

Employment Record

Name **Donald, Amanda P.** Empl # **19233** Computer # **C732** Date of Hire **05/18/19** Transferred/Rehired

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
05/18/2019	Jailer	SPR82H107	5034	\$1,349.46	12	Hire date
01/25/2020	DEPUTY IN TRAINING	SDR81MM007	5041	\$1,349.46	15	ATTENDING MANDATE
06/27/2020				\$356,120.20	0	COLA INCREASE
07/25/2020	DEPUTY	SDR81NQ030	5041	\$1,524.40	15	PROMOTED
12/25/2021				\$43,597.75	0	2022 SALARY INCREASE
08/06/2022				\$45,891.09	0	DEPUTY 1ST CLASS



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

Employee Name: Amanda P. Donald EMP I.D.: 19233 DEPT #: 5041 Proposed Effective Date: 8/6/2022

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

B. POSITION INFORMATION

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

C. SEPARATION INFORMATION

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

Employee Replaced (Name & I.D.):

PART 3: EXPLANATION FOR REQUEST

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

EMPLOYEE IS A DEPUTY 1ST CLASS. JOB DESCRIPTION ATTACHED. THE SHERIFF'S OFFICE HAS THE FUNDING.

PART 4: DEPARTMENT APPROVAL

Approval table with columns: Signature, Date. Rows for Department Director, Administrator, General Counsel.

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

BELOW IS FOR HUMAN RESOURCES ONLY

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

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

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

Employment Record

Name Donald, Amanda P. **Empl** 19233 **Computer #** C732 **Date of Hire** 05/18/19 **Transferred/Rehired** _____

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
05/18/2019	Jailer	SPR82U107	5034	\$1,349.46	12	Hire date
01/25/2020	DEPUTY IN TRAINING	SDR8IMM007	5041	\$1,349.46	15	ATTENDING MANDATE
06/27/2020				\$356,120.20	0	COLA INCREASE
07/25/2020	DEPUTY	SDR81NQ030	5041	\$1,524.40	15	PROMOTED
12/25/2021				\$43,597.75	0	2022 SALARY INCREASE

Employment Record

Name _____ **Empl** 19233 **Computer.#** C732 **Date of Hire** 05/18/19 **Transferred/Rehired** _____
 Donald, Amanda P.

Date	Position	PCN	Department	Rate of Pay	Grade	Hire date	Reason for Change
05/18/2019	Jailer	SPR82J1107	5034	\$1,349.46	12		
01/25/2020	DEPUTY IN TRAINING	SDR81MM007	5041	\$1,349.46	15		ATTENDING MANDATE
06/27/2020				\$356,120.20	0		COLA INCREASE
07/25/2020	DEPUTY	SDR81NQ030	5041	\$1,524.40	15		PROMOTED

Employment Record

Name _____ **Empl** 19233 **Computer #** C732 **Date of Hire** 05/18/19 **Transferred/Rehired** _____
Donald, Amanda P.

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
05/18/2019	Jailer	SPR82JU107	5034	\$1,349.46	12	Hire date
01/25/2020	DEPUTY IN TRAINING	SDR81MM007	5041	\$1,349.46	15	ATTENDING MANDATE
07/25/2020	DEPUTY	SDR81NQ030	5041	\$1,524.40	15	PROMOTED



The City of Augusta
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Amanda P. Donald EMP I.D.: 19233 DEPT #: 5041 Proposed Effective Date: 7/25/2020

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 #: () -
Employee Signature (required for personal information changes): _____ Date: _____ Office Phone #: () -

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept. #	5041	5041
Job Title	DEPUTY IN TRAINING	DEPUTY
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	15	15
PCN	SDR81MM007	SDR81NQ030
Daily Hours	12 HRS.; S	12 HRS.; S
Hourly Rate	16.31	18.15
Bi-Weekly Salary	1369.70	1524.40
Annual Salary	35,612.20	39,634.32
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273031310	273031310

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

Employee Replaced (Name & I.D.): R Few/17739

PART 3: EXPLANATION FOR REQUEST

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

Employee is promoted. 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>7/8/2020</u>
Department Director Signature:		Concurrence Date: <u>7.8.20</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 Donald, Amanda P. Empl 19233 Computer # C732 Date of Hire 05/18/19 Transferred/Rehired _____

Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
05/18/2019	Jailer	SPR82J107	5034	\$1,349.46	12	Hire date
01/25/2020	DEPUTY IN TRAINING	SDR8IMM007	5041	\$1,349.46	15	ATTENDING MANDATE



The City of Augusta
Human Resources Department

Request for Personnel Action (RPA)

Employee Name: Amanda P. Donald EMP I.D.: 19233 DEPT #: 5034 Proposed Effective Date: 1/25/2020

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 #: () -
 Cell Phone #: () -
 Address: _____ Office Phone #: () -
 Employee Signature (required for personal information changes): _____ Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept. #	5034	5041
Job Title	Jailer	Deputy in Training
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	12	15
PCN	SPR82IJ107	SDR81MM007
Daily Hours	12 HRS.; 30 MIN. A/D	12 HRS.; S
Hourly Rate	16.06	16.06
Bi-Weekly Salary	1349.46	1349.46
Annual Salary	35,085.91	35,085.91
Supplemental Pay	NA	NA
Safety Sensitive (Y or N)	Y	Y
GL Account number:	273032511	273031310

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

Employee Replaced (Name & I.D.): D Crawford/19235

PART 3: EXPLANATION FOR REQUEST

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

Employee is transferring while in school. 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>1/10/2020</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>1-10-20</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: _____

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

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

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

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

Employment Record

Name	Empl	Computer #	Date of Hire	Transferred/Rehired		
Donald, Amanda P.	19233	C732	05/18/19			
Date	Position	PCN	Department	Rate of Pay	Grade	Reason for Change
05/18/2019	Jailer	SPR82JJ107	5034	\$1,349.46	12	Hire date



HR-1 FORM
WJD
HR 10/6/19

Request for Personnel Action (RPA)

Employee Name: AMANDA DONALD EMP I.D.: 19233 DEPT #: 5034 Proposed Effective Date: 10/6/2019

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

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

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

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

Name Change: _____

Address: 1138 HUNTERS COVE EVANS, GA 30809/ COLUMBIA CO

Employee Signature (required for personal information changes): Amanda Donald Date: 10/6/2019

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>Mary A. Wells</u>	Contact Phone #: (<u>706</u>) <u>821</u> - <u>1606</u>	Date Of Request: <u>10/6/2019</u>
Department Director Signature: <u>[Signature]</u> <u>[Signature]</u>		Concurrence Date: <u>10/6/19</u>
Department Director Signature (2):		Concurrence Date:

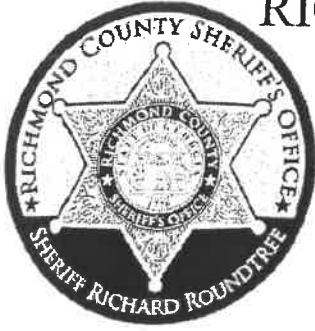
If a transfer between departments, both director signatures required***

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

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

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:

Amanda Donald

Employee Signature

5/15/19

Date

Amanda Donald

Printed Name



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

PERSONNEL MEMORANDUM

To: All Personnel
From: Captain William Reeves
Date: May 15, 2019
Subject: New Employee

A handwritten signature in black ink, appearing to read "W. Reeves", enclosed in a circular scribble.

Effective Saturday, May 18, 2019, ***Amanda P. Donald & Tavyin E. Salas*** will be assign to C-Shift (CBWDC) under the direct supervision of Lt. Phillip Lafferman. They will attend County Orientation on Monday, May 20th then report to Cpl. Ryan Gregory for training Tuesday, May 21st through Thursday, May 23rd at 0800 hours. They will report for shift duty Monday, May 27th at 1745 hours.

All personnel govern themselves accordingly.

Mandate Letter of Interest

I Deputy Amanda Donald, am writing this letter in the interest of attending mandate school. I was sworn in and started working at Charles Webster Detention Center on the 31th day of May, 2018. While working at the detention center, I have become more familiar with inmates, both male and female. I have learned how to interact with inmates and how to control inmates, based on different techniques I have acquired in college as well as the Marine Corps. I think this experience will be extremely valuable if I get the chance to become a road deputy, because I have already gained exposure to dealing with criminals, terrorists, and the normal population. I have learned how to be authoritative, and I think that may also be a good attribute when it comes to being a road deputy. I have seen the best and the worst types of individuals from all over the world, and the victims that were left behind because of the worst. I think that the experience I gained will give me an advantage when it comes to dealing with both while on the road on the road. The experience I have gained as a jailer has been a fantastic tool and stepping stone for helping me to succeed as a road deputy.

My education includes a High School Diploma, an Associates in Criminal Justice and I am only 4 classes away from obtaining my Bachelor's Degree in Criminal Justice (which I stopped in order to come to this job, however I will finish after Mandate). While obtaining my Associates Degree, I learned about many of the laws that obtain to the Criminal Justice system. I also learned about many of the Land mark court cases. I have knowledge of the criminal justice system and how it operates. My education has taught me how to be a better member of the community. I have served my country honorably and loved every bit of it, I am no longer in the military but I want to continue serving, I still feel the call for service and I want to serve as a law enforcement officer in this community.

I think I would be a great candidate for mandate school due to my age, experience, and education. Thanks for the consideration of me as a candidate for mandate school.

