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

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

**FINANCIAL RESPONSIBILITY:**

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

**TRAINING & SUPERVISORY RESPONSIBILITY:**

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

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

**REVIEW/APPROVALS**

Kimberly W. Lee  
 Employee (Print Name) 9/26/22  
Date

[Signature]  
 Line or Staff Management 9/26/22  
Date

[Signature]  
 Department Director 9/26/22  
Date

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

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

# Augusta, Georgia

## Job Description

**Approved Title:** Investigative Lieutenant      **Job Code:** 82GL      **FLSA Classification:** Non-exempt  
**Working Job Title:** Internal Affairs Lieutenant      **Pay Grade:** 22      **Date Revised:** June 12, 2018  
**Department:** Sheriff (5011)      **Original Date Prepared:** August 25, 1997  
**Reports To:** Chief Deputy  
**Does the Position Have Direct Reports?** Yes  No   
**If Yes, What is the Title of the Position that Reports to this Position:** Internal Affairs Sergeants  
**Is the Position Safety Sensitive?** Yes  No

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

**KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS**

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

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

**POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:**

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

**REQUIRED MINIMUM QUALIFICATIONS:**

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

**Knowledge/Skills/Abilities:**

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

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

**Skills:**

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

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

**OTHER:**

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

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

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

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

**FINANCIAL RESPONSIBILITY:**

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

**TRAINING & SUPERVISORY RESPONSIBILITY:**

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

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

**REVIEW/APPROVALS**

Kimberly W Lee \_\_\_\_\_ Date 9/24/22  
 Employee (Print Name)

[Signature] \_\_\_\_\_ Date 9/24/22  
 Line or Staff Management

[Signature] \_\_\_\_\_ Date 9/24/22  
 Department Director

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

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



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### Edit Officer Employment Status Change Request

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

Security Level Agency Administrator

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

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

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

Officer O212779 KIMBERLY [REDACTED] LEE

Agency RICHMOND COUNTY SHERIFFS OFFICE

Start Date September 21, 2022

End Date  /  /  (mm/dd/yyyy)

Rank\*

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

Status\*

Upload Description \*   No file chosen

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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, Kimberly Lee, and who, after first being duly sworn, stated that the following information is true and correct and that all terms specified herein are expressly acknowledged:

I am an employee of the Augusta Richmond County Board of Commissioners in the Sheriff's Office (Department/Office).

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

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

Kimberly Lee  
Signature

Kimberly Lee  
Printed Name

[REDACTED]  
Social Security Number

12/08/2021  
Date

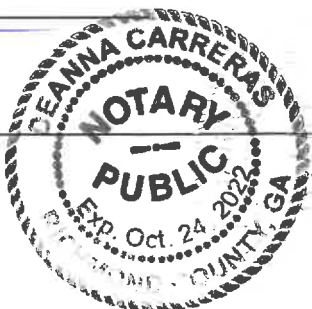
Richmond County Sheriff's Office  
Department

16332  
Employee ID Number

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

[Signature]  
Notary Public

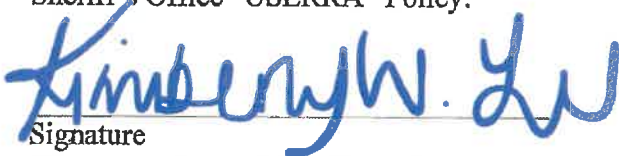
My commission expires: \_\_\_\_\_



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

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

I have this 18th of March 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.



Signature  
Richmond County Sheriff's Office Employee

Kimberly W. Lee

Printed Name



The City of Augusta  
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Kimberly Lee EMP I.D.: 16332 DEPT #: 5011 Proposed Effective Date: 10/15/2020

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: \_\_\_\_\_ Home Phone #: ( ) -  
 Address: \_\_\_\_\_ Cell Phone #: ( ) -  
 Office Phone #: ( ) -  
 Employee Signature (required for personal information changes): Kimberly Lee Date: 10/7/2020

B. POSITION INFORMATION

C. SEPARATION INFORMATION

	CHANGE FROM	CHANGE TO	SEPARATION FROM SERVICE REASON:	
Dept #			<input type="checkbox"/>	VQ 01 Resignation
Job Title			<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
FLSA Status (E or NE)			<input type="checkbox"/>	VQ 03 Lay-Off/RIF
Pay Class			<input type="checkbox"/>	VQ 04 Death
Salary Grade			<input type="checkbox"/>	VQ 05 Loss of Job Requirements
PCN			<input type="checkbox"/>	VQ 06 Termination
Daily Hours			<input type="checkbox"/>	VQ 07 Retirement
Hourly Rate			Date Hired:	
Bi-Weekly Salary			Last Day Worked:	
Annual Salary			Separation Date:	
Supplemental Pay			Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Safety Sensitive (Y or N)			Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
GL Account number:			Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employee Replaced (Name & I.D.):			If Not Eligible for Re-Hire – Complete Part 3 and Review Eligibility Guidelines	
			VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

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

Address Change

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Stephanie Jackson</u>	Contact Phone #: <u>706 821-1072</u>	Date Of Request: <u>10/12/20</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>10/12/2020</u>
Department Director Signature (2):		Concurrence Date:
Administrator Signature (only required for ineligibility for rehire):		Concurrence Date:
General Counsel Signature (only required for ineligibility for rehire):		Concurrence Date:

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:





# RICHMOND COUNTY SHERIFF'S OFFICE

**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

[www.RCSOGA.org](http://www.RCSOGA.org)

## PERSONNEL ORDER 18-006

**TO:** All RCSO Personnel  
**FROM:** Richard Roundtree, Sheriff  
**DATE:** March 27, 2018  
**RE:** Promotion

---

Effective March 27, 2018, Kimberly W. Lee is promoted to the rank of Investigator Sergeant. Sergeant Lee is assigned to the Internal Affairs Division under the direct supervision of Lieutenant Glen Rahn. All officers shall govern themselves accordingly.

# Augusta, Georgia

## Job Description

**Approved Title:** Investigator

**Job Code:** 0508

**FLSA Classification:** Non-exempt

**Working Job Title:** Investigator/CID

**Pay Grade:** 18

**Date Revised:** September 20, 2011

**Department:** Sheriff (5051)

**Original Date Prepared:** August 25, 1997

**Reports To:** Lieutenant

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

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

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

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

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

100% Total: 100

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

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

### REQUIRED MINIMUM QUALIFICATIONS:

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

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

### Knowledge/Skills/Abilities:

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

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

**Skills:**

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

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

**Some positions may require:**

- May supervise and/or train designated subordinate personnel.

**OTHER:**

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

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

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

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

**FINANCIAL RESPONSIBILITY:**

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

**TRAINING & SUPERVISORY RESPONSIBILITY:**

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

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

**REVIEW/APPROVALS**

_____ Employee (Print Name) <i>Kimberly W. Lee</i> <i>John A. Francis</i>	_____ Date <i>3/26/18</i>
_____ Line or Staff Management <i>John A. Francis</i>	_____ Date <i>3/26/18</i>
_____ Department Director	_____ Date <i>3/26/18</i>
_____ Compensation Administration Staff	_____ Date
_____ HR Director	_____ Date



# Augusta, Georgia

## Job Description

**Approved Title:** Investigative Sergeant      **Job Code:** 0506      **FLSA Classification:** Non-exempt  
**Working Job Title:** Internal Affairs Sergeant      **Pay Grade:** 20      **Date Revised:** September 16, 2011  
**Department:** Sheriff (5011)      **Original Date Prepared:** August 25, 2002  
**Reports To:** Internal Affairs Lieutenant & Chief Deputy  
**Does the Position Have Direct Reports?** Yes  No   
**If Yes, What is the Title of the Position that Reports to this Position:**  
**Is the Position Safety Sensitive?** Yes  No

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

### KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

100% Total: 100

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

### POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

### REQUIRED MINIMUM QUALIFICATIONS:

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

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

### Knowledge/Skills/Abilities:

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

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

**Skills:**

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

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

**OTHER:**

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

**PHYSICAL REQUIREMENTS:**

Depending upon area of assignment:

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

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

**FINANCIAL RESPONSIBILITY:**

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

**TRAINING & SUPERVISORY RESPONSIBILITY:**

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

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

**REVIEW/APPROVALS**

<i>Kimberly W Lee</i> Employee (Print Name)	<i>3/26/18</i> Date
<i>Job of Francis</i> Line or Staff Management	<i>3/26/18</i> Date
Department Director	<i>3/26/18</i> Date
Compensation Administration Staff	Date
HR Director	Date

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

### Edit Officer Employment Status Change Request

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

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

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

**Officer** O212779 KIMBERLY [REDACTED] LEE-BRANCH

**Agency** RICHMOND COUNTY SHERIFFS OFFICE

**Start Date** March 27, 2018

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

**Rank\***

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

**Status\***

**Upload Description \***

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The City of Augusta  
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Kimberly [redacted] Lee EMP I.D.: 16332 DEPT #: 5051 Proposed Effective Date: 1/31/15

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: Kimberly [redacted] Lee Home Phone #: (    ) -   

Cell Phone #: (    ) -   

Office Phone #: (    ) -   

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

Employee Signature (required for personal information changes): Kimberly W. Lee Date: \_\_\_\_\_

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #		
Job Title		
FLSA Status (E or NE)		
Pay Class		
Salary Grade		
PCN		
Daily Hours		
Hourly Rate		
Bi-Weekly Salary		
Annual Salary		
Supplemental Pay		
Safety Sensitive (Y or N)		
GL Account number:		
Employee Replaced (Name & I.D.):		

C. SEPARATION INFORMATION

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

PART 3: EXPLANATION FOR REQUEST

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

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Bonnie Hayes Contact Phone #: ( 706 ) 821 - 1095 Date Of Request: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Concurrence Date: \_\_\_\_\_

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

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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





The City of Augusta  
Human Resources Department

**COPY** HR-1 FORM

Request for Personnel Action (RPA) *original to HR 04/01/2014*

Employee Name: Kimberly Lee-Branch EMP I.D.: 116332 DEPT #: 5051 Proposed Effective Date: 03/31/2014

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

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

**PART 2: PREPARATION FOR PERSONNEL ACTION**

**A. PERSONAL INFORMATION**

Name Change: \_\_\_\_\_ Home Phone #: ( ) -

Cell Phone #: ( ) -

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

Employee Signature (required for personal information changes): Kimberly Lee-Branch Date: 3/31/2014

B. POSITION INFORMATION		C. SEPARATION INFORMATION	
	CHANGE FROM	CHANGE TO	SEPARATION FROM SERVICE REASON:
Dept #			<input type="checkbox"/> VQ 01 Resignation
Job Title			<input type="checkbox"/> VQ 02 Failure to Report to Work/AWOL
FLSA Status (E or NE)			<input type="checkbox"/> VQ 03 Lay-Off/RIF
Pay Class			<input type="checkbox"/> VQ 04 Death
Salary Grade			<input type="checkbox"/> VQ 05 Loss of Job Requirements
PCN			<input type="checkbox"/> VQ 06 Termination
Daily Hours			<input type="checkbox"/> VQ 07 Retirement
Hourly Rate			Date Hired:
Bi-Weekly Salary			Last Day Worked:
Annual Salary			Separation Date:
Supplemental Pay			Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
Safety Sensitive (Y or N)			Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO
GL Account number:			Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employee Replaced (Name & I.D.):			VAC BAL:                      COMP BAL:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 4: DEPARTMENT APPROVAL**

This Request was Processed By: <u>Libby Hackney</u>	Contact Phone #: ( <u>706</u> ) <u>469</u> - <u>3350</u>	Date Of Request:
Department Director Signature:		Concurrence Date:
Department Director Signature (2):		Concurrence Date:

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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

**COPY**

**FAMILY-Y ENROLLMENT FORM**  
Augusta-Richmond County Employees

*original to HR*  
*01/03/2014*

Employee's Name	Social Security Number	Employee ID number
<b>Kimberly Lee-Branch</b>	[REDACTED]	<b>16332</b>

List all eligible dependents below:

1.	2.	3.	NAME	D.O.B	RELATION	D.O.B	RELATION

**Semi-Monthly Rates (please circle applicable options):**

Public Safety	Other Full-Time Employees	Dependents
\$13.00	\$19.00	\$9.00 (includes 6 dependents)
Post-certifiable position <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Dependents are NOT eligible for reimbursement Dependents include legal spouse, and children under 23yrs

**IMPORTANT\*\*\***

-MEMBERSHIPS MAY BE CANCELLED WITH A 30 DAY WRITTEN NOTIFICATION TO THE HUMAN RESOURCE DEPARTMENT ONLY.

-ONCE THIS FORM IS FILLED OUT, PAYROLL DEDUCTIONS WILL BEGIN ON THE EFFECTIVE DATE AND **WILL NOT STOP** UNTIL THE END OF THE MONTH FOLLOWING PROPER NOTICE OF CANCELLATION RECEIVED BY THE HUMAN RESOURCE DEPARTMENT.

I authorize a payroll deduction of \$ **13.00** (semi-monthly)

Employee Signature: *Kimberly Lee-Branch* Date: *1/2/2014*

Official Use Only: Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* Effective 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:

*Kimberly W. Lee-Branch*

Employee Signature

*11/07/2013*

Date

*Kimberly W. Lee-Branch*

Printed Name



# RCSO

## PERFORMANCE

## APPRAISAL



Lt. Kim Lee

2022

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

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

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

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

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

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

**Excellence;** is the quality of being excellent, having an excellent or valuable quality, or showing virtue. Other terms for excellence are distinction, grace, merit, value, and virtue. The purpose of this employee evaluation is to insure that each member of the agency, regardless of the mission of their perspective units, embodies the values of this agency. The four main points of the evaluation require a simple yes or no answer on the behalf of the rater. Either answer will require an evaluation of what part the employee embodies, or lacks for a given value. Any rating that includes a "no" response requires the rater to identify steps to aid the employee in obtaining the values of the agency and to re-evaluate the employee on a quarterly basis until the employee succeeds at these goals. Any employee receiving a "no" rating in any one of these four categories is held from eligibility for advancement until the performance improves.

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

4. Employee Name: Kimberly Lee	5. Employee Classification/Title: LT
6. Division: Internal Affairs/IA	

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

2. Review Period  
From: 1/1/22                      To: 12/31/22

3. Next Review Date  
12/31/23

Specific Values

**Respect**

Y  N

Lt. Lee is well respected throughout the RCSO from privates to Command Staff personnel. Her respect has been earned through her hard work, determination, and fairness. She has not only gained the respect of the agency but the public and media personnel which she deals with on a daily basis. Since last evaluation she has been promoted to Lt of the IA division and has demonstrated excellent leadership ability.

**Integrity**

Y  N

Lt. Lee has excellent integrity and sound judgment. Her commitment to this division and agency is without question.

**Teamwork**

Y  N

Lt. Lee is the ultimate team player and is willing to help not only this division, but will assist in any aspect of this agency. She volunteers for numerous RCSO events held throughout the year and is involved in outside community organizations.

**Excellence**

Y  N

Lt. Lee strives to make herself better and is constantly pushing and challenging herself. She has completed Columbus State University's Professional Management Program along with completing Instructor Training and has begun teaching at the academy and Supervision classes.

**General Factors**

**This section is for all line level personnel who are not in a supervisory capacity. These categories are wide ranging and generic to fit all positions.**

1. Ability to make sound decisions / effective under stress

Y  N

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

Y  N

3. Work knowledge and job skill level / problem solving

Y  N

4. Accepts directions / constructive criticism

Y  N

5. Accuracy, neatness, and thoroughness of work

Y  N

6. Observance of rules and safety practices

Y  N

7. Attendance / uniform and grooming / equipment maintenance

Y  N

### Supervisory Factors

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

#### 1. Leadership

Y  N

Lt. Lee has developed into a great leader. Since coming to IA she has taken on great responsibility, has accepted any task handed to her and excelled in the process.

#### 2. Decision Making

Y  N

Lt. Lee makes good sound decisions. I can count on her to make good decisions, especially when dealing with sensitive or complex investigations.

#### 3. Credibility With Subordinates

Y  N

Lt. Lee continues to be well respected by both certified and non certified personnel. Numerous times throughout the week, she will have employees come into her office to seek advice.

#### 4. Ability to Plan and Schedule

Y  N

Lt. Lee is very organized and keeps track of our on call schedule. She also maintains planned events in the community and other divisions on call schedule.

#### 5. Resource Allocation

Y  N

Lt. Lee is great at multi-tasking and is able to accomplish this by determining which task has a higher priority and effectively getting the task complete.