SUFFOLK COUNTY COMMUNITY COLLEGE
UNDER THE SUPERVISION OF
STATE UNIVERSITY OF NEW YORK

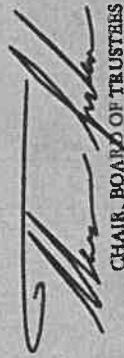
ON THE RECOMMENDATION OF THE FACULTY
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM
THE TRUSTEES OF THE COLLEGE HAVE CONFERRED ON

AMANDA P. DONALD

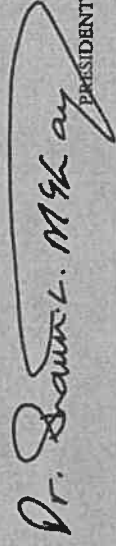
THE DEGREE OF
ASSOCIATE IN SCIENCE

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF
GIVEN IN THE COUNTY OF SUFFOLK IN THE STATE OF NEW YORK
IN THE UNITED STATES OF AMERICA

AUGUST 7, 2017


CHAIR, BOARD OF TRUSTEES




PRESIDENT

Augusta, Georgia

Job Description

Approved Title: Deputy
Working Job Title: Road Patrol Deputy
Department: Sheriff (5041)
Reports To: Sergeant
Job Code: 81NQ
Pay Grade: 15
Original Date Prepared: August 25, 1997
FLSA Classification: Non-exempt
Date Revised: December 27, 2021

Does the Position Have Direct Reports? Yes No

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

Is the Position Safety Sensitive? Yes No

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

100% Total: 100

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position. POST Certification required.

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

Knowledge/Skills/Abilities:

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

Skills:

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

Certification: Georgia Post Mandate Peace Officer Certification

Some positions may require:

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

OTHER:

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

PHYSICAL REQUIREMENTS:

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

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

FINANCIAL RESPONSIBILITY:

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

TRAINING & SUPERVISORY RESPONSIBILITY:

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

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

REVIEW/APPROVALS

<u>Amunda P. Donald</u>	<u>7/14/22</u>
Employee (Print Name)	Date
<u>[Signature]</u>	<u>7/14/22</u>
Line or Staff Management	Date
<u>[Signature]</u>	<u>7/14/22</u>
Department Director	Date
_____	_____
Compensation Administration Staff	Date
_____	_____
HR Director	Date

Hal Hitchcock

From: Amanda Donald
Sent: Friday, May 6, 2022 5:49 PM
To: Hal Hitchcock
Cc: Byrnie Hardin; Aaron Phillips; Bryan Mealing
Subject: Letter of Interest CST
Attachments: Letter of Interest CST.pages

Respectfully,
Deputy Amanda Donald
Richmond County Sheriffs Office
Road Patrol Division

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

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

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

Amanda Donald
Signature

12/08/2021
Date

Amanda Donald
Printed Name

Richmond County Sheriff's Office
Department

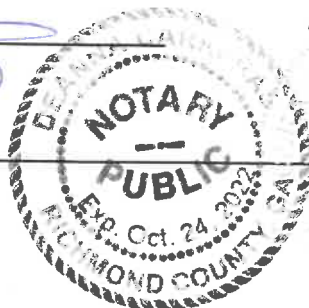
[REDACTED]
Social Security Number

19233
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 05 of March 2021, received a copy of the Richmond County Sheriff's Office "USERRA" Policy.

Amanda Donald C732
Signature
Richmond County Sheriff's Office Employee

Amanda Donald C732
Printed Name

Augusta, Georgia

Job Description

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

Job Code: 81NQ
 Pay Grade: 15
 Original Date Prepared: August 25, 1997

FLSA Classification: Non-exempt
 Date Revised: June 14, 2018

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

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

REQUIRED MINIMUM QUALIFICATIONS:

Education: High School diploma, trade school, or G.E.D.
Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position. POST Certification required.
Preferred Experience: Previous experience in law enforcement, public safety or another related occupation.
Knowledge/Skills/Abilities:

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

Skills:

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

Certification: Georgia Post Mandate Peace Officer Certification

Some positions may require:

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

OTHER:

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

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

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

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

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

FINANCIAL RESPONSIBILITY:

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

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

TRAINING & SUPERVISORY RESPONSIBILITY:

How many people are being supervised or trained? None

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

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

REVIEW/APPROVALS

Amanda S. Donald
Employee (Print Name)

7/8/2020
Date

[Signature]
Line or Staff Management

7/8/2020
Date

[Signature]
Department Director

7/8/2020
Date

Compensation Administration Staff

Date

HR Director

Date

Augusta, Georgia

Job Description

Approved Title: Jailer
Working Job Title: Jailer (12 Hour)
Department: Sheriff (5034)
Reports To: Sergeant
Job Code: 82IJ
Pay Grade: 12
Original Date Prepared: August 25, 1997
FLSA Classification: Non-exempt
Date Revised: June 14, 2018

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

GENERAL SUMMARY: Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
As Required	Performs other duties of a similar nature or level.

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position.

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

Experience:

Knowledge/Skills/Abilities:

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

Skills:

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

Some positions may require:

- CPR and First Aid annual training.

OTHER:

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

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

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, using tools and equipment that require a high degree of manual dexterity, ability to distinguish between shades of colors, and physically subdue individuals when required. Work is performed in a jail with exposure to diseases, dirt, dust, and physical confrontations.

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

Amunda P. Donald
Employee (Print Name)

1/10/2020
Date

[Signature]
Line or Staff Management

1/10/2020
Date

[Signature]
Department Director

1/10/2020
Date

Compensation Administration Staff

Date

HR Director

Date

Augusta, Georgia

Job Description

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

Job Code: 81NQ
 Pay Grade: 15
 Original Date Prepared: August 25, 1997
 FLSA Classification: Non-exempt
 Date Revised: June 14, 2018

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

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

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

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

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

- Patrolling assigned zone to detect and deter criminal activity.
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REQUIRED MINIMUM QUALIFICATIONS:

Education: High School diploma, trade school, or G.E.D.
Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position. POST Certification required.
Preferred Experience: Previous experience in law enforcement, public safety or another related occupation.

Knowledge/Skills/Abilities:

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

Skills:

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

Certification: Georgia Post Mandate Peace Officer Certification

Some positions may require:

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

OTHER:

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

PHYSICAL REQUIREMENTS:

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

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

FINANCIAL RESPONSIBILITY:

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

TRAINING & SUPERVISORY RESPONSIBILITY:

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

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

REVIEW/APPROVALS

Amanda P. Donald
 Employee (Print Name)

1/10/2020
 Date

[Signature]
 Line or Staff Management

1/10/2020
 Date

[Signature]
 Department Director

1/10/2020
 Date

 Compensation Administration Staff

 Date

 HR Director

 Date



Peace Officers' Annuity & Benefit Fund of GA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
POABF@RFGA.US • WWW.POAB.GEORGIA.GOV

FOR OFFICE USE ONLY

Pay:	Check	Money Order	Cash
Check/ Money Order #:			
Payment Amount:			
Enrollment Date:			
Paid Through:			
OPG #:	PG	NPG	ACH
Member #:			

Application for Membership

Membership application will not be considered unless accompanied by the following:

1. Signed and Notarized Certification by Employing Agency form
2. \$50.00 Application Fee that includes the first month's dues payment. (Either a completed Automatic Withdrawal Authorization Form – OR – A check or money order).

Applicant Information

Full Name: Amanda P. Donald

Date of Birth: [REDACTED] 1990 SSN: [REDACTED]

Preferred Phone #: [REDACTED] Alternate Phone #: [REDACTED]

Email Address: adonald@augustaga.gov

Mailing Address: [REDACTED]

City, State and Zip Code

Have you been a member of this Fund before? No If yes, what is your member #: _____
Yes or No

Employment Information

Current Employing Agency: Richmond County Sheriff's Office Job Title: Deputy

Do you have the legal power and authority to make arrests? Yes
Yes or No

Does your position require P.O.S.T. Certification? Yes Certification #: PBLE2020O244213
Yes or No

Beneficiary of Death Benefits Declaration

Notice: The Beneficiary of Death Benefits is separate from the retirement benefit and is made payable to whomever you choose.

Beneficiary Name: [REDACTED] Relationship: Husband

Email Address: [REDACTED] Phone #: [REDACTED]

Mailing Address: [REDACTED]

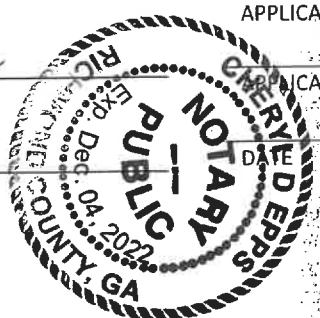
City, State and Zip Code

Oath: I, the undersigned applicant, hereby certify that all information furnished on this application for membership in the Peace Officers' Annuity and Benefit Fund of Georgia is true and correct and that I am employed as a Peace Officer as defined for purposes of membership in this Fund by the State of Georgia, or one of the political subdivisions thereof, as listed above. I further certify that in the event there is any change in my employment, job description, job title, duties or mailing address, I shall immediately notify the Fund of each of said changes during the time I maintain membership in said retirement fund. I understand that failure to notify the Fund of any of the above mention changes may endanger my membership in the Fund.

Authorization to Release Information
By signature below, the applicant does hereby authorize any present, prior, or future employer, to release to the PEACE OFFICERS' ANNUITY AND BENEFIT FUND OF GEORGIA such information concerning my employment with said employers as the FUND may require for processing my application for Membership or Benefits. This includes date of employment (for determining service credit) and work description (for determining eligibility for membership).

Amanda P. Donald
APPLICANT'S NAME (PLEASE PRINT)

Witnessed by: [Signature]
Notary Public



APPLICANT'S SIGNATURE

My Commission Expires: _____

CERTIFICATION BY EMPLOYING AGENCY
EMPLOYMENT VERIFICATION FOR GENERAL LAW ENFORCEMENT

Please return to:

Peace Officers' Annuity & Benefit Fund of GA

1208 Greenbelt Drive, Griffin, GA 30224 • 770-228-8461 (Office) • 770-412-1236 (Fax)

NOTICE: GEORGIA LAW PROVIDES AS FOLLOWS: "ANY PERSON WHO KNOWINGLY FURNISHES FALSE INFORMATION FOR THE PURPOSE OF BECOMING A MEMBER OF THE FUND, OR FOR RECEIVING CREDIT FOR SERVICE TO WHICH HE IS NOT ENTITLED, OR FOR RECEIVING BENEFITS HEREUNDER, OR ANY PERSON WHO KNOWINGLY ASSISTS IN DOING ANY OF THE FOREGOING THING, SHALL BE GUILTY OF A MISDEMEANOR, AND UPON CONVICTION THEREOF SHALL BE PUNISHED AS FOR A MISDEMEANOR."