#### 6. Develops / Trains subordinates

Y  N

Lt. Lee is constantly coaching up deputies and other employees that come to IA for guidance and corrective behavior. She is patient with everyone and helps encourage them when needed

#### 7. Evaluating Subordinates

Y  N

Lt. Lee is able to assist front line supervisors with discussing a deputies weak and strong points.

#### 8. Delegation

Y  N

Lt. Lee is able to evaluate numerous complaints and decide if those need further attention from IA or can be sent to the front line supervisor for review.

#### 9. Job Knowledge/Skill

Y  N

Lt. Lee has continuously grown in her skill and job knowledge since coming to IA in 2018. She is someone I can count on to make extremely difficult decisions and has great judgment.

**OVERALL PERFORMANCE SUMMARY**

Date: 1/4/22

Immediate Supervisor's Signature: Glen Rahn

Digitally signed by Glen Rahn  
Date: 2023.01.04 13:47:42 -05'00'

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

Evaluation Meeting Conducted By: \_\_\_\_\_

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

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

**Notes on evaluation meeting:**

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

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: 1/4/2023 Signature: Kimberly Lee

**Employee Comments:**

I agree with this evaluation. Great leadership sets the example of the type of leader I aspire to be.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RCSO

## PERFORMANCE

## APPRAISAL



Sgt. Kim Lee

2021

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

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

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

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

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

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

**Excellence**; is the quality of being excellent, having an excellent or valuable quality, or showing virtue. Other terms for excellence are distinction, grace, merit, value, and virtue. The purpose of this employee evaluation is to insure that each member of the agency, regardless of the mission of their perspective units, embodies the values of this agency. The four main points of the evaluation require a simple yes or no answer on the behalf of the rater. Either answer will require an evaluation of what part the employee embodies, or lacks for a given value. Any rating that includes a "no" response requires the rater to identify steps to aid the employee in obtaining the values of the agency and to re-evaluate the employee on a quarterly basis until the employee succeeds at these goals. Any employee receiving a "no" rating in any one of these four categories is held from eligibility for advancement until the performance improves.



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

4. Employee Name: Kimberly Lee	5. Employee Classification/Title: SGT
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6. Division: Internal Affairs/IA
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1. Type of Review  
xx \_\_\_\_\_ Annual                      \_\_\_\_\_ Other

2. Review Period  
From: 1/1/21                      To: 12/31/21

3. Next Review Date  
12/31/22

Specific Values

**Respect**

Y  N

Sgt. Lee has respect from her peers, deputies, and Command Staff. This comes from her professionalism and fairness to officers and the general public.

**Integrity**

Y  N

Sgt. Lee has excellent integrity. Her commitment to this division and agency is without question.

**Teamwork**

Y  N

Sgt. Lee is always willing to help not only this division, but will assist in any aspect of this agency. She has on numerous occasions responded to scenes when she was not the officer on call.

**Excellence**

Y  N

Sgt. Lee strives to make herself and this agency better. She volunteers her time for this agency and community. She has begun her command college classes (PMP) and will graduate in the end of 2021

**General Factors**

**This section is for all line level personnel who are not in a supervisory capacity. These categories are wide ranging and generic to fit all positions.**

1. Ability to make sound decisions / effective under stress

Y  N

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

Y  N

3. Work knowledge and job skill level / problem solving

Y  N

4. Accepts directions / constructive criticism

Y  N

5. Accuracy, neatness, and thoroughness of work

Y  N

6. Observance of rules and safety practices

Y  N

7. Attendance / uniform and grooming / equipment maintenance

Y  N

**Supervisory Factors**

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

1. Leadership Y  N

Sgt. Lee is learning to become a great leader. Since coming to IA she has taken on great responsibility and is striving in this role.

2. Decision Making Y  N

Sgt. Lee makes good sound decisions. I can count on her to make good decisions, especially when dealing with sensitive or complex investigations.

3. Credibility With Subordinates Y  N

Sgt. Lee is well respected by both certified and non certified personnel. Numerous times throughout the week, she will have employees come into her office to seek advice.

4. Ability to Plan and Schedule Y  N

Sgt. Lee is very organized and keeps track of our on call schedule. She also maintains planned events in the community and other divisions on call schedule.

5. Resource Allocation Y  N

Sgt. Lee is able to accomplish this by determining which task has a higher priority and effectively getting the task complete.

6. Develops / Trains subordinates Y  N

Sgt. Lee is constantly coaching up deputies and other employees that come to IA for guidance and corrective behavior.

7. Evaluating Subordinates Y  N

Sgt. Lee is able to assist front line supervisors with discussing a deputies weak and strong points.

8. Delegation Y  N

Sgt. Lee is able to evaluate numerous complaints and decide if those need further attention from IA or can be sent to the front line supervisor for review.

9. Job Knowledge/Skill Y  N

Sgt. Lee has grown tremendously in her skill and job knowledge since coming to IA in 2018. She is someone I can count on to make extremely difficult decisions and has great judgment.

**OVERALL PERFORMANCE SUMMARY**

Date: 1/19/22

Immediate Supervisor's Signature: \_\_\_\_\_



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

Evaluation Meeting Conducted By: \_\_\_\_\_

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

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

**Notes on evaluation meeting:**

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**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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

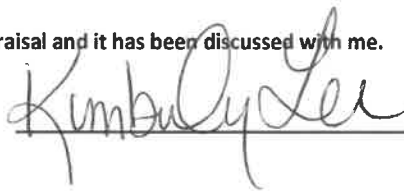
Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_



**Employee Comments:**

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# RCSO

## PERFORMANCE

## APPRAISAL



Sgt. Kim Lee

2019

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.

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**General Factors**

**This section is for all line level personnel who are not in a supervisory capacity. These categories are wide ranging and generic to fit all positions.**

1. Ability to make sound decisions / effective under stress

Y  N

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

Y  N

3. Work knowledge and job skill level / problem solving

Y  N

4. Accepts directions / constructive criticism

Y  N

5. Accuracy, neatness, and thoroughness of work

Y  N

6. Observance of rules and safety practices

Y  N

7. Attendance / uniform and grooming / equipment maintenance

Y  N



### Supervisory Factors

This page is for supervisors with at least one direct report. The subjects are designed to identify supervisory skills and develop our supervisors. There is no need to complete the general factors page for supervisors.

#### 1. Leadership

Y  N

Sgt. Lee is learning to become a great leader. Since coming to IA she has taken on great responsibility and is striving in this role.

#### 2. Decision Making

Y  N

Sgt. Lee makes good sound decisions. I can count on her to make good decisions, especially when dealing with sensitive or complex investigations.

#### 3. Credibility With Subordinates

Y  N

Sgt. Lee is well respected by both certified and non certified personnel. Numerous times throughout the week, she will have employees come into her office to seek advice.

#### 4. Ability to Plan and Schedule

Y  N

Sgt. Lee is very organized and keeps track of our on call schedule. She also maintains planned events in the community and other divisions on call schedule.

#### 5. Resource Allocation

Y  N

Sgt. Lee is able to accomplish this by determining which task has a higher priority and effectively getting the task complete.

#### 6. Develops / Trains subordinates

Y  N

Sgt. Lee is constantly coaching up deputies and other employees that come to IA for guidance and corrective behavior.

#### 7. Evaluating Subordinates

Y  N

Sgt. Lee is able to assist front line supervisors with discussing a deputies weak and strong points.

#### 8. Delegation

Y  N

Sgt. Lee is able to evaluate numerous complaints and decide if those need further attention from IA or can be sent to the front line supervisor for review.

#### 9. Job Knowledge/Skill

Y  N

Sgt. Lee has grown tremendously in her skill and job knowledge since coming to IA in 2018. She is someone I can count on to make extremely difficult decisions and has great judgment.

**OVERALL PERFORMANCE SUMMARY**

Date: 1/1/20

Immediate Supervisor's Signature: LT. GLEN RAWN 

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

Evaluation Meeting Conducted By: RAHN

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

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

**Notes on evaluation meeting:**

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

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: 03062020 Signature: Kimbalyn Lee

**Employee Comments:**

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

# RCSO PERFORMANCE APPRAISAL



**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

xx \_\_\_\_\_ Annual  
\_\_\_\_\_ Other

2. Review Period

From: 4/21/2018 To: 12/31/2018

3. Next Review Date

\_\_\_\_\_

4. Employee Name: Kim Lee	5. Employee Classification/Title: Sgt.
6. Division IA	

**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 NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

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

Total 18

		6	10		2
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**Supervisory Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

- 1. Leadership  U  NI  ME  EE  S
- 2. Decision Making  U  NI  ME  EE  S
- 3. Credibility With Subordinates  U  NI  ME  EE  S
- 4. Ability to Plan and Schedule  U  NI  ME  EE  S
- 5. Job Knowledge/Skill  U  NI  ME  EE  S
- 6. Resource Allocation  U  NI  ME  EE  S
- 7. Professional Development  U  NI  ME  EE  S
- 8. Evaluating Subordinates  U  NI  ME  EE  S
- 9. Delegation  U  NI  ME  EE  S

TOTAL:    9

		5	4	
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Sgt. Lee was assigned to IA in April of this year. She is extremely motivated to learn and grow in IA and the agency. She has attended all 3 Supervision Levels along with Crime Scene processing and several other classes. She is very dependable and a great team player. She has a professional attitude whether she is dealing with the general public or conducting officer investigations. She often works over her 40 hours and has become well verse with media releases and print media.

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

Sgt. Lee started with an aversion to dealing with interviews with the media, but has since gained more confidence and conducted a few interviews on camera. Sgt. Lee also struggles with firearm proficiency.

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

**Goals and Objectives**

Sgt. Lee will improve on her firearm proficiency and gain more confidence in this division. I believe she will grow as a Sgt. and become an even bigger asset for this agency and community.

**How to Accomplish**

She will attend PIO school along with IA course. This will give her more confidence in her ability. She will also attend Open Range on Fridays will available.

**OVERALL PERFORMANCE SUMMARY**

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

       Superior      x   Exceeds Expectations           Meets Expectations           Needs Improvement           Unsatisfactory

**Comments:**

Sgt. Lee is a great asset to this division and agency. She is extremely professional and fair when dealing with the public or employees. She has a great attitude and is not afraid of hard work.

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**Actions for Improvement/Development:**

Attend PIO and IA course along with using Open Range.

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Date: 1/14/19  
Date: \_\_\_\_\_

Immediate Supervisor's Signature: [Signature]  
Evaluation Meeting Conducted By: [Signature]  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

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

Date: 01/14/2019 Signature: Kimberly Lee

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# RCSO PERFORMANCE APPRAISAL



**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

XXXX Annual  
\_\_\_\_\_ Other

2. Review Period

From: Jan-16 To: Dec-16

3. Next Review Date

12/18/2017

4. Employee Name: Kim Lee	5. Employee Classification/Title: Investigator
6. Division CID/Violent Crimes	

**DEFINITION OF RATINGS**

**Superior:**

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

**Exceeds Expectations:**

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

**Meets Expectations:**

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

**Below Expectations:**

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

**Unsatisfactory:**

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



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

**General Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

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

TOTAL: 19 \_\_\_\_\_

		17	2
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Inv. Lee-Branch is assigned to the sex Crimes Division of CID and is still a relatively new Investigator that is growing daily. Inv. Lee has a great attitude and assists her fellow Investigators with Forensic Interviews of children and will often adopt those cases from them freeing them up to work their other cases. Inv. Lee is also a member of the voluntary Homicide Squad and because of that her skill base grew immensely. Inv. Lee is also the only female in Violent Crimes which has been an asset when a female victim does not want to speak with a male investigator.

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

Again Inv. Lee is still relatively new and did not have the opportunity to come up through the ranks to Investigator because of her civilian skill set. Inv. Lee is growing daily and needs to continue to receive training in the child crimes set but also needs to branch out her training to include some tactical/defense/firearm training.

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

**Goals and Objectives**

Inv. Lee investigates in a specialized field and in such her goals and objectives should be to become more skilled and efficient in her specialty through schooling/training. Inv. Lee should also branch out and hone her tactical/defense skills by obtaining training in those areas like High Risk Search Warrants and Defensive Tactics. Inv. Lee should also continue to practice with her firearm and shotgun.

**How to Accomplish**

Submit for the schooling.  
practice time at the range

**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:**

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**Actions for Improvement/Development:**

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Date: 01/05/15

Immediate Supervisor's Signature:

 A742/B-1

Date: 01/05/17

Evaluation Meeting Conducted By:

 A742/B-1

By:

By:

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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Date: 1/5/17

Signature:



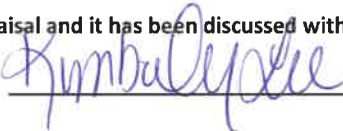
Title:

Lieutenant

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

Date: 01/05/2017

Signature:



**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

X \_\_\_\_\_ Annual  
\_\_\_\_\_ Other

2. Review Period

From: 1-Jan-15 To: Dec 31st, 2015

3. Next Review Date

Dec-16

4. Employee Name: Kim Lee	5. Employee Classification/Title: Investigator
6. Division CID/ Violent Crimes	

**DEFINITION OF RATINGS**

**Superior:**

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

**Exceeds Expectations:**

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

**Meets Expectations:**

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

**Below Expectations:**

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

**Unsatisfactory:**

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

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

**General Factors**

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

- 1. Professionalism  U  NI  ME  EE  S
- 2. Attendance  U  NI  ME  EE  S
- 3. Observance of Rules and Safety Practices  U  NI  ME  EE  S
- 4. Economy of Time and Materials  U  NI  ME  EE  S
- 5. Initiative  U  NI  ME  EE  S
- 6. Ability to Make Sound Decisions  U  NI  ME  EE  S
- 7. Accepts Responsibility  U  NI  ME  EE  S
- 8. Accepts Directions/Constructive Criticism  U  NI  ME  EE  S
- 9. Interpersonal Skills/Attitude  U  NI  X  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:   19  

0	0	18	1	
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Inv. Lee continues to show why she is an asset to this department/division/community even with her minimal Law Enforcement experience. Inv. Lee has continued to cultivate her knowledge and skill set daily and has handled some very complex cases this year to include the [REDACTED] with confidence and great work that will ultimately accomplish the successful prosecution of [REDACTED]

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

Inv. Lee is still new to Law Enforcement and although she has grown her skill and knowledge base Inv. Lee needs to continue to grow that base to become even more successful than she has been in such a short time.

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

**Goals and Objectives**

Inv. Lee had 2 goals from the last rating period for this period. Inv. Lee completed the Deviant Sexual behavior training but was unable to obtain the Advanced Forensic Interviewer training because the class was full. Inv. Lee has also obtained other general Law Enforcement training that has helped her grow her general Investigative skills. Inv. Lee's goal for the next rating period is to obtain her Advanced Forensic Interview certification and any other Law Enforcement training that would assist her with her specialized Investigations.+

**How to Accomplish**

submit for the Certified Forensic Interviewer training and any other training that would further her skill and knowledge base in sex related crimes

**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      X   Meets Expectations         Needs Improvement         Unsatisfactory

**Comments:**

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**Actions for Improvement/Development:**

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Date: \_\_\_\_\_ Immediate Supervisor's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Evaluation Meeting Conducted By: \_\_\_\_\_  
By: \_\_\_\_\_  
By: \_\_\_\_\_

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

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

Date: 12/02/15 Signature: Kimbal Lee

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# RCSO PERFORMANCE APPRAISAL



**RCSO**  
**PERFORMANCE APPRAISAL REPORT FORM**

1. Type of Review

XXXX Annual  
           Other

2. Review Period

From: Jan-14 To: Dec-14

3. Next Review Date

12/18/2014

4. Employee Name: Kim Lee-Branch	5. Employee Classification/Title: Investigator
6. Division CID/Violent Crimes	

**DEFINITION OF RATINGS**

**Superior:**

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

**Exceeds Expectations:**

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

**Meets Expectations:**

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

**Below Expectations:**

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

**Unsatisfactory:**

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

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

**General Factors**

U= unsatisfactory NE=Needs Improvement ME=Meets Expectations EE=Exceeds Expectations S=Superior

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

TOTAL: 18 \_\_\_\_\_

		18	
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**RICHMOND COUNTY SHERIFF'S OFFICE  
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

**1. Record job strengths and superior performance incidents.**

Inv. Lee-Branch is assigned to the sex Crimes Division of CID and is a new Investigator. Inv. Lee-Branch 's only Law enforcement experience has been what she has gained since graduating from the Police Academy. Inv. Lee-Branch was hired, certified, and promoted to CID in Sex Crimes because of her experience from conducting Forensic Interviews on children while she was employed by Child Enrichment Inc.. Inv. Lee-Branch does bring a wealth of experience and contacts from her previous employment to her current position.

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

Inv. Lee-Branch has very little Law Enforcement experience but is continuing to learn and grow her knowledge base for her current job. This is not a deficiency so much as it is just how Inv. Lee-Branch began her Law Enforcement career.

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

**Goals and Objectives**

Inv. Lee-Branch investigates in a specialized field and in such her goals and objectives should be to become more skilled and effiecent in her specialty through schooling/training. Inv. Lee-Branch has expressed that she would like to get her advanced Forensic Interview certification which we have discussed and I have advised her to submit for the schooling and get her certification. I have also expressed to Inv. Lee-Branch that I would like her to go to the Deviant Sexual Behavior and Related Criminal Activity training and want her to complete both schools by next years evaluation.

**How to Accomplish**

Submit for the schooling.

**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:**

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**Actions for Improvement/Development:**

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Date: 12/9/14  
Date: 12/9/14

Immediate Supervisor's Signature:

[Signature] A242/8-4

Evaluation Meeting Conducted By:

[Signature] A242/8-4

By:

By:

**REVIEW COMMENTS AND SIGNATURES**

**SECOND LEVEL REVIEW**

**Comments:**

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Date: 12/23/14 Signature:

Blair Dorn

Title:

Lieutenant (ID)

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

Date: 12/19/2014 Signature:

Kimberly Lee Branch

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# NEW HIRE PROCESS



## Libby Hackney

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**From:** Ttreon Bush  
**Sent:** Thursday, November 07, 2013 12:04 PM  
**To:** Libby Hackney; Gary Powell; Steve Smead; Scott Gay  
**Subject:** RADIO

ON 110713 KIMBERLY LEE-BRANCH (C233) RECEIVED RADIO# 205CHT2195.

⑦ 62149  
Entered into AS 400  
and Radio Log.

THANKS  
TSB 110713

Please consider the environment before printing this email.

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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

**NEW HIRE NOTIFICATION/CONFIRMATION**

**\*\*\*PLEASE COMPLETE ALL BLANKS\*\*\***

**TO: Employment Manager  
Human Resources**

**DATE: 10/31/2013**

**From: Sheriff  
(Department Name)**

5051  
(Department #)

Payroll Class. Title	Investigator 8 Hr.; 30 Min. A/D
Salary Grade	46
Annual Salary	\$41,000.00
Bi-Weekly Salary	\$1,576.92
	(% over entry) **11% or more over entry requires submission of Commission Approval Letter
Hourly rate	\$19.71
Allowance (specify, example: clothing, car, etc.)	
Hours bi-weekly	80

Kimberly W. Lee-Branch

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>2013</u>						
JANUARY	05	19		JULY	06	20
FEBRUARY	02	16		AUGUST	03	17 31
MARCH	02	16	30	SEPTEMBER	14	28
APRIL	13	27		OCTOBER	12	26
MAY	11	25		NOVEMBER	<u>09</u>	23
JUNE	08	22		DECEMBER	07	21

Thelma Gilchrist  
(Replaced employee)

2425/SCI0508001  
Employee # and PCN

5051  
(Dept #)



Department Director's Signature

\*\*\*\*\*



AUGUSTA-RICHMOND COUNTY

HUMAN RESOURCES QUESTIONNAIRE

NAME: Kimberly W. Lee-Branch HOME PHONE: [REDACTED]

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

DATE OF BIRTH: [REDACTED] 1977 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 (x) NO  
IF YES, NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DEPARTMENT: [REDACTED]

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

PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY?  
(x) NO ( ) YES DATE LEFT: \_\_\_\_\_

Kimberly Lee-Branch 10/31/2013  
(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: \_\_\_\_\_

**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: Kimberly W. Lee-Branch

Signed: Kimberly Lee-Branch Date: 10/31/2013

Witnessed: Lelley Stokney Date: 10/31/2013

**SUBSTANCE ABUSE COVERAGE FORM**

I, Kimberly W. Lee-Branch, 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: Kimberly Lee-Branch

DATE: 10/31/2013

**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, Kimberly W. Lee-Branch 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.

Kimberly Lee-Branch  
(signature)

10/31/2013

(date)

Sheley Hackney  
(witness)

10/31/2013

(date)

## 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) Kimberly Lee-Branch  
Employee Signature Kimberly Lee-Branch Date 10/31/2013

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) Lee-Branch	First Name (Given Name) Kimberly	Middle Initial W.	Other Names Used (if any) Kimberly W Lee	
Address (Street Number and Name) [REDACTED]		Apt. Number	City or Town [REDACTED]	State [REDACTED]
Date of Birth (mm/dd/yyyy) [REDACTED] 1977	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):

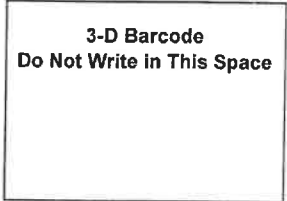
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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>Kimberly Lee-Branch</i>	Date (mm/dd/yyyy): <i>10/31/2013</i>
---	--------------------------------------

**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



Employer Completes Next Page





## 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: Lee-Branch, Kimberly W

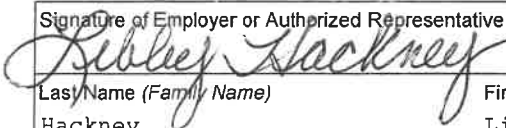
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: Georgia		Issuing Authority:
Document Number:		Document Number: [REDACTED]		Document Number: [REDACTED]
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): [REDACTED] 2016		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): 11/09/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 10/31/2013	Title of Employer or Authorized Representative Administrative Assistant	
Last Name (Family Name) Hackney		First Name (Given Name) Libby	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 (2013)

**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 2013 expires February 17, 2014. 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).

**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 2013. 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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>1</u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>2</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 \$40,000 (\$10,000 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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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.</p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
1 Your first name and middle initial <i>Kimberly W</i>	Last name <i>Lee-Branch</i>	2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	<u>2</u>
6 Additional amount, if any, you want withheld from each paycheck	6	\$ _____
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Kimberly Lee-Branch</i>		Date ▶ <i>10/31/2013</i>
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>Kimberly W. Lee - Branch</i>	1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]
2a. HOME ADDRESS (Number, Street or Route, Box #) [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) D TOTAL ALLOWANCES (Total of Lines 3 - 5) 2  
 (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 *Kimberly Lee - Branch* Date 10/31/2013

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.**

## Libby Hackney

---

**From:** Libby Hackney  
**Sent:** Tuesday, October 29, 2013 2:38 PM  
**To:** Susan Epps  
**Attachments:** Lee-Branch, Kimberly - Birth Cert..pdf; Lee-Branch, Kimberly - College Diploma.pdf; Lee-Branch, Kimberly - Entrance Exam.pdf; Lee-Branch, Kimberly - GA DL.pdf; Lee-Branch, Kimberly - HS Diploma.pdf; Lee-Branch, Kimberly - Driver's History.pdf

Hey, Sweetie!

I will send Kimberly's physical form as soon as the colonel signs it. She has only had a GA DL. Will send fingerprints when received.

If you need anything else, please let me know.

Thanks!

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



## Libby Hackney

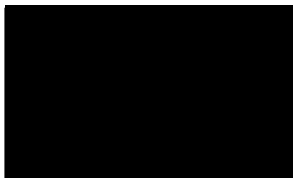
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**From:** Libby Hackney  
**Sent:** Monday, October 28, 2013 2:27 PM  
**To:** Susan Epps  
**Cc:** William C. Probus  
**Subject:** January 2014 Basic Mandate Course

Susan,

Chief Clayton ask that I contact you in reference to processing someone for the January Basic Mandate Course. Her name is Kimberly W. Lee-Branch, and she is starting on the November 9<sup>th</sup> pay period. I will scan all of her documents and send to you tomorrow.

Here is some of her information:



C233

Thanks!

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



## Libby Hackney

---

**From:** Patrick Clayton  
**Sent:** Monday, October 28, 2013 2:14 PM  
**To:** Libby Hackney  
**Subject:** RE: Kimberly W. Lee-Branch

Libby,

Please contact Susan ASAP and lets' get the P2 started on Lee-Branch.

Thanks, Patrick

Patrick Clayton  
Office of the Chief Deputy  
Richmond County Sheriff's Office  
Phone: 706-821-1000  
Cell: [REDACTED]  
Fax: 706-821-1064  
[www.RCSOGA.org](http://www.RCSOGA.org)



---

**From:** Libby Hackney  
**Sent:** Monday, October 28, 2013 2:12 PM  
**To:** Patrick Clayton  
**Subject:** RE: Kimberly W. Lee-Branch

Chief, will she be attending the January Basic Mandate Course. If so, has the Training Range been informed that a POST application will need to be submitted for approval?

Thanks!

---

**From:** Patrick Clayton  
**Sent:** Monday, October 28, 2013 2:07 PM  
**To:** Libby Hackney  
**Subject:** RE: Kimberly W. Lee-Branch

Libby,

Lee-Branch will assigned to CID as an Investigator working in Child Sex Crimes reporting to Blaisé Dresser. Her starting salary will be \$41,000. If you have any further questions, please don't hesitate to ask.

Best Regards,

Patrick Clayton  
Office of the Chief Deputy  
Richmond County Sheriff's Office  
Phone: 706-821-1000  
Cell: [REDACTED]  
Fax: 706-821-1064  
[www.RCSOGA.org](http://www.RCSOGA.org)



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**From:** Libby Hackney  
**Sent:** Monday, October 28, 2013 12:08 PM  
**To:** Patrick Clayton  
**Subject:** Kimberly W. Lee-Branch

Chief,

Kimberly Lee-Branch will be coming in on Thursday, 10/31 to complete HR new hire paperwork for the November 9<sup>th</sup> pay period. I will need to know the department she will be assigned to, where, and to whom, she is to report, and the starting salary.

Thanks!

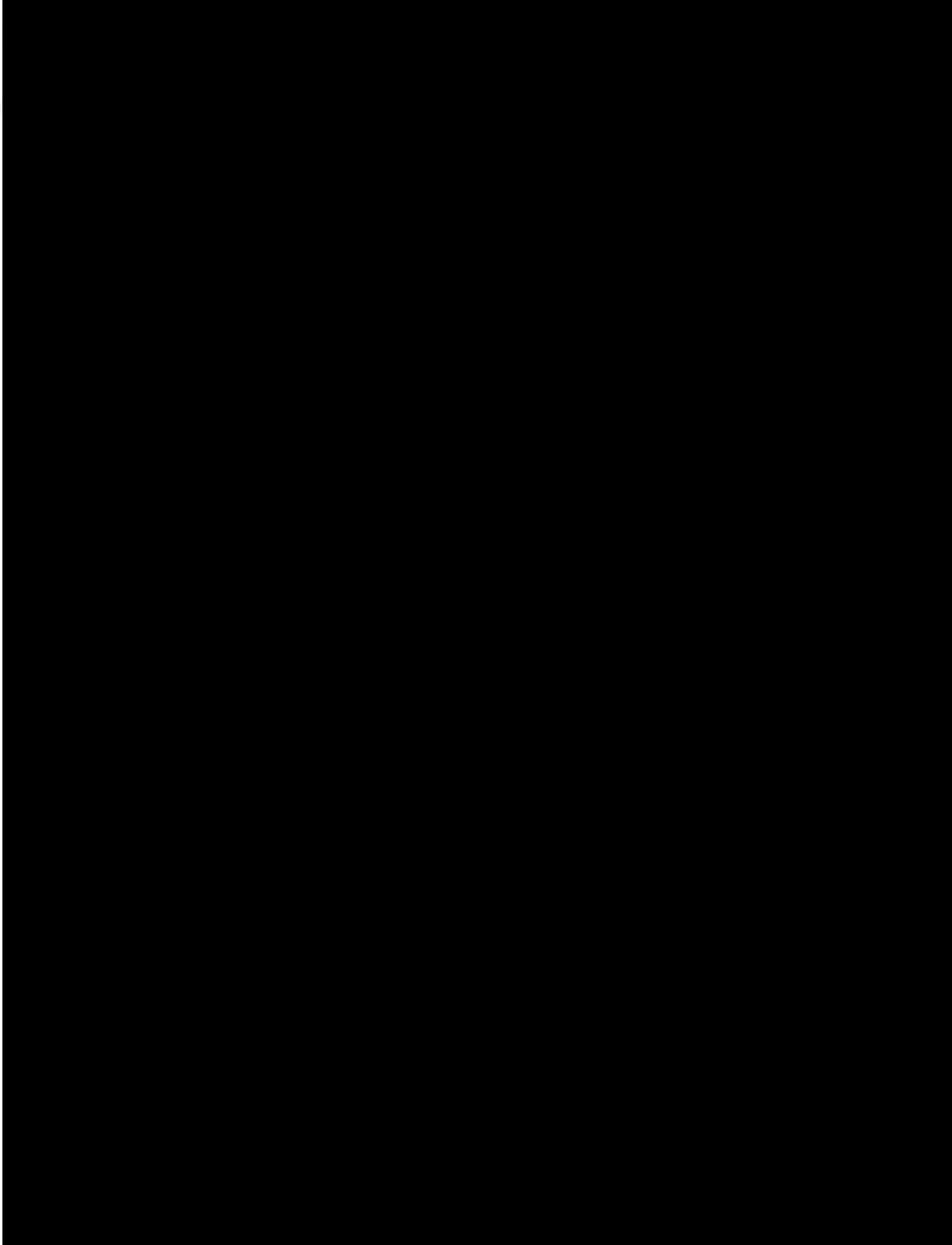
Libby S. Hackney  
Personnel Office  
Richmond County Sheriff's Office  
Phone: 706-469-3350  
Fax: 706-821-1060  
[www.RCSOGA.org](http://www.RCSOGA.org)

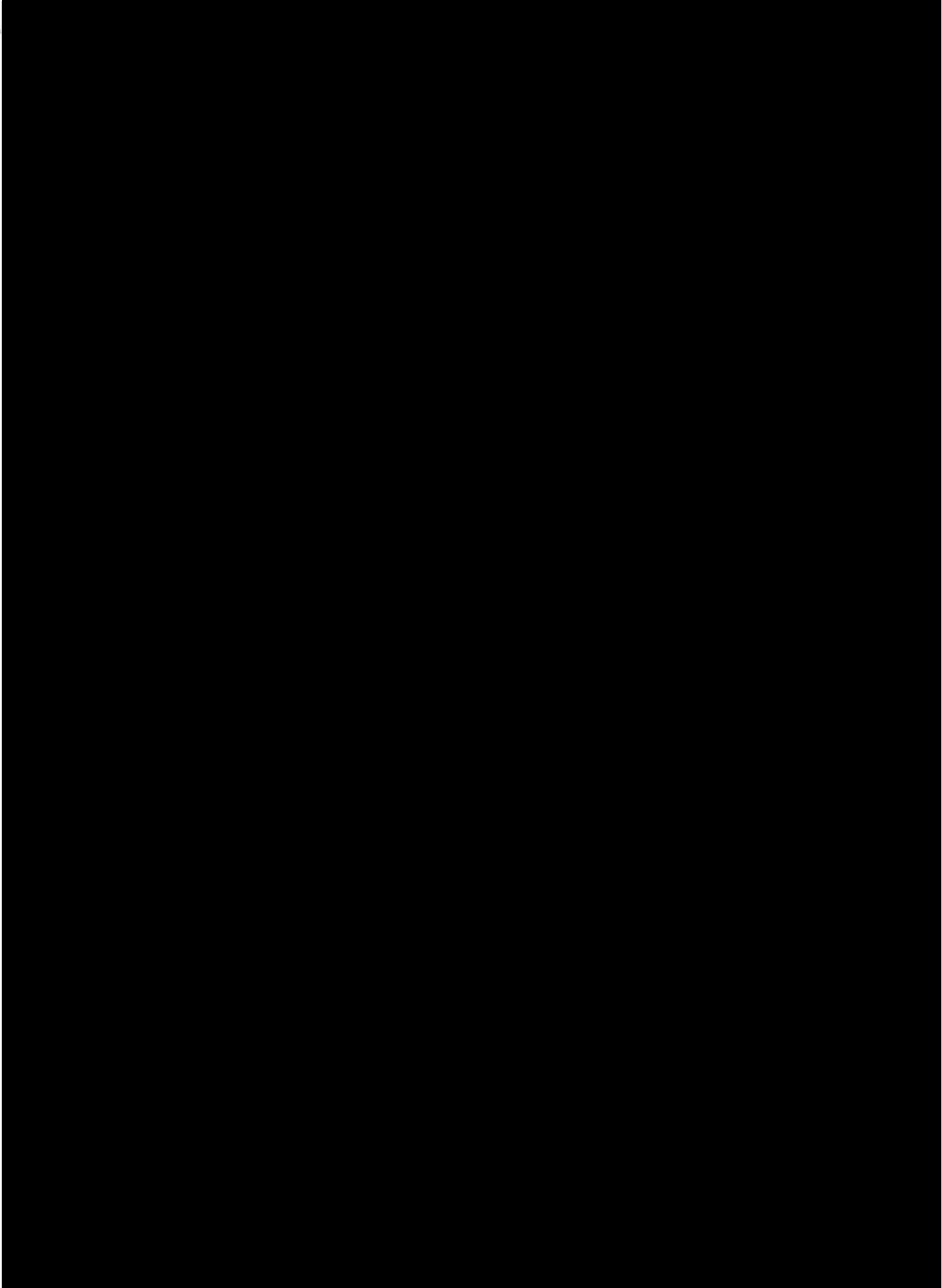














## Libby Hackney

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**From:** Patrick Clayton  
**Sent:** Thursday, October 10, 2013 3:48 PM  
**To:** Libby Hackney  
**Subject:** RE: Kimberly Lee-Branch

Libby,

Thanks! She will not be assigned to the jail. I will let you know her assignment as we get closer.