Date: 3/11/2022 Member #: _____

1. Employee Name: Amanda P. Donald

2. Date of Birth: [REDACTED] 1990 SSN: [REDACTED]

3. Mailing Address: [REDACTED] APARTMENT/ UNIT # _____
CITY, ST and ZIP CODE _____

4. Employing Agency: Richmond County Sheriff's Office Job Title: Deputy

5. POST Certification Required? Yes Job Description Available? Yes
YES/ NO YES/ NO

Power/ Authority to Arrest? Yes Custody of Prisoners? Yes If so, was/is the officer armed? Yes
YES/ NO YES/ NO YES/ NO

6. Has this employee previously worked for this agency? If so, please provide the dates and positions held as well as if the position was full time or part time:

7. How many hours per week are devoted to this job? 42

8. Beginning date of most recent employment: 05 18 2019
MONTH DAY YEAR

9. Ending date of most recent employment: _____
MONTH DAY YEAR

10. Please list any periods that this employee was on LEAVE WITHOUT PAY (suspension, FMLA, etc.) Please note if worker's compensation:

Note: This form is not valid until signed by a properly authorized individual for the employing Agency. Please note that this form must be notarized by a different individual. The proper execution of this document is the Applicant's Responsibility.

I hereby certify that the information given above is true and accurate as the same appears on the records of _____

Amanda P. Donald

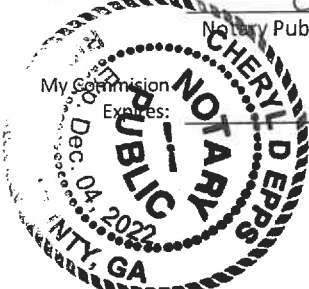
APPLICANT/ MEMBER'S NAME

This 11 day of March 2022 Representative Name: Deanna Carreras

Witnessed by:

Cheryl D. Epps

Notary Public



Signature: _____

Title of Signer: Admin. Asst.

Phone Number: 706-821-1005

Email Address: dcarreras@augustaga.gov

Office Address: 400 Walton Way

Augusta, Ga. 30901

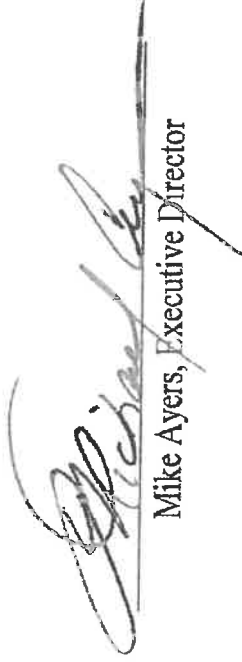
The State of Georgia
Peace Officer Standards and Training Council

Hereby recognizes the accomplishments of

AMANDA PATRICIA DONALD
BASIC LAW ENFORCEMENT

For completing the requirements established in the Peace Officer Standards and Training Act. Therefore, in recognition of this achievement, the following basic certification number is hereby awarded as proof of this attainment: ***PBLE20200244213***

Acknowledged this 7th day of August, 2020


Mike Ayers, Executive Director



MANDATED AND FORMALIZED TRAINING AGREEMENT

(Revised 11/2016)

A. Definitions

- I. The individual whose name is printed below as the Employee in the “Attestation” section shall be hereinafter referred to as the “Employee.”
- II. The Richmond County Sheriff’s Office shall be hereinafter referred to as the “Sheriff’s Office.”
- III. “Formalized training” is defined to include any and all courses other than in-service training.
- IV. The total costs of training to include salary paid during training, tuition, and any and all other reasonable expenses shall be hereinafter referred to as “total costs.”

B. Agreement

- I. Pursuant to O.C.G.A. § 35-8-22, any agency that hires a peace officer employed by the Sheriff’s Office shall be responsible to reimburse the Sheriff’s Office for all costs according to the following schedule:
 - a. If the agency hires the peace officer within 15 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the hiring agency shall be responsible for reimbursing 100% of all costs as outlined in section A.IV. above.
 - b. If the agency hires the peace officer during a period of 15 to 24 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the hiring agency shall be responsible for reimbursing 50% of all costs as outlined in section A.IV. above.
 - c. The Sheriff’s Office, Augusta-Richmond County, and/or the State of Georgia shall submit an itemized, sworn statement to the hiring agency and, demand payment thereof, and enforce collection of such obligation through all available civil remedies and procedures.
- II. If the Sheriff’s Office cannot recover from the hiring agency or the employee leaves employment without being hired by another agency, the employee shall be responsible to reimburse the Sheriff’s Office for all costs according to the following schedule:
 - a. If the employee leaves employment, not including termination within 15 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other

formalized training courses, the employee shall be responsible for reimbursing 100% of all costs as outlined in section A.IV.

- b. If the employee leaves employment, not including termination, from 15 to 24 months after completing Basic Mandate Peace Officer, Jail Officer and Communications Officer training inclusive, or any other formalized training courses, the employee shall be responsible for reimbursing 50% of all costs as outlined in section A.IV.
- a. The Sheriff's Office, Augusta-Richmond County, and/or the State of Georgia shall submit an itemized, sworn statement to the employee, demand payment thereof, and enforce collection of such obligation through all available civil remedies and procedures.

III. The provisions of this agreement may be waived by the Sheriff in writing due to mitigating circumstances which would make enforcement of this agreement unreasonable.

C. Attestation

This agreement is entered into freely and voluntarily, and I am fully aware of all obligations contained within this agreement.

<u>Amanda Donald</u>	<u>Amanda Donald</u>	<u>4/22/19</u>
Employee Name (Please Print)	Signature of Employee	Date
<u>Deanna Arcene</u>	<u>[Signature]</u>	<u>4/22/19</u>
Agency Representative (Please Print)	Signature of Representative	Date

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

4. Employee Name: Amanda Donald	5. Employee Classification/Title: Deputy Sheriff
6. Division: Field Operations- Zone 4	

1. Type of Review
X _____ 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

Deputy Donald has always been respectful to her supervisors, co-workers, and civilians she interacts with in the community. Deputy Donald shows empathy and builds rapport with everyone she encounters.

Integrity

Y N

Deputy Donald has always displayed great integrity. She will admit if she feels like she has made a mistake and what actions she will take to make herself a better deputy. Deputy Donald goes above and beyond to make sure the right action is done no matter the situation.

Teamwork

Y N

Deputy Donald works well with all of her teammates. She is always assisting her teammates and even works late to make sure the incidents are handled properly. Deputy Donald has stepped up as team leader and directs her them towards appropriate action when a supervisor is not able to assist. Deputy Donald returned back to work to assist her teammates in less than a year after [REDACTED] within that year.

Excellence

Y N

Deputy Donald goes above any beyond to assist/help her teammates, she is quick learner, and her integrity is unquestionable. She investigates every call to the fullest in helping solve the case at hand. She has handled many cases start to finish without the assist of others. My hopes as her immediate supervisor, would be that her future is investigations or in a leadership position. She is a great asset to RCSO.

General Factors

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

1. Ability to make sound decisions / effective under stress

Y N

Deputy Donald has no issue handling calls and making effective decisions under stress. Deputy Donald assist her teammates with making sound decisions when a supervisor is not available.

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

Y N

Deputy Donald has always taken responsibility for her work and turns all her paperwork in on time.

3. Work knowledge and job skill level / problem solving

Y N

Deputy Donald rarely asks for assistance in handling calls. Through her problem solving skills she has been able to work through the incidents she encounters and make arrests where necessary.

4. Accepts directions / constructive criticism

Y N

Deputy Donald accepts directions and constructive criticism with no issue. Deputy Donald is always looking for ways to advance her knowledge in Law Enforcement and develop herself as a deputy.

5. Accuracy, neatness, and thoroughness of work

Y N

Deputy Donald's work is above acceptable. She is very thorough in her reports she turns in and follows up on cases when necessary.

6. Observance of rules and safety practices

Y N

Deputy Donald has always abided by policy and procedure of RCSO. Officer safety is a priority for Deputy Donald and she goes above and beyond to make sure her teammates are safe. Deputy Donald stays longer than her shift to ensure her teammates are safe.

7. Attendance / uniform and grooming / equipment maintenance

Y N

Deputy Donald rarely misses work. She is always properly groomed and takes great care of her issued equipment. She works extra hours to assist in her assigned zone along with taking care of her husband [REDACTED] Deputy Donald does not like to let her teammates down.

OVERALL PERFORMANCE SUMMARY

Date: 12/10/22 Immediate Supervisor's Signature: _____

Date: 12/10/22 Evaluation Meeting Conducted By: Sgt. Megan Inman

By: _____

By: _____

Notes on evaluation meeting:

Deputy Donald wishes to pursue her career in K9 and crime suppression.

She has a passion for working with dogs and wants to start working more with crime suppression

and observe how the K9 units operate. Deputy Donald also shows interest in investigations

and wants to attend classes to further her knowledge in criminal investigations to help further her career.

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: 12/10/22 Signature: Amanda Donald

Employee Comments:

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

4. Employee Name: Amanda Donald	5. Employee Classification/Title: Deputy Sheriff
------------------------------------	---

6. Division: Field Operations- Zone 4
--

1. Type of Review
X _____ 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

Deputy Donald has always been respectful to her supervisors, co-workers, and civilians she interacts with in the community. Deputy Donald shows empathy and builds rapport with everyone she encounters.