Thanks, Pat

Patrick Clayton  
Office of the Chief Deputy  
Richmond County Sheriff's Office  
Phone: 706-821-1000  
Cell: [REDACTED]  
Fax: 706-821-1064  
[www.RCSOGA.org](http://www.RCSOGA.org)



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**From:** Libby Hackney  
**Sent:** Thursday, October 10, 2013 3:35 PM  
**To:** Patrick Clayton  
**Subject:** RE: Kimberly Lee-Branch

Chief,

She came in today for the polygraph, and I will contact IA in reference to completing the background. I do not foresee any problems to hold up the process. Will she be assigned to the Jail Division until the start of Basic Mandate Class in January 2014.

Thanks!

---

**From:** Patrick Clayton  
**Sent:** Thursday, October 10, 2013 3:18 PM  
**To:** Libby Hackney; Bonnie Hayes  
**Subject:** Kimberly Lee-Branch

Libby and Bonnie,

We want to get this girl hired by November 9<sup>th</sup> provided that she successfully completes the process such as poly, psychological, physical, drug and the interview with Sheriff, Robert and I. Let me know if we have anything holding this up or she doesn't pass?

Best Regards,

Patrick Clayton  
Office of the Chief Deputy  
Richmond County Sheriff's Office  
Phone: 706-821-1000  
Cell: [REDACTED]  
Fax: 706-821-1064  
[www.RCSOGA.org](http://www.RCSOGA.org)



Please consider the environment before printing this email.

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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

# Application Process II

*January 13, 2014 Academy*

Last Name	First Name	Middle Name	Suf
Lee-Branch	Kimberly		
SS#	DL#	DOB:	
		1977	
Interview (Date):	<i>1st</i> <i>Waived</i>	Interviewed By:	
Remarks:	<i>Per Chief Clayton, start process w/poly.</i>		
POST (Date):			<i>09/30/2013</i>
Remarks:	<i>No Record</i>		
Entrance Exam (Date):		<i>"Old" POST Entrance Exam</i>	Score: <i>Acceptable</i>
Polygraph (Date):	<i>10/16/13</i>	Examiner:	<i>Jubey</i>
Remarks:	<i>NSR - RP</i>		
Range:			
Background by:	<i>Sgt. Monica Belser</i>		
Remarks:	<i>No derogatory information.</i>		
			<i>Rec'd 10/17/2013</i>
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 Sheriff / Jailer</i>	Date
Name Last <i>Lee-branch</i>	First <i>Kimberly</i> MI <i>W</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? *after September 16, 2013*

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  N/A

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

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you currently employed?  Yes  No

Do you have a driver's license?  Yes  No

If yes, license number \_\_\_\_\_

If yes, license expiration date \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, name of crime \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, name of crime \_\_\_\_\_

\*A misdemeanor

**Educ:**

**High**

School *Glenn*

*09/30 message left on 2:35 pm to call -*

*Augusta, GA*

As a high school graduate, do you have a GED?  Yes  No

**Technic**

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>University of South Carolina - Aiken Aiken, SC</i>	<i>2 1/2 years</i>	<i>Psychology</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>BA</i>
<i>Jackson State University Jackson, MS</i>	<i>2 1/2 years</i>	<i>Psychology</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	

*Process for next Academy class*

*Direct Appointment*

*Jan 13 - Basic mandate pw Chief Clayton 09/30/2013*

*Start w/poly-*

*Need waiver*

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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





## Application for Employment City of Augusta

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

Name	Address	Phone Number	Years Known
Michael Simmons	[REDACTED]	[REDACTED]	10+
Ashia Leverett	[REDACTED]	[REDACTED]	14+
Angela Mosely	[REDACTED]	[REDACTED]	16+

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

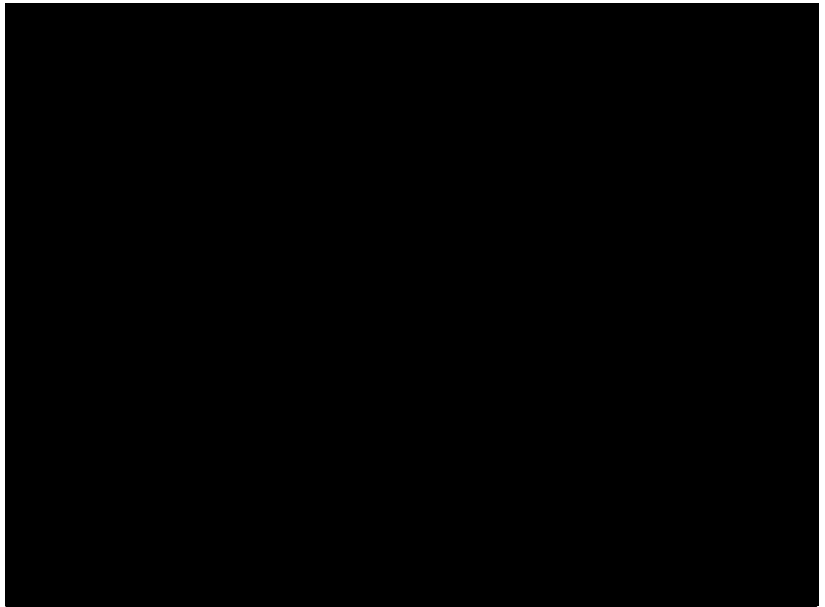
Name of Organization <i>Neighbor to Family</i>	Telephone <i>(706) 396-2180</i>	Dates Employed From mo/yr <i>3/2011</i> To mo/yr <i>Present</i>	
Number and Street	City State Zip Code	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Official Job Title <i>Licensing, Recruitment + Training Manager</i>	Name of Supervisor <i>Monique Brabham, JD</i>	Pay (hourly rate/salary) Starting <i>\$40,000/yr</i> Final	
Describe Specific Job Duties <i>Plan events for the recruitment and retention of foster parents. Conduct licensing studies of prospective foster parents and licensing foster family homes. Arrange and coordinate programs of pre-service and on-going training for staff and foster caregivers. Please see resume</i>			
Reason for Leaving <i>Currently employed</i>			
Name of Organization <i>Child Enrichment, Inc. / CAC</i>	Telephone <i>(706) 737-4631</i>	Dates Employed From mo/yr <i>01/2007</i> To mo/yr <i>3/2011</i>	
Number and Street <i>PO Box 12036 Augusta, GA</i>	City State Zip Code <i>30914-2036</i>	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Official Job Title <i>Director of Forensic Interviewing</i>	Name of Supervisor <i>Ginette Messer</i>	Pay (hourly rate/salary) Starting <i>\$18.10/hr.</i> Final <i>Same</i>	
Describe Specific Job Duties <i>Track information for grant purposes, represented C&amp;T in community as well as at Child Advocacy center of GA board meetings. Supervised staff which included graduate and undergraduate interns. Continued duties as forensic interviewer. Please see resume</i>			
Reason for Leaving <i>Pursued other opportunity</i>			
Name of Organization <i>Child Enrichment, Inc / CAC</i>	Telephone <i>(706) 737-4631</i>	Dates Employed From mo/yr <i>11/2004</i> To mo/yr <i>3/2011</i>	
Number and Street <i>Same as above</i>	City State Zip Code	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Official Job Title <i>Forensic Interviewer</i>	Name of Supervisor <i>Ginette Messer</i>	Pay (hourly rate/salary) Starting <i>See above</i> Final	
Describe Specific Job Duties <i>Interviewed child victims of sexual abuse and physical abuse and coordinate the videotaping and written case records for each interview. Please see resume for further details.</i>			
Reason for Leaving <i>See above</i>			

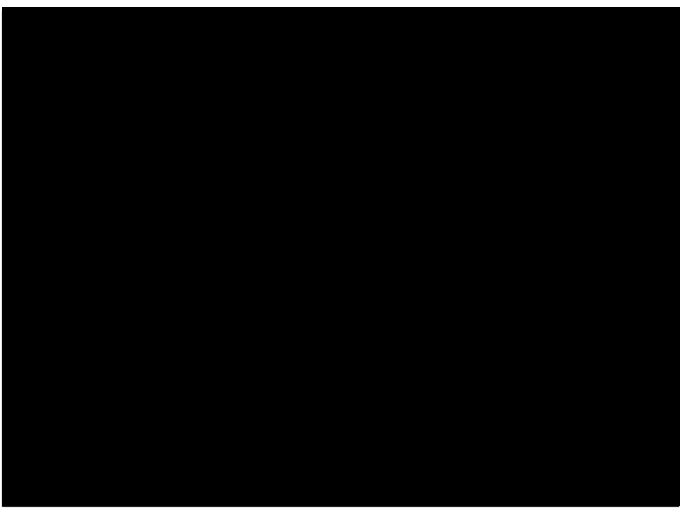
List any additional training, skills or equipment you are skilled in operating related to the position in which you are applying. (This may include computer applications, typing speed, a CDL license, or any other skills.) *American Heart Association First Aid / CPR Instructor. Non-violent Crisis Intervention Instructor.*

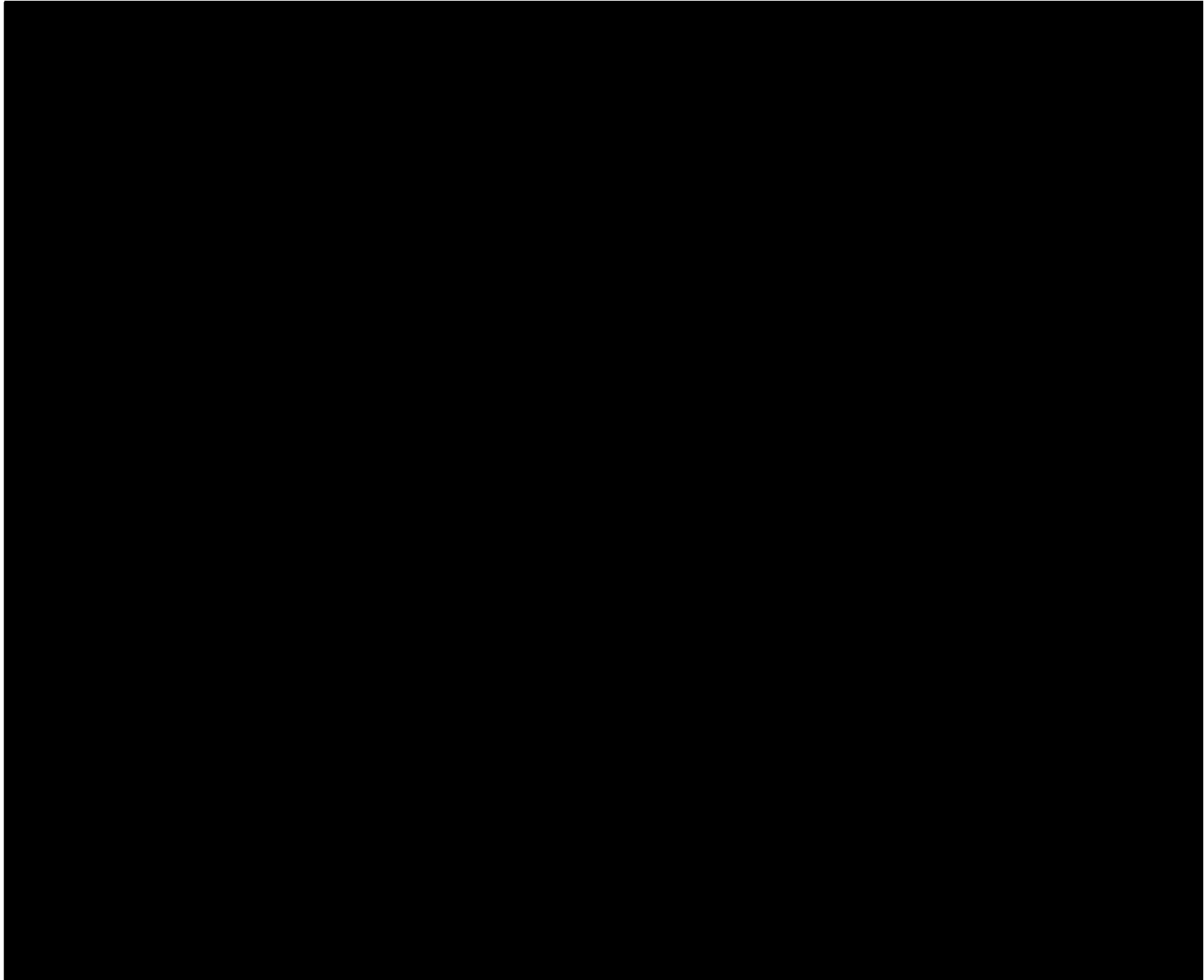
### Authorization and Release

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.

*X Kimberly Lee-Branch 10/10/2013*







[Redacted text block]



# Green Hills High School

Augusta



Georgia



This Certifies that

**Kimberly Mashonda Lee**

having satisfactorily completed a Course of Study prescribed by the County Board of Education of Richmond County for Graduation from this School and having maintained a good character is awarded this

## Diploma

Given this seventh day of June, one thousand nine hundred and ninety-five.

President, County Board of Education

Superintendent, County Board of Education

Principal

Assistant Principal

# University of South Carolina



Let it be known to all

That the Board of Trustees by virtue of authority vested in it by the State of South Carolina upon recommendation of the Faculty of the

**Aiken Campus**

has conferred upon

**Kimberly Washonda Lee**

the degree of

**Bachelor of Arts**

together with all the rights, honors, privileges, and responsibilities to that degree appertaining.

Given at Aiken, South Carolina this 18th day of December in the year of Our Lord two thousand and in the one hundred and ninety-ninth year of the University's founding.



*John M. Palm*  
President

*Sharon L. Hollman*  
Aiken Chancellor

*Jim Hodge*  
Presiding Officer, Board of Trustees

*BVP*  
Vice Chancellor for Academic Affairs

JUL 2 2006

07/19/2006

East GA Police Academy  
2092 Greenland Road  
Blythe, GA 30805

AGENCY: EAST GEORGIA REGIONAL POLICE ACADEMY  
2092 GREENLAND ROAD  
BLYTHE, GA 30805-

APPLICANT: LEE , KIMBERLY W

DOB: [REDACTED] /1977 SSN: [REDACTED]

ENTRANCE EXAMINATION STATUS: **ACCEPTABLE**

*This applicant has met the pre-employment entrance examination requirement of O.C.G.A. 35-8-8(a)(9). This examination is only a measure of the applicant's ability to read and understand what he/she has read. This examination is used by P.O.S.T. solely as a predictor of the applicant's ability to pass the academic portion of the Basic Law Enforcement or Corrections Training Course. Any other use of this examination may be a violation of the Equal Employment Opportunity Commission (E.E.O.C.) guidelines.*

*This original must be attached to page 9 of the application for certification when submitting to P.O.S.T.*







PHONE: 3448  
 FICE: 5818  
 ACT: 3880



**ACADEMIC TRANSCRIPT**  
 This transcript is printed on special security paper with a  
 garnet background, the seal of the University of South  
 Carolina at Columbia and the signature of the University  
 Registrar, Barbara Rogers Blaney. This is an official sealed  
 instrument. A raised seal is not required. The student's  
 in good academic standing unless otherwise noted.

STUDENT NAME:

**KIMBERLY**

**LEE**

STUDENT NUMBER: BIRTH DATE:

PAGE 1

FAX (803) 777-6349

*Barbara Rogers Blaney*  
 Registrar  
 University Registrar

CONTROL NO: 534355 DATE ISSUED: 01/08/2001

**BEGINNING OF UNDERGRADUATE RECORD**

DEGREE(S) AWARDED:

FALL 2000 12/18/2000

DEGREE: BACHELOR OF ARTS  
 SCHOOL: AIKEN CAMPUS  
 MAJOR: EXPERIMENTAL PSYCHOLOGY  
 LOCATION: AIKEN CAMPUS

TRANSFER CREDIT ACCEPTED:

JACKSON STATE UNIVER JACKSON

MS 39217 08/1996-12/1998 52 HOURS

CREDIT COUNTED TOWARD THE USC DEGREE IS DETERMINED BY  
 STUDENT'S MAJOR PROGRAM OF STUDY.

COURSE TITLE DEPT COURSE GRD HC HE GH GP GPA

FALL 1995 AIKEN  
 SESSION DATES 08/21/1995 - 12/04/1995  
 COMPOSITION AEGL A101 F 3 3 1 1 4.0  
 INTRMED & ADV BASKETBALL AHRP A171 A 4 4 4 4 14.0  
 AFRICAN-AMERICAN STUDIES AHUM A202 W 11 8 11 22.5 2.045  
 WITHDRAWN 09/18/1995  
 INTRODUCTORY PSYCHOLOGY APSY A101 D+ 3 3 3 3 4.5  
 ELEMENTARY SPANISH ASPA A121 B+ 4 4 4 4 14.0  
 SEMESTER TOTALS: 11 8 11 22.5 2.045

SPRING 1996 AIKEN  
 SESSION DATES 01/10/1996 - 04/29/1996  
 GEOG OF THE DEVLDPD WORLD AGRY A101 W  
 WITHDRAWN 02/07/1996  
 BEGINNING AEROBICS AHRP A120 A 1 1 1 1 4.0  
 INTRMED & ADV BASKETBALL AHRP A171 A 1 1 1 1 4.0  
 INTRO. TO MUSIC II AMUS A174 D+ 3 3 3 3 4.5  
 BASIC PRFICIENCY/SPANISH ASPA A122 C+ 4 4 4 4 10.0  
 SEMESTER TOTALS: 9 9 9 9 22.5 2.500

SPRING 1999 AIKEN  
 SESSION DATES 01/11/1999 - 04/26/1999  
 INTRO TO NON-WESTERN LIT AEGL A291 B 3 3 3 3 9.0  
 NON-WESTERN POLITICS APLS A103 D 3 3 3 3 3.0  
 STRESS AND COPING APSY A210 C 3 3 3 3 6.0  
 INTRODUCTORY SOCIOLOGY ASCY A101 F 3 3 3 3 3  
 SEMESTER TOTALS: 12 9 12 18.0 1.500

\*\*\* ISSUED TO STUDENT IN A SEALED ENVELOPE \*\*\*

COURSE TITLE DEPT COURSE GRD HC HE GH GP GPA

FALL 1999 AIKEN  
 SESSION DATES 08/23/1999 - 12/06/1999  
 BIOLOGICAL SCIENCE I ABIO A101 C 4 4 4 4 8.0  
 INTERPERS COMMUNICATION ACOM A201 C+ 3 3 3 3 7.5  
 PSYCH OF ADOLESCENCE APSY A310 F 3 3 3 3 3  
 SOCIAL PROBLEMS ASCY A340 W  
 WITHDRAWN 10/01/1999  
 SEMESTER TOTALS: 10 7 10 15.5 1.550

SPRING 2000 AIKEN  
 SESSION DATES 01/10/2000 - 04/24/2000  
 STEP AEROBICS I AEXS A123 D+ 1 1 1 1 1.5  
 METH & DESIGN IN BEH SCI APSY A226 B 4 4 4 4 12.0  
 MOTIVATION C 3 3 3 3 6.0  
 MOTIVATION LABORATORY APSY A381 A 1 1 1 1 4.0  
 INTRO TO CLINICAL PSYC APSY A460 D 3 3 3 3 3.0  
 SEMESTER TOTALS: 12 12 12 26.5 2.208

SUMMER I 2000 AIKEN  
 SESSION DATES 05/31/2000 - 06/29/2000  
 DESCRIPTIVE ASTRONOMY I AAST A111 B+ 3 3 3 3 10.5  
 DESCRIPTIVE ASTRONOMY LB AAST A111 A 1 1 1 1 4.0  
 SEMESTER TOTALS: 4 4 4 14.5 3.625

SUMMER II 2000 AIKEN  
 SESSION DATES 07/06/2000 - 08/04/2000  
 CHILDREN'S LITERATURE AEDR A418 C 3 3 3 3 6.0  
 CIV WAR&RECONST 1850-77 AHST A334 C 3 3 3 3 6.0  
 SEMESTER TOTALS: 6 6 6 12.0 2.000

FALL 2000 AIKEN  
 SESSION DATES 08/21/2000 - 12/05/2000  
 ROMANTICISM AEGL A417 C 3 3 3 3 6.0  
 AMERICAN REALISM AEGL A427 B 3 3 3 3 9.0  
 INTRO TO DEDUCTIVE LOGIC APHL A110 C 3 3 3 3 6.0  
 QUANTITATIVE ANALYS LAB APSY A225L A 1 1 1 1 4.0  
 HIST & SYSTEMS OF PSYCH A300 C 3 3 3 3 6.0  
 PERSONLTY ASSESSMNT LAB APSY A331 C+ 1 1 1 1 2.5  
 PSYC OF TESTING & MEASUR APSY A440 B 3 3 3 3 9.0  
 INDIVIDUAL RESEARCH APSY A598 B 1 1 1 1 3.0  
 SEMESTER TOTALS: 18 18 18 45.5 2.528

**UNIVERSITY OF SOUTH CAROLINA**  
**OFFICE OF THE UNIVERSITY REGISTRAR • COLUMBIA, SC 29208-0001**

FICE: 3448  
 CEEB: 5818  
 ACT : 3880

FAX (803) 777-6319

STUDENT NAME:

**KIMBERLY** [REDACTED] **LEE**

STUDENT NUMBER: [REDACTED]

BIRTH DATE: [REDACTED]

PAGE 2

CONTROL NO: 534355 DATE ISSUED: 01/08/2001



**ACADEMIC TRANSCRIPT**  
 This transcript is printed on special security paper with a garnet background, the seal of the University of South Carolina at Columbia and the signature of the University Registrar, Barbara Rogers Blaney. This is an official sealed instrument, a raised seal is not required. The student is in good academic standing unless otherwise noted.

*Barbara Rogers Blaney*  
 University Registrar

**UNDERGRADUATE RECORD (CONT.)**

**UNDERGRADUATE TOTALS:**

NON U.S.C. USC SYSTEM COLLEGIATE SUMMARY	HC	HE	GH	GP	GPA
	64.00	52.00	64.00	167.00	2.609
	82.00	73.00	82.00	177.00	2.159
	146.00	125.00	146.00	344.00	2.356

\*\*\* END OF UNDERGRADUATE RECORD \*\*\*

\*\*\* END OF TRANSCRIPT \*\*\*

\*\*\* ISSUED TO STUDENT IN A SEALED ENVELOPE \*\*\*

IN ACCORDANCE WITH USC 438 (6) (4) (8) (THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974) YOU ARE HEREBY NOTIFIED THAT THIS INFORMATION IS PROVIDED UPON THE CONDITION THAT YOU, YOUR AGENTS OR EMPLOYEES, WILL NOT PERMIT ANY OTHER PARTY ACCESS TO THIS RECORD WITHOUT CONSENT OF THE STUDENT. ALTERATION OF THIS TRANSCRIPT MAY BE A CRIMINAL OFFENSE.

**TRANSCRIPT GUIDE ON BACK**

**A BLACK AND WHITE TRANSCRIPT IS NOT AN ORIGINAL**

# KIMBERLY LEE-BRANCH

has completed the requirements for  
*Nonviolent Crisis Intervention*® Instructor Training Program  
and is certified to teach staff at

## NEIGHBOR TO FAMILY

*Judith Schubert*

Judith Schubert  
President

Date of Certification: 4/29/2012  
Certification Level: Associate  
Instructor ID: 889710



HEARTSAVER INSTRUCTOR

HEARTSAVER INSTRUCTOR

Heartsaver®  
Instructor



American  
Heart  
Association.

PEEL  
HERE

*Kimberly Lee-Branck*  
This card certifies that the above individual is an American Heart  
Association Heartsaver Instructor.

Issue Date 6/2013

Expiration Date 6/2015

TC Alignment Eyes On Health CPR 50566 TC ID #  
TC Atlanta-GA-30350  
Address 404-633-6171

TC Atlanta GA 30350 ZIP  
City, State

Instructor ID # 03120082414

Holder's  
Signature

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1816

This card contains unique security features to protect against forgery.

# KIMBERLY LEE-BRANCH

## EDUCATION

**University of South Carolina- Aiken**, Bachelor of Arts/ Psychology, December 2000

## EXPERIENCE

**Neighbor to Family**, Augusta, GA

*Coordinator of Licensing, Recruitment and Training*, March 2011 thru Present

Determine the training needs of foster caregivers and implement and design appropriate on-going trainings to meet those needs. Recruit appropriate prospective foster caregivers within the targeted area in collaboration with community institutions and services. Maintain records and data on all recruitment activities. Compile data and analyzes past and current year training requirements for foster caregivers in order to prepare the training budget. Provide consultation to assist foster family home applicants in meeting and maintaining licensing requirements. Conducts interim monitoring and compliance visits to foster family homes to ensure compliance with state and agency rules and procedures. Maintain records and prepares monthly licensing reports to program director. Investigate complaints of allegations of noncompliance with licensing rules and develop corrective action plans to ensure compliance is achieved and maintained. Manage and provide supervision to licensing staff. Interview, hire and train employees.

**Child Enrichment Inc**, Augusta GA

*Director of Forensic Interviewing*, January 2007 thru March 2011

Tracked information for grant purposes, represented Child Enrichment, Inc in the community as well as at the Child Advocacy Center of Georgia Board Meetings. Supervise staff which also includes graduate and undergraduate intern students. Also responsible for completing all duties of full-time forensic interviewer as listed below.

**ATEAM**, Augusta, GA

*Group Facilitator*, January 2006 thru January 2007

Mentored adopted teenagers through group facilitation once a month from a pre-approved curriculum. My duties and responsibilities within the group were to model appropriate communication and leadership skills. Encouraged members to use healthy communication and to acknowledge their growth and their growth within. Urged all members to take responsibility for the group's health. Limit self-disclosure to information that is of clear benefit to group members and have a clear reason before making any contribution or interjection during the meeting. Prepare in advance and adhere to curriculum and participate in staff trainings.

**Child Enrichment, Inc** Augusta, GA

*Forensic Interviewer*, November 2004 thru March 2011

Interview child victims of sexual abuse and severe physical abuse and coordinate the videotaping and written case records for each interview. Document all communication, demographic and statistical information in computer-based case tracking system. Maintain accurate, up-to-date resource information for client referrals, advocates for additional resources as necessary. Prepare child victims for their court appearance when necessary and appear in court as a witness. Work with law enforcement, Juvenile Court and the District Attorney's office to provide legal advocacy for clients throughout the legal process.

Participate in the Multidisciplinary Case Review Team to staff cases and prepares minutes. Serve as the Chair of the Multi-Disciplinary Case Review Team (MCRT) and serve as a representative for the Child Advocacy Center on the Child Fatality Review Committee for Augusta Judicial Circuit.

**GA SAFE Therapeutic Foster Care Agency, Augusta, GA**

*Recruiting/Licensing Manager, November 2003 thru November 2004*

Duties included but not limited the recruitment of therapeutic foster parents into the GA SAFE program. Conducted home studies in newly certified therapeutic foster parent's homes to assure that they were mentally, physically, and financially able to provide adequate care to a foster child. Facilitated groups that were deemed appropriate by the Office of Regulatory Services to maintain licensure with GA SAFE. Assessed the actions of therapeutic foster parents and complete Corrective Action Plans with the parent that have broken agency policy or present evidence that may result in the close of a therapeutic foster families home.

**GA SAFE Therapeutic Foster Care Agency, Augusta, GA**

*Family Consultant, September 2002 thru November 2003*

Duties included supervising therapeutic foster parents with the care of GA SAFE's client and assuring that their documentation reflected the behaviors of the clients. Developed Treatment Plans for the client on caseload and acted as the head of the treatment planning committee. Conducted home and school visits in order to monitor the progress of the clients on caseload. Maintained effective case management to ensure files were in compliance with the Office of Regulatory Services standards.

**Washington State Prison, Davisboro, GA**

*Counselor, May 2001 thru August 2002*

Duties included providing counseling services to the General Population offenders on assigned caseload. Maintained effective case management as deemed appropriate by the Georgia Department of Corrections in order for the offenders on caseload to be properly classified. Served as an advocate in the disciplinary process to ensure the proper disciplinary action was given and that all offenders knew the disciplinary process and their rights.

ACTIVITIES/TRAININGS

**Groups:** Nonviolent Crisis Intervention Trainer, Certified Trainer for American Heart Association for First Aid/CPR, Facilitated Victim Impact, Georgia Department of Correction (GDC), Facilitated Parenting for Female Offenders, (GDC), Facilitated Substance Abuse (GDC)

**Trainings/Conferences:** Project Safe Childhood Seminar, August 2007, Healthy Sexual Development Training, August 2007, Advance Forensic Interviewer Training, Oct. 2006, Child Fatality Review Committee Training, Sept. 2006, Building Successful Teams Conference, April 2006, CornerHouse Forensic Interview Training, September 2005, Finding Words-Georgia Forensic Interview Training December, 2004, CPR/First Aid Trainer, September 2004, IMPACT Train the Trainer August 2004, Resiliency, September 2002, Crisis De-escalation Techniques, October 2002, Parenting for Female Offenders, October 2001, Basic Group Counseling, September 2001, Basic Counseling Orientation, August 2001

**Computer Skills:** Advocate, Microsoft Excel, Internet, Statistical Analysis System (SAS), Power Point, and Offender Management System (OMS)

**Presentations:** GA CASA State Conference, April 2007, Project Safe Childhood Conference, September 2007. Serve as a Stop it Now! Community Trainer for the state of Georgia





# 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: October 17, 2013**

**RE: KIMBERLY W. LEE-BRANCH, APPLICANT**

**EMPLOYERS: SGT. MONICA BELSER MADE CONTACT WITH THE FOLLOWING EMPLOYER(S):**

**CHILD ENRICHMENT, INC. /CAC**

**P.O. BOX 2036**

**AUGUSTA, GA 30914-2036**

Contact was made with Ginette Messer, Supervisor, Child Enrichment, Inc. Messer stated applicant is a great employee and was a great interviewer. Messer stated applicant is well respected by many people. Applicant received excellent marks in the following evaluative categories: Technical Ability, Integrity, Writing Skills, Motivation Towards Work, and Attendance. As a Forensic Interviewer, the applicant tracked information for grant purposes, and supervised staff to include graduate and undergraduate interns. Applicant is eligible for rehire.

## **NEIGHBOR TO FAMILY**

**AUGUSTA, GA**

An evaluative background form was faxed to the above location. Applicant received excellent marks in the following categories: Acceptance of Supervision and Cooperation with Peers. As a recruiting Manager, applicant planned events for recruitment and retention of foster parents. Applicant also conducted licensing studies of prospective foster parents and licensing foster family homes. Applicant is eligible for rehire.

## **REFERENCES**

1. Michael Simmons [REDACTED] ~ Contact was made with Mr. Michael Simmons. Simmons stated he has known applicant for more than (10) years. Simmons stated he met applicant at work as a forensic interviewer. Simmons stated applicant is very patient, a hard worker, and very trustworthy. Simmons stated he would recommend applicant for employment with this agency.