Integrity

Y N

Deputy Donald has always displayed great integrity. She will admit if she feels like she has made a mistake and what actions she will take to make herself a better deputy.

Teamwork

Y N

Deputy Donald works well with all of her teammates. She is always assisting her teammates and even works late to make sure the incidents are handled properly.

Excellence

Y N

Deputy Donald goes above and beyond to assist/help her teammates, she is quick learner, and her integrity is unquestionable. She investigates every call to the fullest in helping solve the case at hand. My hopes as her immediate supervisor, would be that her future is investigations. She is a great asset to RCSO.

General Factors

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

1. Ability to make sound decisions / effective under stress

Y N

Deputy Donald has no issue handling calls and making effective decisions under stress.

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

Y N

Deputy Donald has always taken responsibility for her work and turns all her paperwork in on time.

3. Work knowledge and job skill level / problem solving

Y N

Deputy Donald rarely asks for assistance in handling calls. Through her problem solving skills she has been able to figure out the incidents she encounters.

4. Accepts directions / constructive criticism

Y N

Deputy Donald accepts directions and constructive criticism with no issue. Deputy Donald is always looking for ways to advance her knowledge in Law Enforcement

5. Accuracy, neatness, and thoroughness of work

Y N

Deputy Donald's work is above acceptable. She is very thorough in her reports she turns in.

6. Observance of rules and safety practices

Y N

Deputy Donald has always abided by policy and procedure of RCSO. Officer safety is a priority for Deputy Donald and she goes above and beyond to make sure her teammates are safe.

7. Attendance / uniform and grooming / equipment maintenance

Y N

Deputy Donald rarely misses work. She is always properly groomed and takes great care of her issued equipment. She works extra hours to assist in her assigned zone along with [REDACTED] Deputy Donald does not like to let her teammates down.

OVERALL PERFORMANCE SUMMARY

Date: 12/7/21 Immediate Supervisor's Signature: Megan Inman Digitally signed by Megan Inman
Date: 2021.12.07 23:20:48 -05'00'
Date: 12/7/21 Evaluation Meeting Conducted By: Sgt. Megan Inman
By: _____
By: _____

Notes on evaluation meeting:

Deputy Donald wishes to pursue her career in K9 and crime suppression.
She has a passion for working with dogs and wants to start working more with crime suppression
and observe how the K9 units operate. Deputy Donald also shows interest in investigations
and wants to attend classes to further her knowledge in criminal investigations to help further her career.

REVIEW COMMENTS AND SIGNATURES

SECOND LEVEL REVIEW

Comments:

- Continue to grow and expand your knowledge base;
- Dep. Donald can be counted on to handle any assignment without
complaint and requires little guidance.

Date: 12/07/21 Signature: [Handwritten Signature]
Title: Lieutenant

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

Date: 12/07/2021 Signature: Amanda Donald

Employee Comments:

NEW HIRE PROCESS

EMPLOYEE INFORMATION SHEET:

Name: Amanda P. Donald

Address: [REDACTED]

Phone: [REDACTED]

SSN: [REDACTED]

Hire Date: 05/04/19

Orientation: Monday, May 20, 2019 @ 9:00am (See Orientation sheet for Location)

Date to Report: Tuesday, May 21, 2019 @ 8:00am (at the Range 2098 Greenland Rd. Blythe, Ga. 30805 See Dep. Gregory) *WEAR UNIFORM Class B* You will be at the Range most of the week

Assigned Shift: "C" Shift 5:45pm to 6:15am

Supervisor: Lt. Lafferman

Salary (bi-weekly): \$ 1, 349.46 **Salary (annual):** \$ 35, 085.91

First Check: 05/24/19

Computer #: C732

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

FINGERPRINTS & PHOTO Jail Administration
Charles B. Webster Detention Center, 1941 Phinizy Road 706-821-1101

ROAD DEPUTIES Training Range (Weapon)

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

SWEARING-IN Thursday, May 2, 2019 @ 9:00am **Be there by 8:30am**

Judge Harry B. James, III
Probate Court
Augusta Judicial Center
735 James Brown Blvd. Suite 1000
(Do not wear uniform)



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

Orientation Information

Date: 04/22/19

To: Amanda P. Donald

Employee's Position: Jailer 12hr

Congratulations! I would like to take this opportunity to welcome and congratulate you on your selection for employment with the City of Augusta. I am certain you have questions about benefits, policies and procedures, etc. The purpose of this letter is to inform you about orientation. Orientation will answer your questions regarding the employment policies and health benefits available to the City of Augusta employees. You attend orientation on your first day of work. Your first scheduled day of work at your designated work-site will be Tuesday, May 21, 2019 @ 8:00am at the Range. Your bi-weekly salary for this position is \$ 1,349.46. The City of Augusta has 26 pay-periods. You will have the option to sign up for direct deposit at orientation. **Orientation is scheduled for Monday, May 20, 2019 from 9:00 a.m. until 5:00 p.m. at the Municipal Building, 535 Telfair Street, Human Resources (1st floor).** Please be present and on time. Attendance is mandatory. You should bring the following items with you: a black ink pen, birth dates and social security numbers of your dependents.

Please note that this letter does not constitute a contract of employment. If you have any questions concerning this information, please call me at 706-821-2851. I look forward to seeing you at orientation.

Sincerely,

Employment Manager
Human Resources Department

Issued By: Deanna Carreras
Personnel, Sheriff's Office

2019 NEW HIRE NOTIFICATION/CONFIRMATION

TO: Employment Manager, Human Resources

DATE: 04/22/19

FROM: Sheriff
(Department Name)

5034
(Department #)

_____ Amanda P. Donald _____ has been selected for consideration in the vacancy below. If hiring requirements are met, the Human Resources Department will advise as soon as possible. All new employees will attend orientation on the Monday of the new pay period. Please circle the orientation date below. (No employee will be entered on payroll or start work prior to orientation).

Job Title	Jailer 12
PCN	SPR82IJ107
Pay Class (100, 200, 300, 600)	100
Pay Grade	12
Annual Salary (15% or more above minimum of pay grade requires Commission approval letter)	\$ 35,085.91
Bi-weekly Salary	\$ 1,349.46
Hourly Rate	\$16.06
Allowance (example: clothing, car, etc.)	
Hours Per Day	84 hour Calendar
Pay Rule (auto deduct lunch, comp or overtime, etc.)	12hr; 30mins A/D
Name/ID of Employee Being Replaced	A.Verge / 18520

2019

JANUARY 14 28	JULY 1 15 29
FEBRUARY 11 25	AUGUST 12 26
MARCH 11 25	SEPTEMBER 9 23
APRIL 8 22	OCTOBER 7 21
MAY 6 20	NOVEMBER 4 18
JUNE 3 17	DECEMBER 2 16

John J. Francisco

Signature of Department Director/Elected Official

04/22/19
Date

Augusta, Georgia

Job Description

Approved Title: Jailer
Working Job Title: Jailer (12 Hour)
Department: Sheriff (5034)
Reports To: Sergeant
Job Code: 82IJ
Pay Grade: 12
Original Date Prepared: August 25, 1997
FLSA Classification: Non-exempt
Date Revised: June 14, 2018

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

GENERAL SUMMARY: Maintains order and security in the jail and ensures the safety and well-being of inmates, employees, and visitors within the guidelines of applicable state and federal laws, departmental directives, and rules and regulations. Reports to the Sergeant or other designated person and works with co-workers, inmates, attorneys, visitors, ministers, social workers, and probation, parole, court, police, and other agency personnel to provide operational support.

KEY RESPONSIBILITIES AND PERFORMANCE STANDARDS

Percentages	TYPICAL CLASS ESSENTIAL DUTIES:
30 %	Monitors inmate activity, and records/maintains in log book.
20 %	Works control panel for cells, entrance to cell block, emergency exits, and visitation/attorney area.
20 %	Conducts security inspections.
10 %	Oversees inmate recreation activities.
10 %	Assists in the distribution and collection of commissary items, inmate clothing, and linen.
5 %	Performs emergency first aid to inmates as necessary.
5 %	Answers telephone and operates intercom system.
As Required	Performs other duties of a similar nature or level.

100% Total: 100

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

POSITION SPECIFIC RESPONSIBILITIES MIGHT INCLUDE:

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

REQUIRED MINIMUM QUALIFICATIONS:

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

Experience: No experience required. Selected candidate will be trained to successfully perform the duties and responsibilities of this position.

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

Knowledge/Skills/Abilities:

Knowledge/Skills/Abilities:

- Considerable knowledge of law enforcement and the corrections process.
- Familiarity with applicable state and federal laws, county policies and procedures, and departmental directives.
- Proficiency in using GCIC/NCIC and JMS computer operations, physical restraint methods and equipment, first aid, CPR, and interpersonal communications.
- Good communication skills, both oral and written.
- Demonstrated ability to work independently.

Skills:

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

Some positions may require:

- CPR and First Aid annual training.

OTHER:

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

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

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

PHYSICAL REQUIREMENTS:

Depending upon area of assignment:

Positions in this class typically require: standing, walking, running, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing, using tools and equipment that require a high degree of manual dexterity, ability to distinguish between shades of colors, and physically subdue individuals when required. Work is performed in a jail with exposure to diseases, dirt, dust, and physical confrontations.