# 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

2. Aishia Leverett [REDACTED] ~ Contact was attempted with this reference via phone with negative results.
3. Angela Mosely [REDACTED] ~ Contact was made with Ms. Angela Mosely. Mosely stated she has known applicant for nearly (20) years. Mosely stated applicant is highly dependable and honest.

Submitted by:

Sgt. Monica R. Belsler, MSCRJ  
Internal Affairs  
400 Walton Way  
Augusta, GA 30901  
706.821.1435

# RI MOND COUNTY SHERIFF'S OFFICE

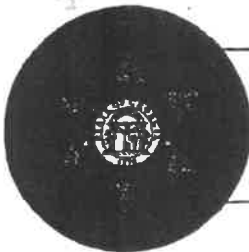
**Sheriff Richard Roundtree**

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064



DATE: 10/11/2013

ATTN: HUMAN RESOURCES or  
Monique Brabham

I am sending you this request, on behalf of Kimberly Lee Branch, who has applied with this Sheriff's Office for employment as a Deputy. He has listed you as a Present employer. Utilizing the chart below and the attached questionnaire, please provide the information requested to the best of your knowledge and belief. The information received will be utilized to determine the employability of the candidate. The information is for this sole purpose only and will not be released to any other person or agency. Attached is a signed release from the applicant. Your prompt attention to this inquiry is most appreciated.

Evaluation Categories	Excellent	Above Avg.	Average	Below Avg.
Technical Ability		✓		
Integrity		✓		
Motivation Towards Work		✓		
Reliability/Attendance		✓		
Acceptance of Supervision	✓	☐		
Adaptability/Flexibility		✓		
Cooperation with Peers	✓			
Writing Skills		✓		
Oral Communication Skills		✓		

Any additional comments about the above topics:

Mrs. Branch is an exceptional employee that has consistently shown she is professional and capable.



# 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.

<u>Kimberly Lee Branch</u>	<u>10/10/2013</u>	<u>Kimberly Lee Branch</u>
(SIGNATURE OF APPLICANT)	(DATE)	(PRINT NAME OF APPLICANT)

Kimberly Lee Branch 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 10th DAY OF October 2013.

Shelley S. Mackney  
(NOTARY PUBLIC)

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

Richmond County Program  
801 Greene Street  
Augusta, Georgia 30901  
PHONE: (706) 396-2180  
FAX: (706) 396-2199



FOSTER CARE  
KEEPING SIBLINGS TOGETHER

# FAX

To: Libby S. Hackney

From:

- Monique Brabham, ED
- Gaynell Bryant, Admin Asst
- Kimberly Lee-Branch, Recruiter
- Valerie Lewis, Family Advocate
- Teresa Downs, Case Manager
- NTF FCG, \_\_\_\_\_

Fax: (706)821-1064

Pages: 3 (including cover)

Phone: \_\_\_\_\_

Date: 10/14/2013

Re: \_\_\_\_\_

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

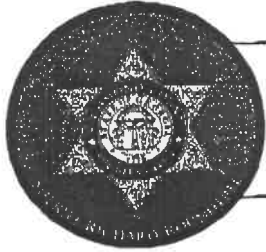
COMMENTS:

**CONFIDENTIALITY NOTICE:**

THE FOLLOWING FACSIMILE TRANSMISSION CONTAINS CONFIDENTIAL INFORMATION FROM NEIGHBOR TO FAMILY INC. THIS INFORMATION IS INTENDED SOLELY FOR THE USE BY THE INDIVIDUAL OR ENTITY NAMED AS THE RECIPIENT. ANY DISCLOSURE, COPYING, DISTRIBUTION, OR OTHER USE OF THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US BY TELEPHONE SO WE MAY ARRANGE TO RETRIEVE THIS TRANSMISSION AT NO COST TO YOU. THANK YOU.

# 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: 10/11/2013

ATTN: Human Resources

I am sending you this request, on behalf of Kimberly Lee Branch, who has applied with this Sheriff's Office for employment as a \_\_\_\_\_ . He has listed you as a \_\_\_\_\_ employer. Utilizing the chart below and the attached questionnaire, please provide the information requested to the best of your knowledge and belief. The information received will be utilized to determine the employability of the candidate. The information is for this sole purpose only and will not be released to any other person or agency. Attached is a signed release from the applicant. Your prompt attention to this inquiry is most appreciated.

Evaluation Categories	Excellent	Above Avg.	Average	Below Avg.
Technical Ability	X			
Integrity	X			
Motivation Towards Work	X			
Reliability/Attendance	X			
Acceptance of Supervision		X		
Adaptability/Flexibility	X			
Cooperation with Peers		X		
Writing Skills	X			
Oral Communication Skills		X		

Any additional comments about the above topics:

Kim was a great employee and was a great interviewer & well respected by many.

# 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



1. Verification of employment dates: From 11-29-2004 To 3-1-2011.

2. Job Title: Forensic Interviewer

3. Specific Duties: interview children ages 3-18 who have allegations of abuse, responsible for data entry & case management, overseeing scheduling of interviews, provided expert court testimony

4. Eligible for rehire? [] Yes [ ] No

If no, please explain: N/A

5. Reason for employee leaving your employment (please state whether voluntary or mandatory)? voluntary for new position at another agency.

6. Type, number and disposition of any disciplinary actions:  
none

7. Are there any circumstances to your knowledge that would make it inadvisable to employ this applicant? If so, please explain?

none

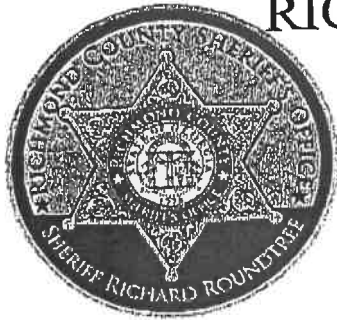
8. Shirley Williams CAC Director 10/17/13

(Signature of Rater)

(Job Title)

(Date)

Thank you for your assistance. **Please return this form by fax at 706-821-1462.** If there are any questions; please contact Sgt. Monica Belser, Administration at 706-821-1435



# 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.

Kimberly Lee Branch                      10/10/2013                      Kimberly Lee Branch  
(SIGNATURE OF APPLICANT)                      (DATE)                      (PRINT NAME OF APPLICANT)

Kimberly LEE-BRANCH, 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 10th DAY OF October 2013.

Seidra S. Mackney  
(NOTARY PUBLIC)

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





# CHILD ENRICHMENT INC.

Child Advocacy Center (CAC)  
Court Appointed Special Advocates (CASA)

P.O. Box 12036 • Augusta, Georgia 30914-2036 • Phone 706.737.4631 • Fax 706.737.8977 • www.CI

TO: Monica Belser

FAX: 706-821-1462

FROM: Ginette Williams

DATE: 10/17/13

Page 1 of 4 Page(s)

RE: employee verification for Kimberly Lee Branch

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

## CONFIDENTIALITY STATEMENT

The documents accompanying this telecopy transmission contain information from The Shelter and Adv Center that is confidential and privileged. The information is intended for the use of the individual or en named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, co distribution or use of the contents of this telecopy information is prohibited. If you have received this tel in error, please notify us by telephone immediately so that we can make necessary corrections.



# 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: 10/11/2013

ATTN: Human Resources or Monique Brabham

I am sending you this request, on behalf of Kimberly Lee Branch, who has applied with this Sheriff's Office for employment as a Deputy. He has listed you as a Present employer. Utilizing the chart below and the attached questionnaire, please provide the information requested to the best of your knowledge and belief. The information received will be utilized to determine the employability of the candidate. The information is for this sole purpose only and will not be released to any other person or agency. Attached is a signed release from the applicant. Your prompt attention to this inquiry is most appreciated.

Evaluation Categories	Excellent	Above Avg.	Average	Below Avg.
Technical Ability				
Integrity				
Motivation Towards Work				
Reliability/Attendance				
Acceptance of Supervision				
Adaptability/Flexibility				
Cooperation with Peers				
Writing Skills				
Oral Communication Skills				

Any additional comments about the above topics:

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# 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

1. Verification of employment dates: From \_\_\_\_\_ To \_\_\_\_\_ .

2. Job Title: \_\_\_\_\_

3. Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Eligible for rehire?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Reason for employee leaving your employment (please state whether voluntary or mandatory)?

6. Type, number and disposition of any disciplinary actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are there any circumstances to your knowledge that would make it inadvisable to employ this applicant? If so, please explain?  
\_\_\_\_\_  
\_\_\_\_\_

8 \_\_\_\_\_

(Signature of Rater)

(Job Title)

(Date)

Thank you for your assistance. **Please return this form by fax at 706-821-1462.** If there are any questions; please contact Sgt. Monica Belser, Administration at 706-821-1435 .



# RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

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Augusta, GA 30901

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## RELEASE OF INFORMATION WAIVER

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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.

Kimberly Lee-Branch  
(SIGNATURE OF APPLICANT)

10/10/2013  
(DATE)

Kimberly Lee Branch  
(PRINT NAME OF APPLICANT)

Kimberly LEE-BRANCH, 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 10th DAY OF October 2013.

Leiley S. Hackney  
(NOTARY PUBLIC)

Notary Public, Richmond County, Georgia  
My Commission Expires Feb. 29, 2017

Addressee	Start Time	Time	Prints	Result	Note
97063967122	10-11 11:17	00:00:57	000/003	No Ans	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixd Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.



**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: 10/11/2013

ATTN: Human Resources or Monique Brabham

I am sending you this request, on behalf of Kimberly Lee Branch, who has applied with this Sheriff's Office for employment as a Deputy. He has listed you as a Present employer. Utilizing the chart below and the attached questionnaire, please provide the information requested to the best of your knowledge and belief. The information received will be utilized to determine the employability of the candidate. The information is for this sole purpose only and will not be released to any other person or agency. Attached is a signed release from the applicant. Your prompt attention to this inquiry is most appreciated.

Evaluation Categories	Excellent	Above Avg.	Average	Below Avg.
Technical Ability				
Integrity				
Motivation Towards Work				
Reliability/Attendance				
Acceptance of Supervision				
Adaptability/Flexibility				
Cooperation with Peers				
Writing Skills				
Oral Communication Skills				

Any additional comments about the above topics:



# 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.

Kimberly Lee-Branch  
(SIGNATURE OF APPLICANT)

10/10/2013  
(DATE)

Kimberly Lee Branch  
(PRINT NAME OF APPLICANT)

Kimberly LEE-BRANCH, 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 10th DAY OF October 2013.

Shirley S. Hackney  
(NOTARY PUBLIC)

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

# Application Process I

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suf</b>
Lee-Branch	Kimberly	[REDACTED]	
<b>SS#</b>	<b>DL#</b>	<b>DOB:</b>	
	[REDACTED]	[REDACTED] 1977	
<b>New World:</b>	SEE ATTACHED PRINTOUTS -		
<b>Historical</b>			
<b>MNI:</b>			
<b>NCIC/GCIC/III</b>	NO RECORD		
<b>Driver History</b>	GA DRIVER'S LICENSE STATUS VALID [REDACTED]		



# 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? no  
If so, explain:

- In what states have you possessed a Driver's License in the past 10 years?  
State: Georgia From Age 16 To Present  
State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
State: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

- Have you ever served in the Military/Reserves? \_\_\_ Yes X No  
Branch: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
If yes, did you have a Military Driver's License? \_\_\_ Yes \_\_\_ No  
Years: From \_\_\_\_\_ To \_\_\_\_\_

Kimberly Lee Branch  
SIGNATURE OF APPLICANT

Lily S. Hackney  
NOTARY PUBLIC  
Notary Public, Richmond County, Georgia  
My Commission Expires Feb. 20, 2017

Kimberly Lee-Branch  
PRINTED NAME OF APPLICANT

COMMISSION EXPIRES 10/10/2013 DATE

[Redacted]  
SOCIAL SECURITY NUMBER

[Redacted] 1977  
DATE OF BIRTH

Black Female 5'2 113  
RACE SEX HEIGHT WEIGHT

Kimberly W. Lee Kimberly Lee-Branch  
LIST ALL NAMES (MAIDEN/MARRIED/ALIASES) USED BY APPLICANT

10/10/2013  
DATE



Richmond County Sheriff Office

10/10/13

Jacket Activity

PS1191S1

Jacket #: 002111627 A

ORI# . . . : GA1210000

Phone: [REDACTED]

Name . . . : LEE, KIMBERLY [REDACTED]

Cell : [REDACTED]

Address . . : [REDACTED]

Work : [REDACTED]

Ct/St/Zp . . : [REDACTED]

SS# : [REDACTED]

DOB . . . : [REDACTED]/1977 Age: 36 Race : B Sex : F Hgt : 501 Wgt : 110

DL# . . . : [REDACTED] State: GA Hair : BLK Eyes : BRO

Type options, press Enter.

5=Display

Opt	Date	Description	Number	Type
—		[REDACTED]		
—		[REDACTED]		
—		[REDACTED]		
—	05/19/2009 18:37:00	SEQ#: 001 PRIM Lst/FndPry	2009-00094971	Victim *
—	05/15/2009 12:04:00	SEQ#: 001 PRIM Fraud	2009-00092025	Victim *
—	05/20/2009	WALLET, BRO W/GA Owner TAG#:0197991	2009-00094971	PROP SUBJ
—	05/22/2009	Released To: LEE	2009-00094971	PROPERTY

Bottom

F3=Exit F9=Date/Activity Order F12=Cancel F17=Profile Sheet

*\* See attached write-ups*

Richmond County Sheriff Office

10/10/13

Case Processing

PL0700D1

Inquire

ORI #: GA1210000

Case #: 2009-00094971

Incident #: 2009-00094971

AU2346S1

O Free Form Document

C ORIGINAL WRITE UP B926

20090520.ALG

More: + -

V CASE NUMBER 09 094971

A  
C ON 051909 AT 1838HRS DEPUTY RESPONDED TO THE ABOVE INCIDENT LOCATION  
R IN REF TO FOUND PROPERTY. DEPUTY MADE CONTACT WITH THE ABOVE COMPL  
F WHO STATED HE FOUND THE BELOW LISTED PROPERTY LAYING IN THE ROAD AT  
R THE ABOVE INCIDENT LOCATION. THE COMPL TURNED THE LISTED ITEMS OVER  
S TO DEPUTY. DEPUTY MADE CONTCT WITH ASU PULIC SAFETY WHO ADVISED  
A DEPUTY HAD LOST PROPERTY REPORT ON FILE FOR THE PROPERTY REF ASU CASE  
# 090514-20353. DEPUTY WAS ADVISED BY RCSO RECORDS THAT THERE WAS A  
C FINANCIAL TRANSACTION CARD FRAUD REPORT ON FILE THROUGH THIS AGENCY  
C FILED BY THE LISTED VICTIM REF CASE 09 092025. DEPUTY MADE CONATCT  
E WITH THE OWNER WHO ADVISED DEPUTY THAT HER CREDIT CARD WAS IN THE  
M WALLET THAT WAS LOST.VICTIM ALSO STATED SHE WAS UNABLE TO MEET WITH  
A DEPUTY TO RECOVER HER PROPERTY AND REQUESTED DEPUTY TURN THE PROPERTY  
F INTO RECORDS AND SHE WOULD PICK IT UP ON LATER DATE. DEPUTY TURNED  
F PROPRTY OVER TO JACKSON A294 IN RECORDS UNDER PROPERTY RECEIPT  
F 197991. ITEMS: BROWN WALLET,GA DRIVERS LICENSE, 2LIBRARY CARDS, 3

F F3=Exit... F6=Print... F12=Cancel

Richmond County Sheriff Office

10/10/13

Case Processing

PL0700D1

Inquire

ORI #: GA1210000

Case #: 2009-00094971

Incident #: 2009-00094971

AU2346S1

O Free Form Document

C ORIGINAL WRITE UP B926

20090520.ALG

More: + -

V HEALTH INS CARDS,,,,,,,,,,,,,MDC

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F

F3=Exit . . . F6=Print . . . F12=Cancel . . .