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) _____

Date _____

John L. Runnion
 Line or Staff Management _____

05/09/2019
 Date _____

John L. Runnion
 Department Director _____

05/09/2019
 Date _____

Compensation Administration Staff _____

Date _____

HR Director _____

Date _____



HUMAN RESOURCES NEW HIRE QUESTIONNAIRE FORM

S.S. #: [REDACTED] NAME: Donald Amanda P. SUFX: [REDACTED]

ADDRESS: [REDACTED]

DATE OF BIRTH: [REDACTED] / 1990 HOME PHONE #: () CELL PHONE #: [REDACTED]

SEX: [] MALE [X] FEMALE U.S. CITIZEN: [X] YES [] NO MARITAL STATUS: [] SINGLE [X] MARRIED [] DIVORCED

RACE: [X] WHITE [] BLACK OR AFRICAN AMERICAN [] HISPANIC OR LATINO [] ASIAN [] NATIVE HAWAIIAN OR PACIFIC ISLANDER [] AMERICAN INDIAN OR ALASKAN NATIVE [] TWO OR MORE RACES

HIGHEST LEVEL OF EDUCATION COMPLETED (PLEASE CHECK ONE): HIGH SCHOOL: [] 9 [] 10 [] 11 [] 12 [] GED COLLEGE: [] 1 [X] 2 [] 3 [] 4 GRAD SCHOOL: [] 1 [] 2 [] 3 [] 4

WERE YOU PREVIOUSLY EMPLOYED BY ANY DEPARTMENT IN AUGUSTA-RICHMOND COUNTY? [] YES [X] NO IF YES, DATE?

DO YOU HAVE ANY RELATIVES EMPLOYED WITH AUGUSTA-RICHMOND COUNTY? [X] YES [] NO IF YES, NAME: Casey Donald DEPT: Sheriff RELATION: [REDACTED]

IN CASE OF EMERGENCY: NAME: [REDACTED] Relation: [REDACTED] PHONE NUMBER: [REDACTED]

***SIGNATURE: Amanda Donald DATE: 4/22/2019

BELOW IS FOR HUMAN RESOURCES ONLY

RE-HIRE? [] YES [] NO (IF YES, EMP ID #:) NEW EMP ID: STATUS: HIRE DATE: BARG UNIT: CALENDAR: GENDER: RACE: LOC (DEPT 3-DIGIT ABB): MARITAL STATUS: PAY CLASS: PCN: TITLE: BEGIN PAY DATES: HOURS PER DAY: DAYS PER WEEK: JOB CODE: SALARY GRADE: ANN SALARY: \$ BI-WKLY RATE OF PAY: \$ SUPPL PAY: \$ FED TAX (S, M, X, E): #OF DEP: ADD AMT: \$ ST TAX (S, M, H, E): (IF MARRIED, [] MJ [] MS [] M) #OF DEP: ADD AMT: \$

SUBSTANCE ABUSE COVERAGE FORM

I, Amanda P. Donald, 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 substance" 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: Amanda Donald

DATE: 4/22/19

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, Amanda P. Donald 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.

Amanda Donald
(Signature)

4/22/19
(Date)

[Signature]
(Witness)

4/22/19
(Date)

**GEORGIA CRIME INFORMATION CENTER
AWARENESS STATEMENT**

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.G.C.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen 15 years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

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

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

Print Name: Amanda P. Donald

Signed: Amanda Donald Date: 4/22/19

Witnessed: [Signature] Date: 4/22/19

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) Amanda Donald
Employee Signature Amanda Donald Date 4/22/19

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.

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Amanda Patricia Donald</i>	1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]
2a. HOME ADDRESS (Number, Street or Route, City, State, and ZIP Code) [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 [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) B **TOTAL ALLOWANCES** (Total of Lines 3 - 5) 1
(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 Amanda Donald Date 4/22/19

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.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're 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.					
1 Your first name and middle initial <i>Amanda P</i>		Last name <i>Donald</i>			
		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 					
If you meet both conditions, write "Exempt" here ▶					
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>Amanda Donald</i>		Date ▶ <i>4/22/19</i>			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) <u>Donald</u>	First Name (Given Name) <u>Amanda</u>	Middle Initial <u>P</u>	Other Last Names Used (if any) [Redacted]
Address (Street Number and Name) [Redacted]		City or Town [Redacted]	State ZIP Code [Redacted]
Date of Birth (mm/dd/yyyy) <u>/1990</u>	U.S. Social Security Number [Redacted]	Employee's E-mail Address [Redacted]	Employee's 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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space 
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <u>Amanda Donald</u>	Today's Date (mm/dd/yyyy) <u>07/22/2019</u>
---	--

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

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




Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

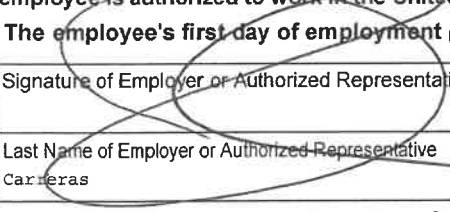
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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): 05/20/2019 (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
		<u>05/09/2019</u>	Administrative Assistant	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Carreras	Deanna	Richmond County Sheriff's Office		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
400 Walton Way		Augusta	GA	30901

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

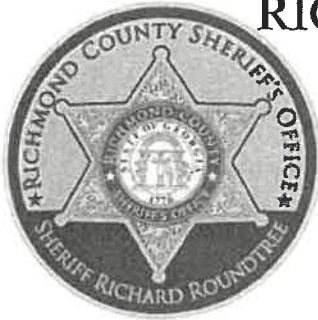
A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative



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

APPLICANT BOARD REVIEW SHEET (INTERVIEW 1)

DATE: 04/08/19

APPLICANT: Amanda Donald

BOARD MEMBERS:

	IN ATTENDANCE		CONTINUE PROCESS		INITIAL
	YES	NO	YES	NO	
<i>Capt. Will H. H.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>
<i>LT. GLEN RAHN</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>CL</i>
<i>INV. CALEB LEE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REMARKS:

- *She has military experience.*
- *She has a great personality.*
- *[REDACTED] JUST GOT HIRED w/ us*

Jail Tour 4/8/19



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

New Hire Physical Testing and Qualification Assessment

Date: 04/06/19

Time: 12:00pm

Candidate: Amanda Donald OKEY # _____

Weight: 150

Height: 5'5

Race: W Sex: F

Jail Applicant

10:38 One Mile Run: 10:10

31 Sit-Ups: 31

26 Push-Ups: 26

50 Round Qualification: Not Required



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

APPLICATION SCREENING FORM

Applicant's Name: Amanda Donald

Position Applied For: Jail

RATING TRAITS/CHARACTERISTICS

POSITIVES

- Meets Job Requirements
- Educational Level
- Physical Fitness
- Prior Experience
- Military Service (Honorable)
- Special Skills
- Related Certifications

NEGATIVES

- Typos on Application
- Large Breaks in Work History
- Minimum/Low Compass Score
- Bad Driving Record
- Criminal History

Additional Comments:

Recommendation (Check One Box Only):

	Member 1	Member 2	Member 3
Proceed To Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maybe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Further Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ranking	1	1	1

(1 -5 Scale - 5 Being the Highest)

1) PRINT NAME	SIGNATURE	DATE
2) PRINT NAME	SIGNATURE	DATE
3) PRINT NAME	SIGNATURE	DATE

Application Process II

Last Name	First Name	Middle Name	Suf
Donald	Amanda	P	
SS#	DL#	DOB:	
[REDACTED]			
Interview (Date):	4/10/19	Interviewed By:	Jail Committee
Remarks:	passed		
POST (Date):	4/16/19		
Remarks:	No record		
Entrance Exam (Date):	NA	Score:	—
Polygraph (Date):	4/9/19	Examiner:	J. Smith
Remarks:	Passed		
Range:	4/16/19 passed		
Background by:	Lt. GLEN RAHN		
Remarks:	see NOTES		
Drug Screen:	4/18/19 passed	Physical	4/18/19 passed
No Further Process	[REDACTED]		
Approved Hire:	Sheriff's Comm.		



Application for Employment Augusta, Georgia

HUMAN RESOURCES DEPARTMENT

ROOM 601, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911

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

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

Position Applying For <u>Jailer / on the road Sheriff</u>	Date <u>03/22/2019</u>
Name Last <u>Donald</u>	First <u>Amanda</u> MI <u>P</u>
Current Address [REDACTED]	City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Telephone Number(s) [REDACTED]	() ()

Have you ever been employed with the City of Augusta or Richmond County before? Yes No
 If yes, Date _____ Position _____

On what date would you be available for work? 03/22/2019

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

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

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible to work in the U.S.? Yes No

Do you have any relatives employed with us? Yes No

If yes, Name _____ Relation _____ Dept _____

If yes, Name _____ Relation _____ Dept _____

Have you ever been convicted of, plead guilty or no contest to a misdemeanor? Yes No
 If yes, please give date and explanation. _____

Have you ever been convicted of, plead guilty or no contest to a felony? Yes No
 If yes, please give date and explanation. _____

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

Education

High School				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
<u>Bellport High School</u>	<u>11719</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>205 Beaverdam Rd Brookhaven NY</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical or Business Schools				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colleges/Universities				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
<u>Suffolk County Community College</u>	<u>2</u>	<u>Criminal Justice</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>AS</u>
<u>533 College Rd Selden NY 11784</u>	<u>3</u>	<u>Brookhaven</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>John Jay College of Criminal Justice</u>	<u>1</u>	<u>Criminal Justice</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>524 W 59th St New York NY 10019</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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



Application for Employment Augusta, Georgia

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

Name	Address	Years Known
Willie Badger	[REDACTED]	10
Justin Durso	[REDACTED]	14
Melissa Sinnora	[REDACTED]	21

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

Name of Organization Andy Frain Services	Telephone (561) 307-4977	Dates Employed From mo/yr 06/18 To mo/yr 06/18
Number and Street 200 Tuckahoe Rd	City State Zip Code South Hampton NY 11968	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title Security Supervisor	Name of Supervisor Don Ammon	Pay (hourly rate/salary) Starting 13 Final 15
Describe Specific Job Duties US Open Golf Tournament		
Reason for Leaving Temporary Position		