10/10/13

Documents Inquiry

ORI #: GA1210000 YEAR: 2009 CASE #: 00092025

T Free Form Document

AU2346S1

ORIGINAL WRITE UP B647

20090517.BDT

More: + -

09-092025

ITEM: CSRA FCU VISA DEBIT CARD

0  
5

THE COMPLAINANT STATED THAT HER PURSE AND WALLET WERE TAKEN FROM HER VEHICLE WHILE ON THE ASU CAMPUS AND THAT A REPORT HAD ALREADY BEEN MADE WITH ASU PUBLIC SAFETY OFFICER CHRISTMAN. THE COMPLAINANT STATED THAT SHE WAS INFORMED LAST NIGHT BY CSRA FCU THAT A SUSPICIOUS ACTIVITY HAD APPEARED ON THE ABOVE CARD AT THE ABOVE DATE AND TIME AT THE ABOVE LOCATION. THE COMPLAINANT STATED SHE WOULD PROSECUTE AND WAS ADVISED OF AVAILABLE REMEDIES.  
PAP 05172009

F F3=Exit... F6=Print... F12=Cancel

Richmond County Sheriff Office  
10/10/13

Jacket Activity

PS1191S1

Jacket #: 000214353 A

ORI# . . . : GA1210000

Phone: [REDACTED]

Name . . . : LEE, KIMBERLY, .

Cell : [REDACTED]

Address. : [REDACTED]

Work : 706-210-3435

Ct/St/Zp : [REDACTED]

SS# : [REDACTED]

DOB . . . : [REDACTED] 1977 Age: 36 Race : B Sex : F

Hgt : 000 Wgt : 000

DL# . . . : [REDACTED] State: GA Hair :

Eyes :

Type options, press Enter.  
5=Display

Opt	Date	Description	Number	Type
—	07/25/2005	18:20:00 SEQ#: 001 PRIM MicsCrim	2005-00153870	Complnt
—	12/06/2002	22:13:00 SEQ#: 001 PRIM Theft	2002-00240453	Victim
—	12/22/2000	04:30:00 SEQ#: 001 PRIM ASSL	2000-00302101	Victim*
—	04/24/2009	Vehicle Driver Veh#: 002 Type: ANGLE IN	090077036	ACCIDENT
—	12/06/2002	MISC PAPERS Owner	2002-00240453	PROP SUBJ
—	12/06/2002	INSURANCE CARD Owner	2002-00240453	PROP SUBJ
—	12/06/2002	CHECK BOOK Owner	2002-00240453	PROP SUBJ
—	12/06/2002	CELL PHONE, NOKIA Owner	2002-00240453	PROP SUBJ

F3=Exit F9=Date/Activity Order F12=Cancel F17=Profile Sheet

*\* See attached write-ups*

10/10/13

Documents Inquiry

ORI #: GA1210000 YEAR: 2002 CASE #: 00240453

T Free Form Document

AU2346S1

ORIGINAL WRITE UP A999

20021207.ANS

More: + -

0  
5

F



10/10/13

Documents Inquiry

ORI #: GA1210000 YEAR: 2002 CASE #: 00240453

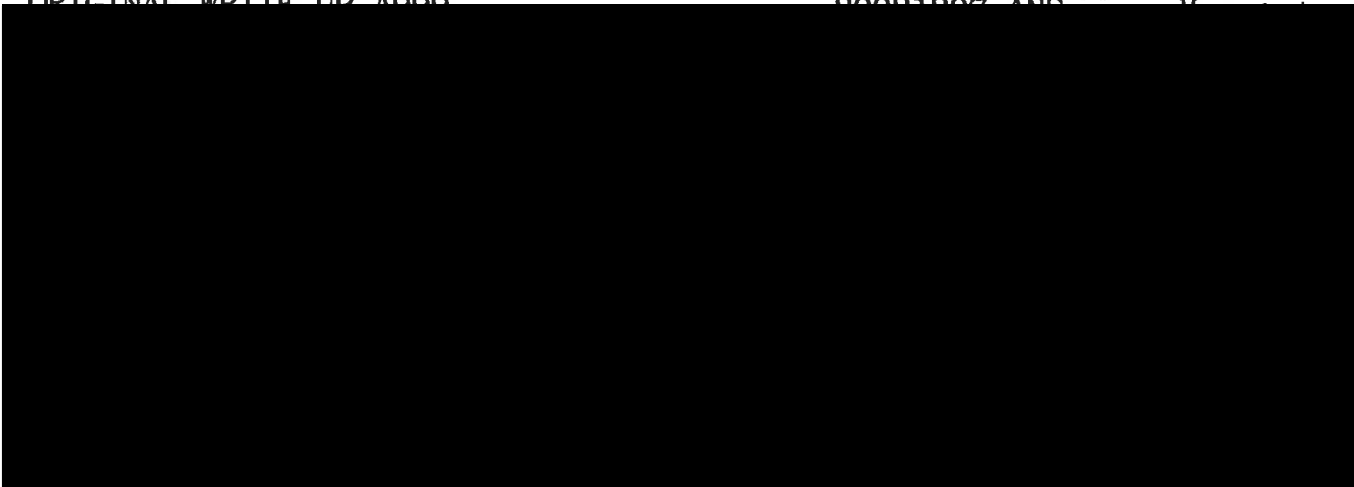
T Free Form Document

AU2346S1

ORIGINAL WRITE UP A000

00081007 ANG

0  
5



F F3=Exit... F6=Print... F12=Cancel

10/10/13

Inquire

ORI #: GA1210000

Case #: 2000-00302101

Incident #: 2000-00302101

O Free Form Document

AU2346S1

C ORIGINAL WRITE UP

08000000 502

More: + -

V 00-302101 SUBJECT: CRAIG, LEROY JOHN BM [REDACTED] 69 [REDACTED] OF [REDACTED]

A [REDACTED] NOD. COMP STATED THAT ON THE ABOVE DATE  
 C AND TIME SHE HAD A VERBAL ALTERCATION WITH THE ABOVE SUBJECT. COMP  
 R STATED THAT THE SUBJECT THEN JUMPED ON HER AND PUNCHED HER IN HER  
 F HEAD SEVERAL TIMES. COMP THEN CALLED THE SHERIFF'S DEPT AND REPORTING  
 R OFFICER RESPONDED. UPON ARRIVAL, OFFICER OBSERVED A KNOT ON THE COMP  
 S HEAD AND THE SUBJECT HAD A BLOODY LIP AND BLOODY SCRATCH MARKS ON THE  
 A BACK OF HIS NECK. SUBJECT STATED THAT HE RECEIVED THE MARKS ON HIS  
 # NECK AT A CLUB "TOUCH OF CLASS" AFTER THE COMP SAW HIM DANCING WITH  
 C ANOTHER WOMAN. SUBJECT STATED THAT HE GOT THE BUSTED LIP WHEN THE  
 C COMP HIT HIM WITH A GLASS PEANUT JAR INSIDE HIS VEHICLE. SUBJECT  
 E FURTHER STATED THAT HE NEVER HIT THE COMP BUT TRIED TO HOLD HER DOWN  
 M IN THE VEHICLE TO PROTECT HIMSELF. BOTH PARTIES WERE INTOXICATED AT  
 A TIME OF REPORT. EJ

F  
 F  
 F  
 F  
 F  
 F3=Exit... F6=Print... F12=Cancel



Richmond County Sheriff Office

19/19/13

Jacket Activity

PS1191S1

Jacket #: 000446632 A

ORI# . . . : GA1210000

Phone: [REDACTED]

Name . . . : LEE, KIMBERLY

Cell : [REDACTED]

Address . . . : [REDACTED]

Work : [REDACTED]

Ct/St/Zp . . . : [REDACTED]

SS# : [REDACTED]

DOB . . . : [REDACTED] 1977 Age: 36 Race : B Sex : F

Hgt : 000 Wgt : 000

DL# . . . : [REDACTED] State: Hair :

Eyes :

Type options, press Enter.  
5=Display

Opt	Date	Description	Number	Type
—	04/16/2004 14:21:00	SEO#: 001 PRIM Pub Peace	2004-00073614	Victim
—	[REDACTED]	[REDACTED]	2003-00230372	Complnt *
—	06/27/2006	Vehicle Driver Veh#: 002 Type: REAR END	060133532	ACCIDENT
—	06/27/2006	Vehicle Owner Veh#: 002 Type: REAR END	060133532	ACCIDENT

Bottom

F3=Exit F9=Date/Activity Order F12=Cancel F17=Profile Sheet

*\* See attached write-up*

Richmond County Sheriff Office

10/10/13

Case Processing

PL0700D1

Inquire

ORI #: GA1210000

Case #: 2003-00230372

Incident #: 2003-00230372

O Free Form Document

AU2346S1

C ORIGINAL WRITE-UP A199

20031117.AK2

More: + -

V 03-230372



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F3=Exit... F6=Print... F12=Cancel...

Richmond County Sheriff Office

10/10/13

Jacket Activity

PS1191S1

Jacket #: 000607674 A

ORI# . . . : GA1210000

Phone: [REDACTED]

Name . . . : LEE, KIMBERLY

Cell : [REDACTED]

Address. : [REDACTED]

Work : [REDACTED]

Ct/St/Zp : [REDACTED]

SS# : [REDACTED]

DOB . . . : [REDACTED] 1977 Age: 36 Race : B Sex : F

Hgt : 000 Wgt : 000

DL# . . . : [REDACTED] State: Hair :

Eyes :

Type options, press Enter.

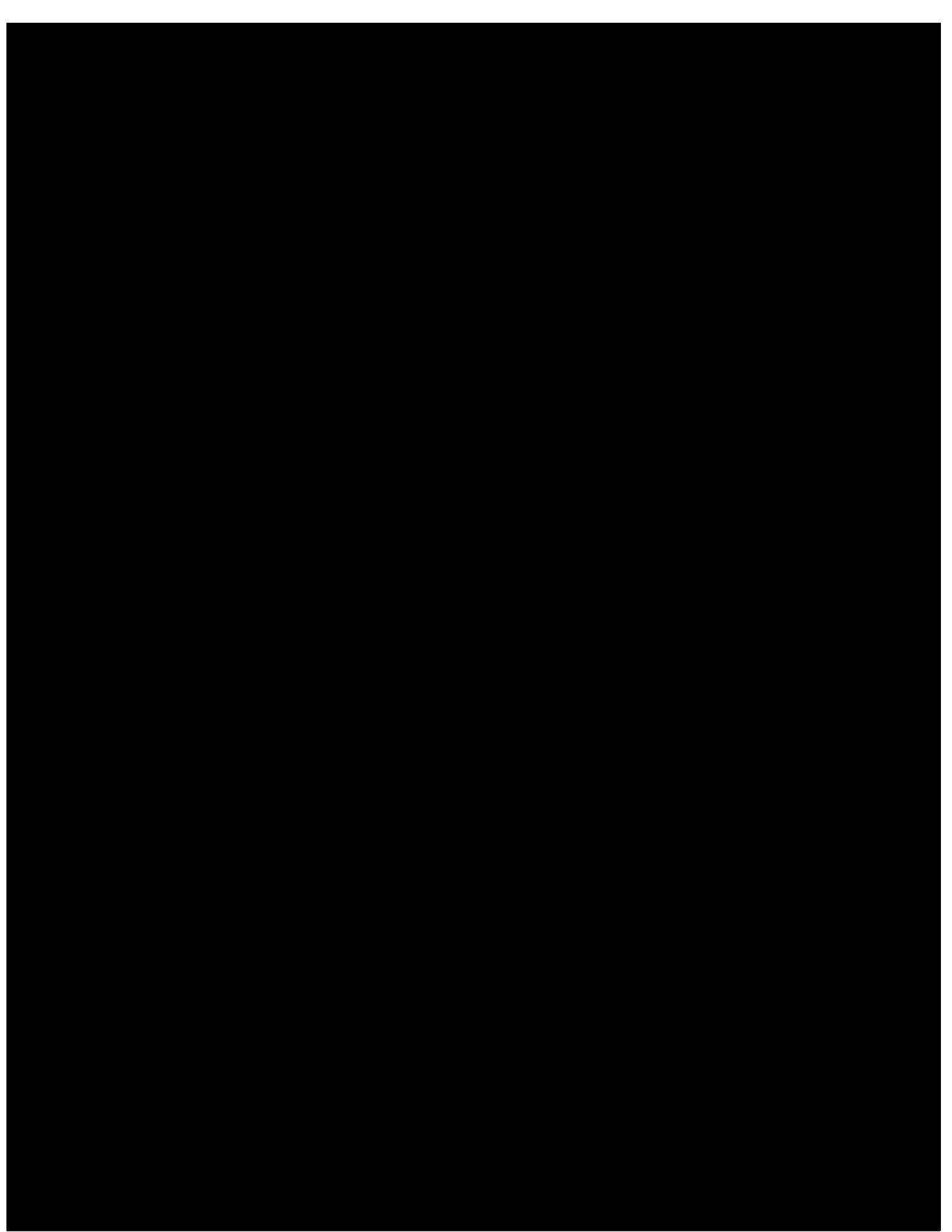
5=Display

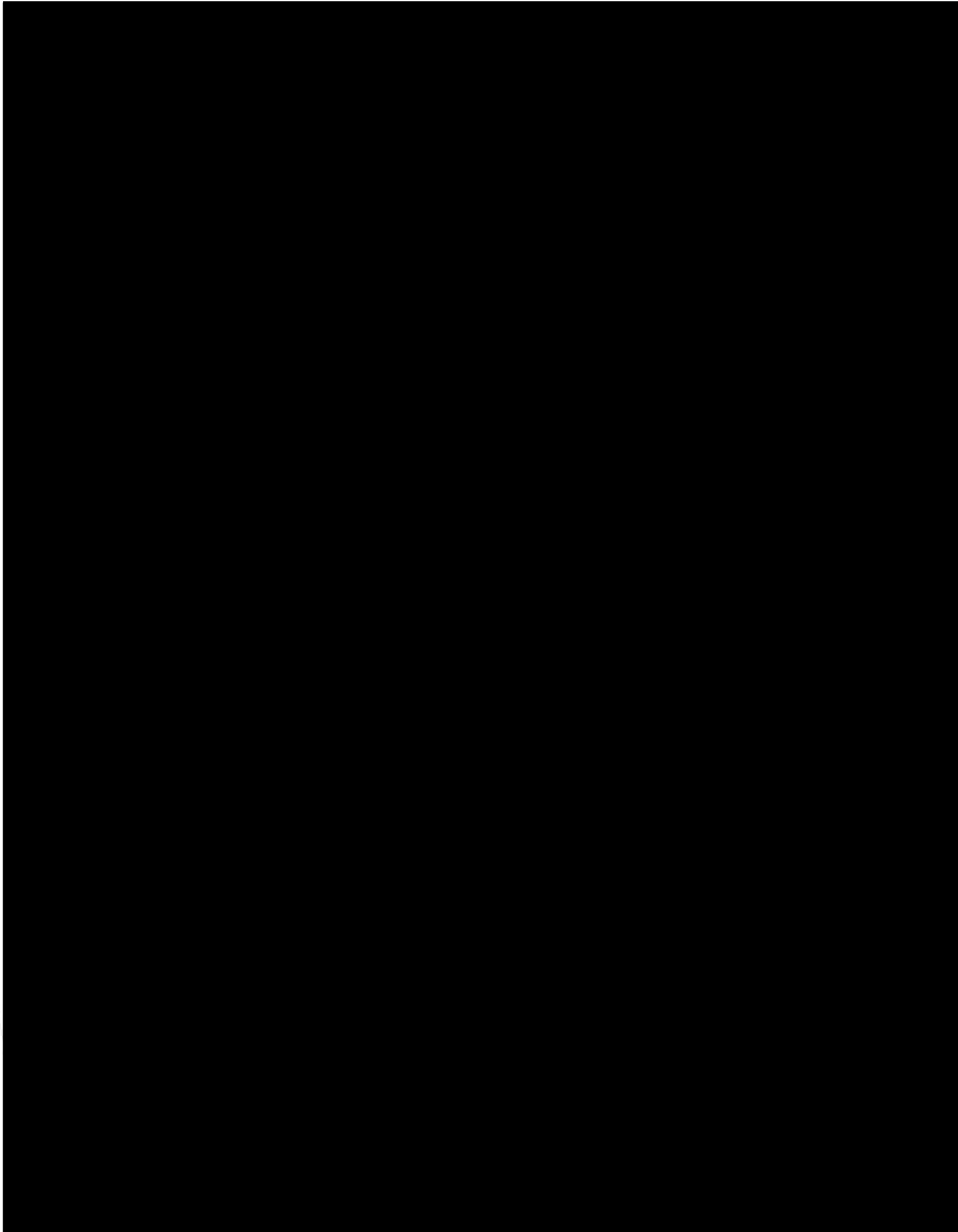
Opt	Date	Description	Number	Type
—	04/25/2008	08:56:00 SEQ#: 001 PRIM Theft	2008-00080193	Complnt
—	04/25/2008	CAMERA, DIGITAL Owner	2008-00080193	PROP SUBJ
—	04/25/2008	BRIEFCASE, BLACK Owner	2008-00080193	PROP SUBJ
—	04/25/2008	JUMP DRIVE Owner	2008-00080193	PROP SUBJ