Name of Organization USMC	Telephone (910) 934-5707	Dates Employed From mo/yr 08/08 To mo/yr 08/12
Number and Street CLB-2 TS Company	City State Zip Code Camp Lejeune NC 28540	May we contact this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title Corporal	Name of Supervisor Master Sergeant Meyer	Pay (hourly rate/salary) Starting E-2 Final E-4
Describe Specific Job Duties Corporal of Marines, Motor Transportation operator		
Reason for Leaving CORPORA		

Name of Organization	Telephone	Dates Employed
Number and Street	City State Zip Code	From mo/yr To mo/yr
Official Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Specific Job Duties		
Reason for Leaving		

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

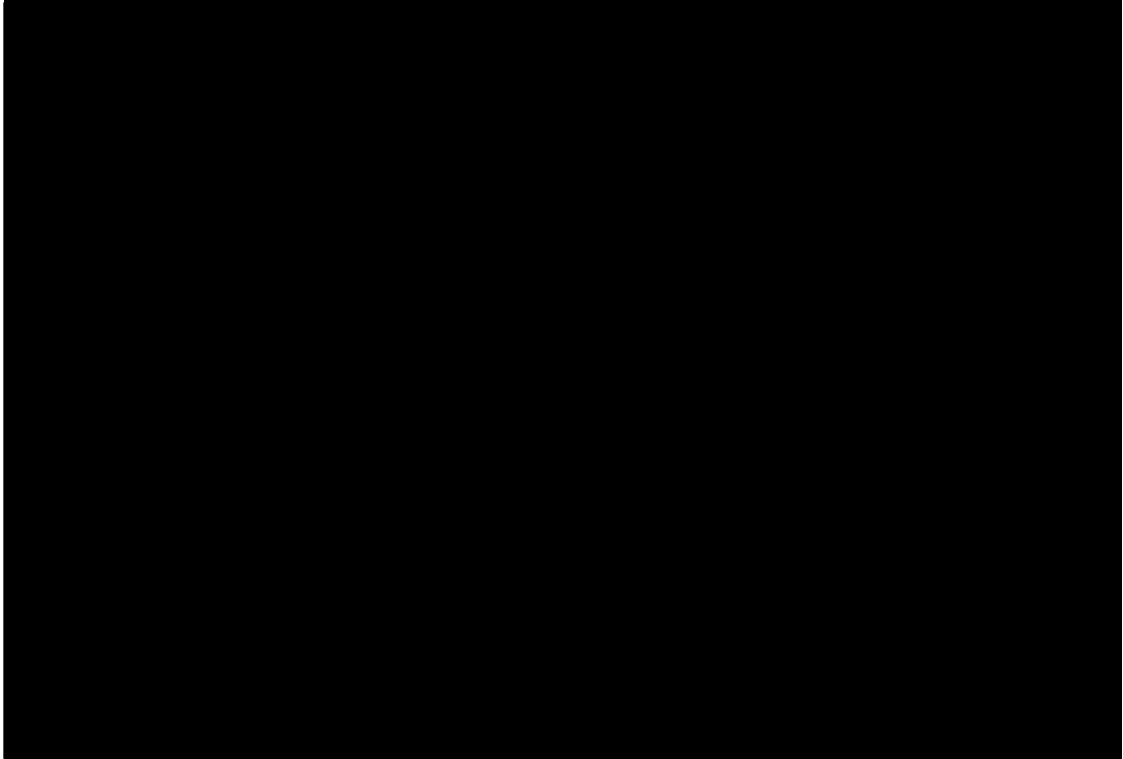
Authorization and Release

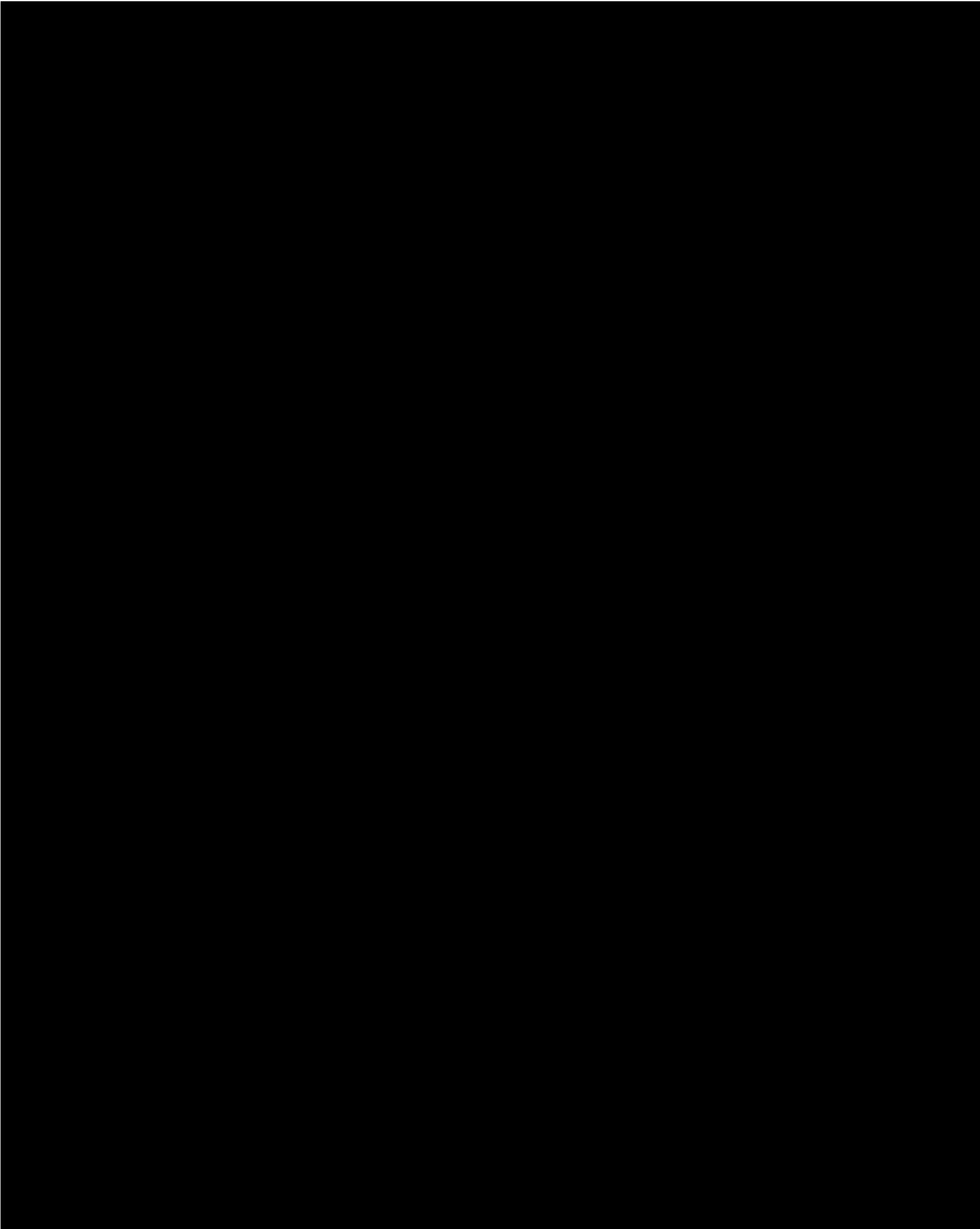
My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application form and attached resume or credentials may disqualify me for employment or result in immediate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

Amanda Donald
Signature of Applicant

04/09/2019
Date







Wellport Senior High School

Brookhaven

New York



This certifies That

Amanda Knepper

has satisfactorily completed a Course of Study prescribed by the Board of Education and approved by the University of the State of New York and is therefore awarded this

Diploma

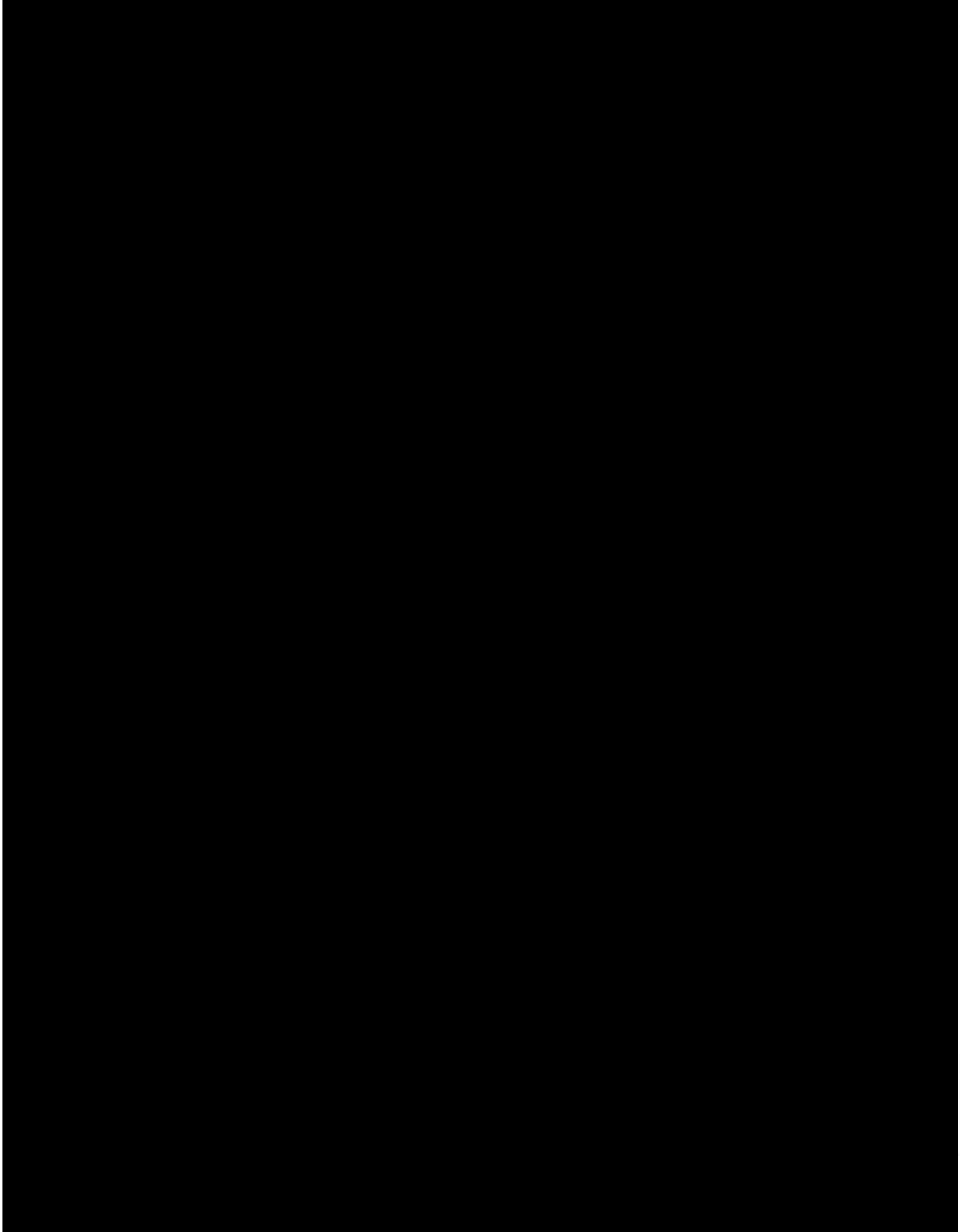
Given this month of August, 2008.