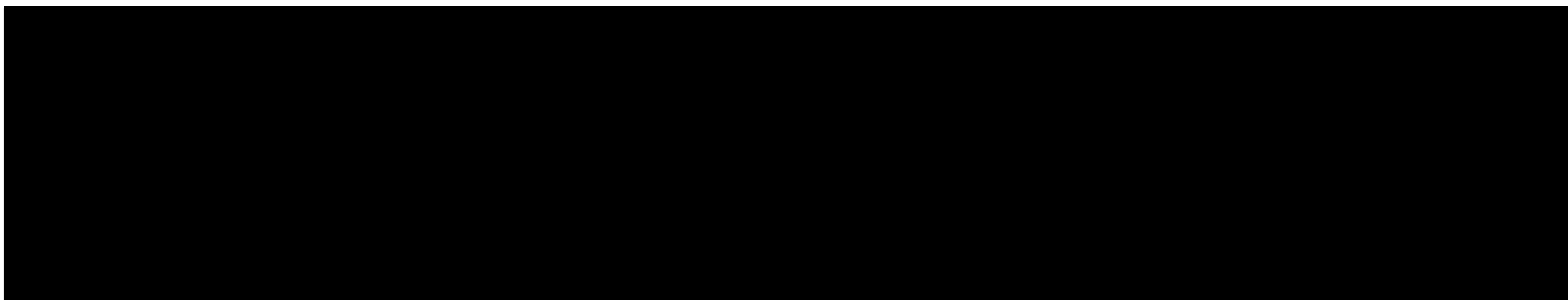
F3=Exit F9=Date/Activity Order F12=Cancel F17=Profile Sheet

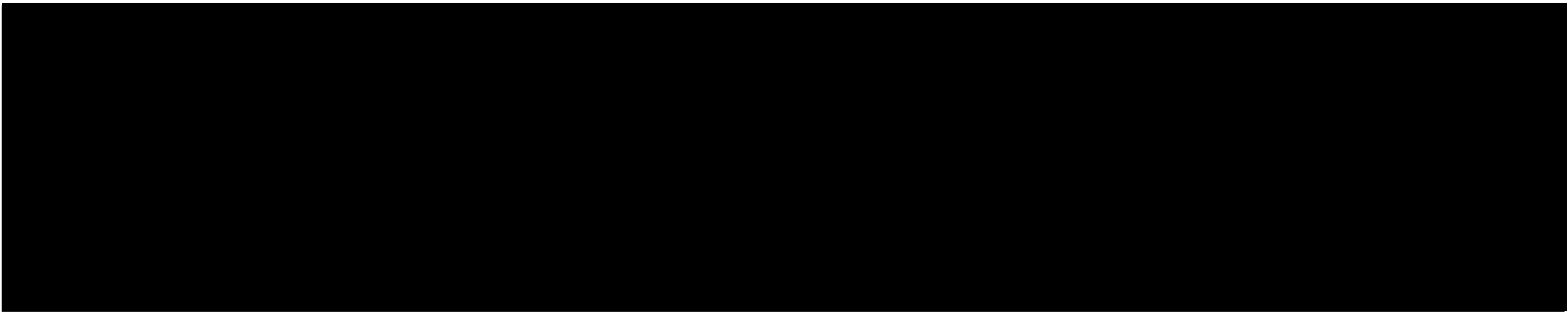
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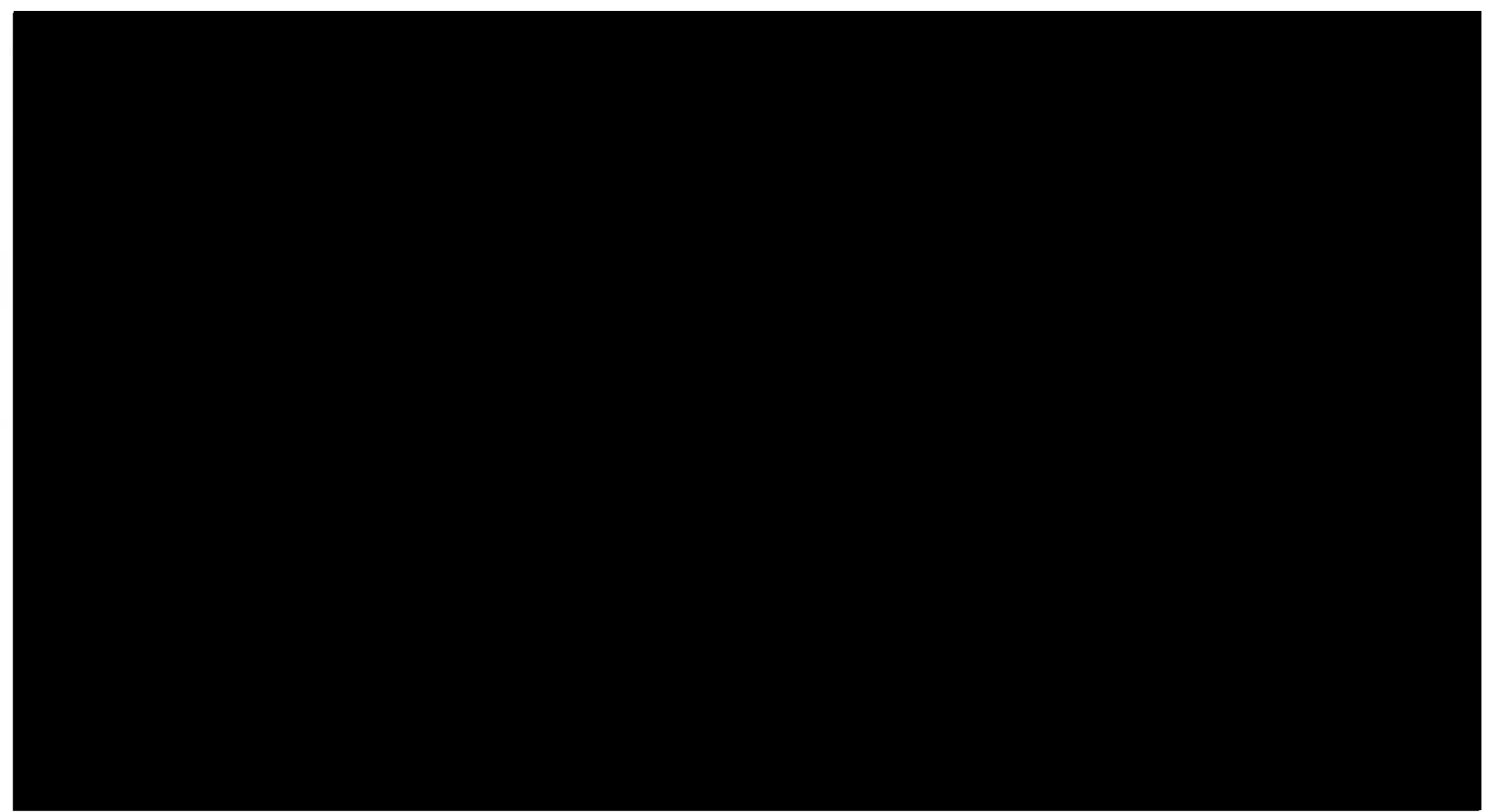




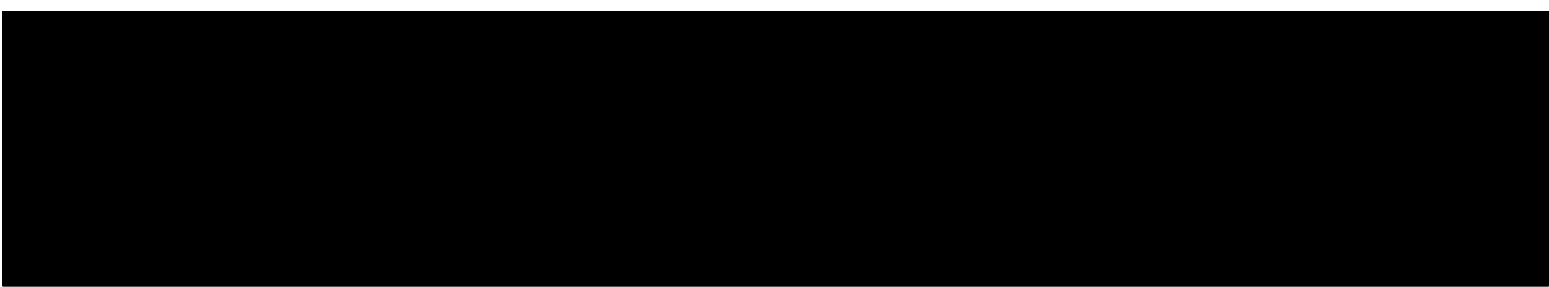


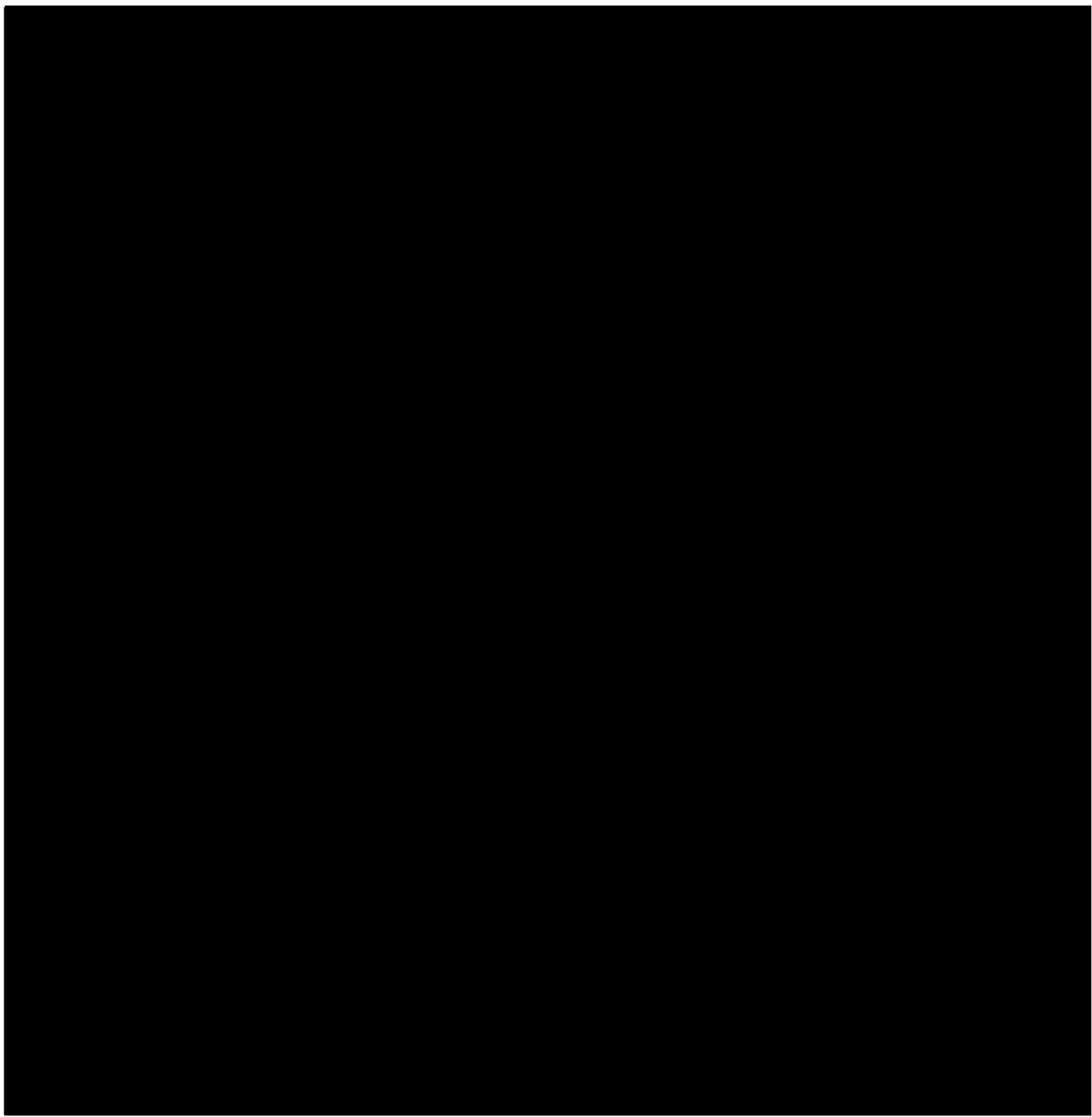


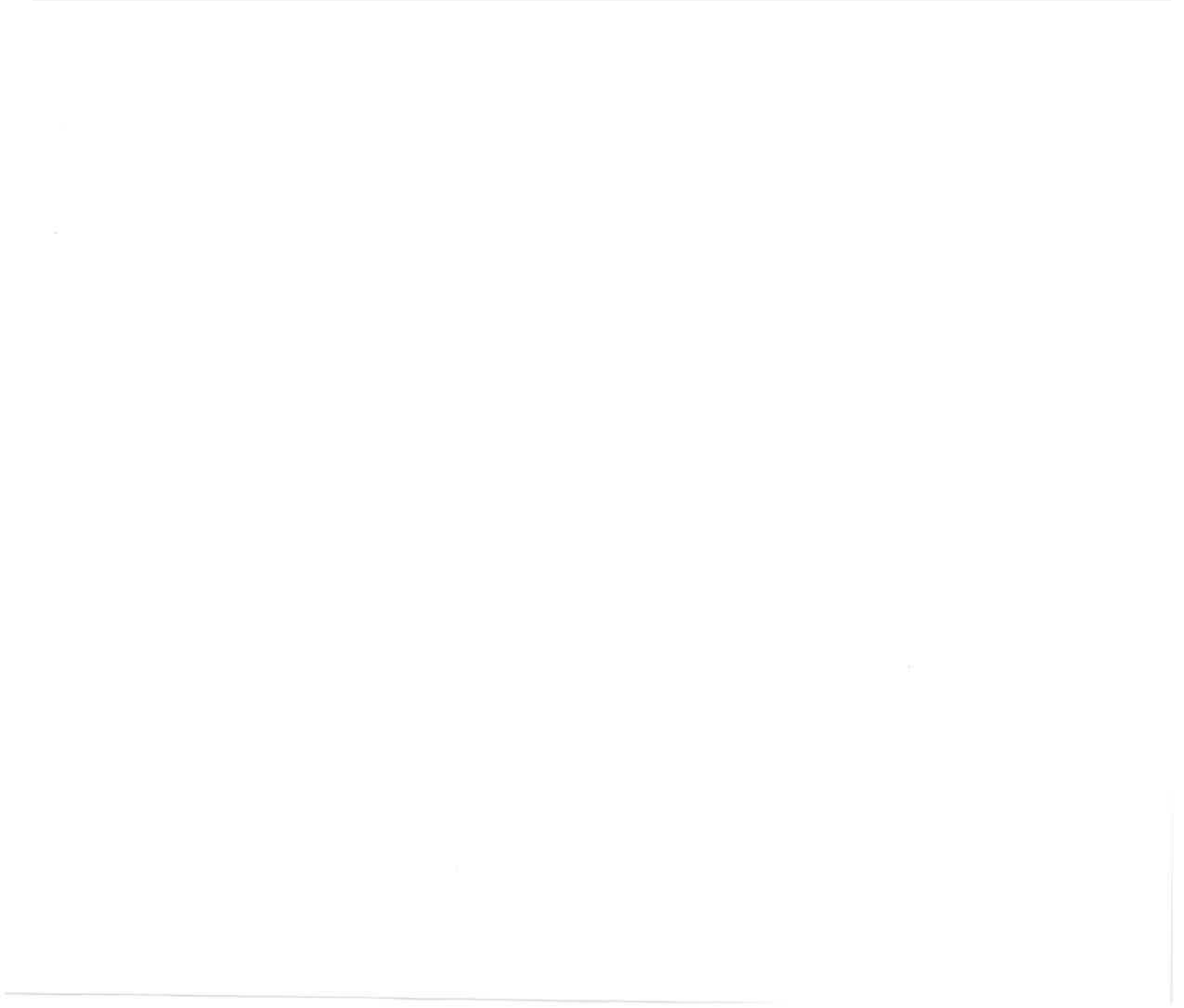
















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