Gregory C. Migliorini
President of Board of Education

Samuel A. ...
District Superintendent

John C. ...
Principal





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

Officer Search

[All Officers](#)

Found 0 officers with first name beginning with "amanda" and last name beginning with "donald".

[New Search](#)

<input type="radio"/> Key	Name	Current Employer
<input type="radio"/>		

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

The current time is 6:40 pm. Your session will expire after 20 minutes of inactivity.

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RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, 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's histories, upon this release authorization, will be considered in determining my suitability for employment.

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

- Have you ever been arrested for ANY criminal or traffic charge? If so, explain:



State: North Carolina From: 2011 To: 2012
 State: Louisiana From: 2012 To: 2014
 State: New York From: 2014 To: current

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

Branch: USMC From: 2008 To: 2012

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

Years: From: _____ To: _____

This candidate application authorization is valid for 180 days from date of signature.

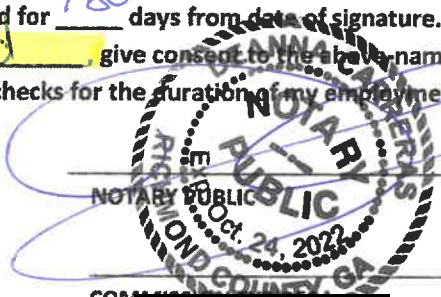
I, Amanda Donald, give consent to the above named entity to perform periodic criminal history background checks for the duration of my employment.

Amanda Donald

SIGNATURE OF APPLICANT

Amanda Donald

PRINTED NAME OF APPLICANT



COMMISSION EXPIRES

DATE

4/6/19

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RACE

SEX

HEIGHT

WEIGHT

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

DATE

W F 65" 162

Amanda

4/6/2019

**Richmond County Sheriff's Office
Applicant
Drug Use Statement**

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

Name: Last

Donald

First

Amanda

Middle

Patricia

SSN

[REDACTED]

Date of Birth

[REDACTED]

/1990

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

APD

Initials

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

APD

Initials

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

APD

Initials

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

Name: Amanda Donald SSN: [REDACTED] Date of Birth [REDACTED] /1990

APD

Initials

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

APD

Initials

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

Question #1

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

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

- A. What was/were the drug (s)? Marijuana
- B. On how many occasions? NOTE: If you cannot be specific as to the exact number of occasions, answer the following: on at least 10 occasions, but not more than 12.
- C. Date first used/tried/experimented 2005
- D. Date last used/tried/ experimented 2015
- E. How was it obtained? from a friend
- F. Where was it used/tried/experimented? High school party / Graduate party
- G. In what setting? party
- H. Reason for use/try/experimentation experimentation

Question #2

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

Question #3

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

Question #4

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

Question #5

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

Name: Amanda Donald SSN: [REDACTED] Date of Birth [REDACTED] 1990

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

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

Amanda Donald 4/6/2019
Applicant Signature Date

 4/6/19
Witness Date

CANDIDATE: Amanda Donald (28)

Jail

REFERENCES:

Willie Badger- has known her for 10 years and was in the Marines together. She is a compassionate individual, is a team player, and willing to go above and beyond to protect those that need it. Law Enforcement will fit her skills perfectly.

Melissa Sinnona- have known each other for 21 years and met in school. One of the strongest women she knows, hard working, dedicated, great mother and friend.

Justin Durso (NY Police Officer)- have known each other for 16 years. She is smart, funny and sharp. He believes she has the experience, personality, and work ethic that a police officer needs to be successful.

PREVIOUS EMPLOYERS:

United States Marine Corp. – observed on her [REDACTED]

CONCLUSION: A check of TLO and Facebook did not observe anything that would bring discredit to the agency. She would like to eventually go to Road Patrol and become a K9 officer.

Facebook Acct: Could not locate

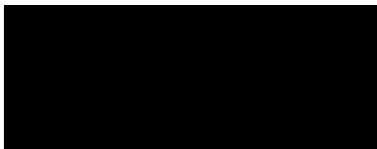
PT: 1 mile run: 10:10 Sit-ups: 31 Push-ups: 26 Qual: N/A

Lt. Glen Rahn

Glen Rahn

From: Justin Durso [REDACTED]
Sent: Thursday, April 11, 2019 2:06 PM
To: Glen Rahn
Subject: Re: [EXTERNAL] Email in regards to Amanda Donald

Thanks very much



Sent from my iPhone

> On Apr 11, 2019, at 13:41, Glen Rahn <GRahn@augustaga.gov> wrote:

>

> Thank you for the email. Shoot me your address and I will send you a patch and coin.

>

> -----Original Message-----

> From: Justin Durso [REDACTED]

> Sent: Wednesday, April 10, 2019 10:48 PM

> To: Glen Rahn <GRahn@augustaga.gov>

> Subject: [EXTERNAL] Email in regards to Amanda Donald

>

> Lt. Rahn,

>

> My name is Justin Durso. I have been a member of the New York City Police Department for 14 years. The last 3.5 years I have worked in the Counterterrorism Bureau. I am writing you tonight in regards to my friend, Amanda Donald.

>

> Her and I have been friends for a long time. Back in 2003, she worked at the gym I went to. We became fast friends. She was always very helpful, and did her job well. Smart, hard working, funny and sharp - my kind of person. Our friendship continues to this day.

>

> She always was very interested in my job, and that kept us in touch. As the years went on, she joined the US Military,

>

> Amanda would be a tremendous asset to your department. She has the experience, personality, and work ethic that a police officer needs to be successful. I hope this email helps and that you ultimately hire Amanda.

>

> Police Officer Justin Durso

>

> PS - if you want to trade patches or coins let me know. I'd be happy to.

>

> Sent from my iPhone

> [NOTICE: This message originated outside of the City of Augusta's mail system -- DO NOT CLICK on links, open attachments or respond to requests for information unless you are sure the content is safe.]

>

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> AED:104.1

Glen Rahn

From: [REDACTED]
Sent: Sunday, April 14, 2019 5:33 PM
To: Glen Rahn
Subject: [EXTERNAL] Amanda Donald

I have know Amanda for about 10 years. We first met and worked together on the Marine Corps assigned to the same unit. She is a compassionate individual who loves to be apart of a team/family and is willing to go above and beyond to protect those who need it. She can and will adapt to any situation and do so calmly. A job in Law Enforcement will fit her skills perfectly.

Sent from Yahoo Mail on Android

[**NOTICE:** This message originated outside of the City of Augusta's mail system -- **DO NOT CLICK** on **links**, open **attachments** or respond to **requests for information** unless you are sure the content is safe.]

Glen Rahn

From: [REDACTED]
Sent: Friday, April 12, 2019 2:58 AM
To: Glen Rahn
Subject: [EXTERNAL] Amanda Donald

Lt. Glen Rahn,

Per your request, Amanda Donald and I have known each other for approximately 21 years. We met at some point in elementary school, and have remained friends through the years. Amanda is one of the strongest women I know. Starting with the [REDACTED] at such a young age and then enlisting in the Marines at 17 years old, to [REDACTED] [REDACTED] she's always persevered. She's hard working, dedicated, a loving mother and great friend. Although I will truly miss spending time with Amanda, I know her securing a position within your department would be nothing but a positive experience for all involved.

If you have any further questions, please do not hesitate to reach out to me.

Sincerely,
Melissa Sinnona
[REDACTED]

[NOTICE: This message originated outside of the City of Augusta's mail system -- DO NOT CLICK on links, open attachments or respond to requests for information unless you are sure the content is safe.]

Important:

This is NOT a CONSUMER REPORT and does not constitute a "consumer report" under the Fair Credit Reporting Act ("FCRA"). This report may not be used to determine the eligibility for credit, insurance, employment or any other purpose regulated under the FCRA.

This system may be used only in accordance with your Subscriber Agreement, the Gramm-Leach-Bliley Act ("GLBA"), the Driver's Privacy Protection Act ("DPPA") and all other applicable laws. User agrees to having knowledge of all applicable laws pertaining to the usage of data. User accepts all responsibility civilly and criminally for any use of this system.

Violations of these restrictions or misuse of this system will cause your access to be terminated and will cause an immediate investigation.

Comprehensive Report

Comprehensive Report

Date: 04/15/2019

Reference ID: NONE

Subject Information

(Best Information for Subject)

Name: AMANDA PATRICIA

DONALD (12/01/2012 to 02/04/2019)

Name: AMANDA DONALD (12/01/2012 to 07/06/2018)

Name: AMANDA P [REDACTED] (09/13/2007 to 11/11/2017)

Name: AMANDA PATRICIA

[REDACTED] (12/01/2009 to 07/29/2013)

Date of Birth: [REDACTED] 1990, Born 28 years ago

SSN: [REDACTED]

bet [REDACTED]

Other Names Associated with Subject

None found

Other DOBs Associated with Subject

None found

Possible Phones Associated with Subject:

[REDACTED]

Indicators

[REDACTED]

Subject

[REDACTED]

Other Individuals Observed with shared SSNs:

[REDACTED]

Potential Subject Photos (None Found)

Possible Criminal Records

[REDACTED]

WARNING - Due to the quality of Criminal data entry - Data displayed may not pertain to your Subject. Separate Criminal Search is highly suggested as well as independent verification of anything displayed on this system.

Name: AMANDA PATRICIA [REDACTED]

DOB: [REDACTED] 1990, Born 28 Years Ago

Gender: F

Ethnicity: WHITE

Is Sex Offender: No

Match Indicators

First Name: Exact Match

Middle Name: Exact Match

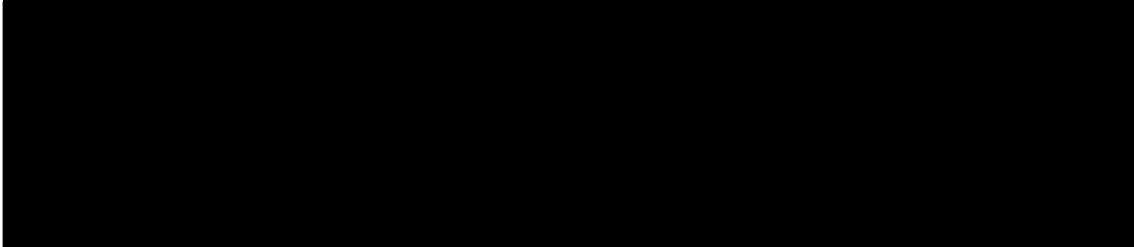
Last Name: Exact Match

Date Of Birth: Exact Match

Age: Exact Match



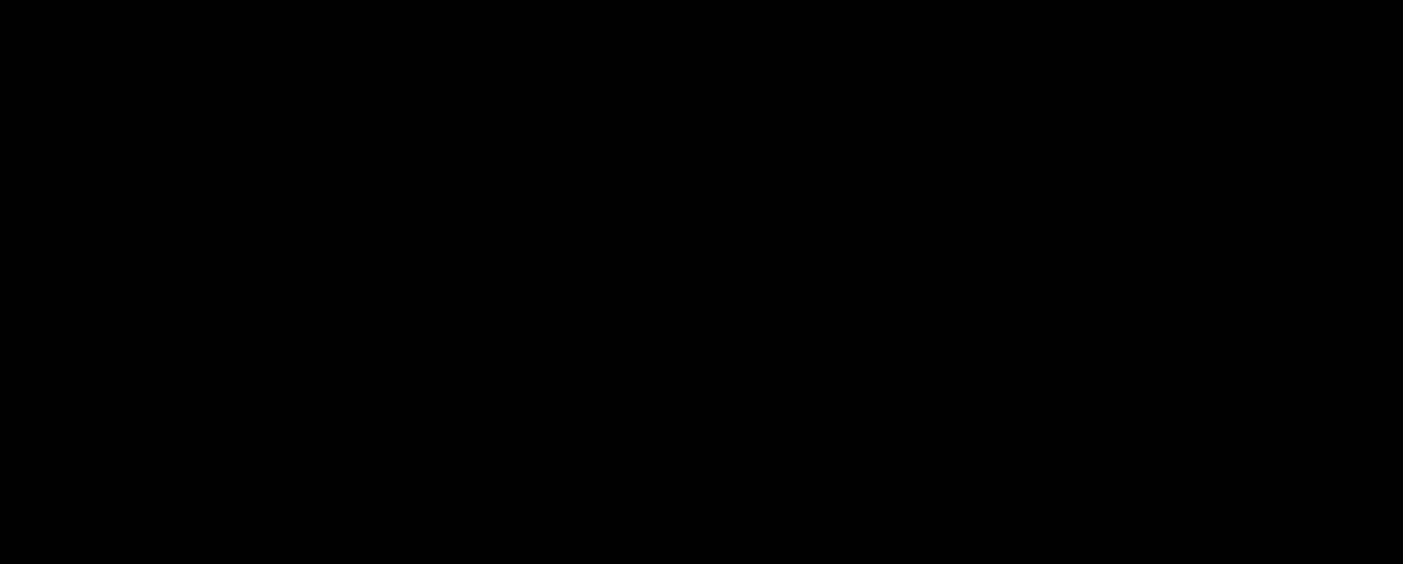
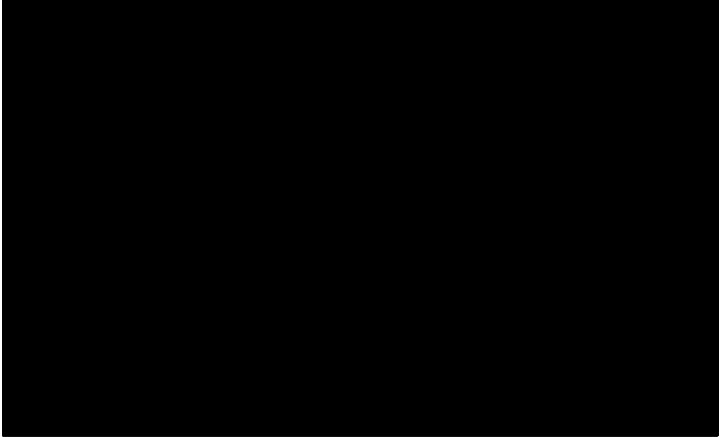
Address Summary (8 Found)

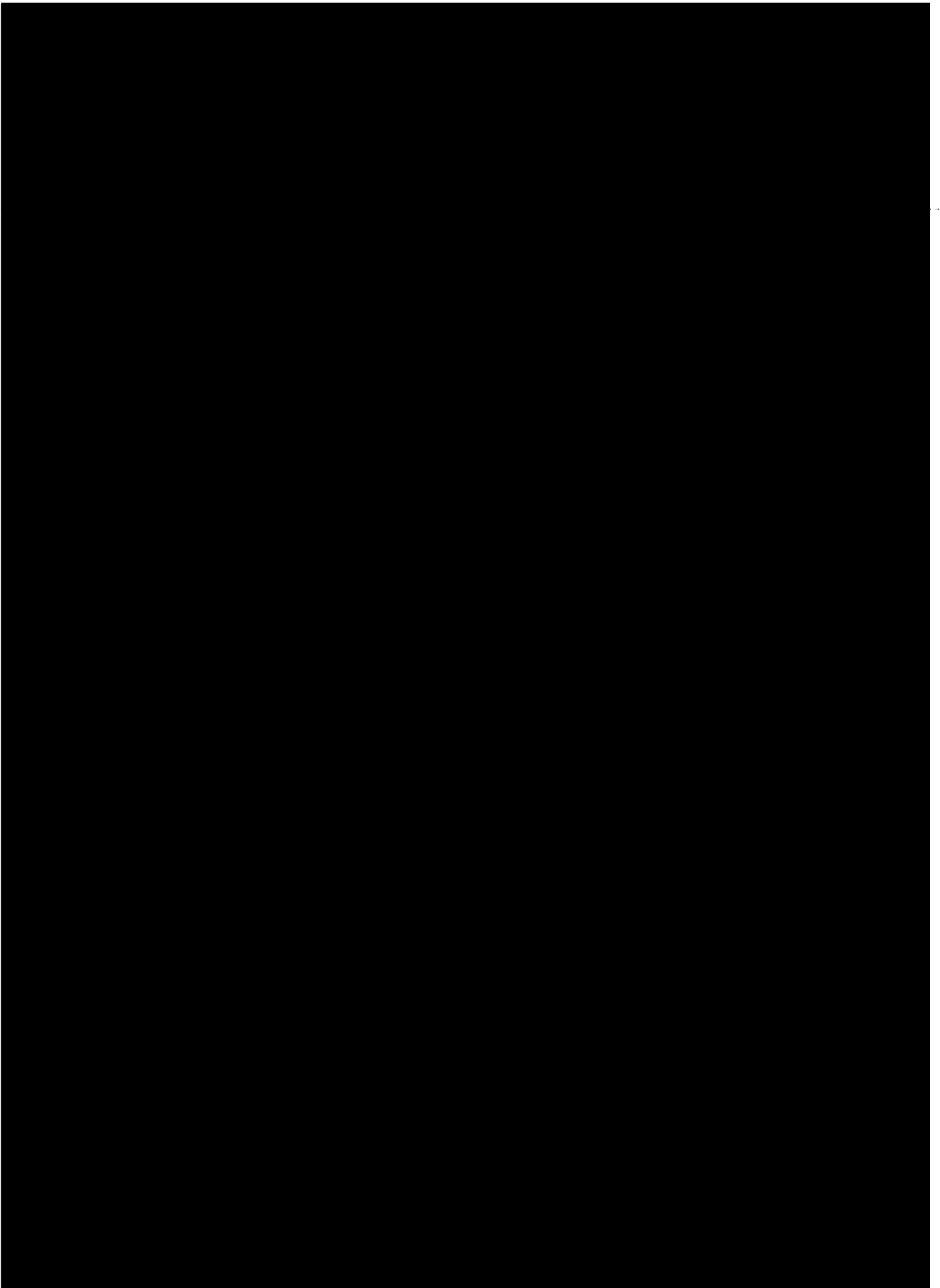


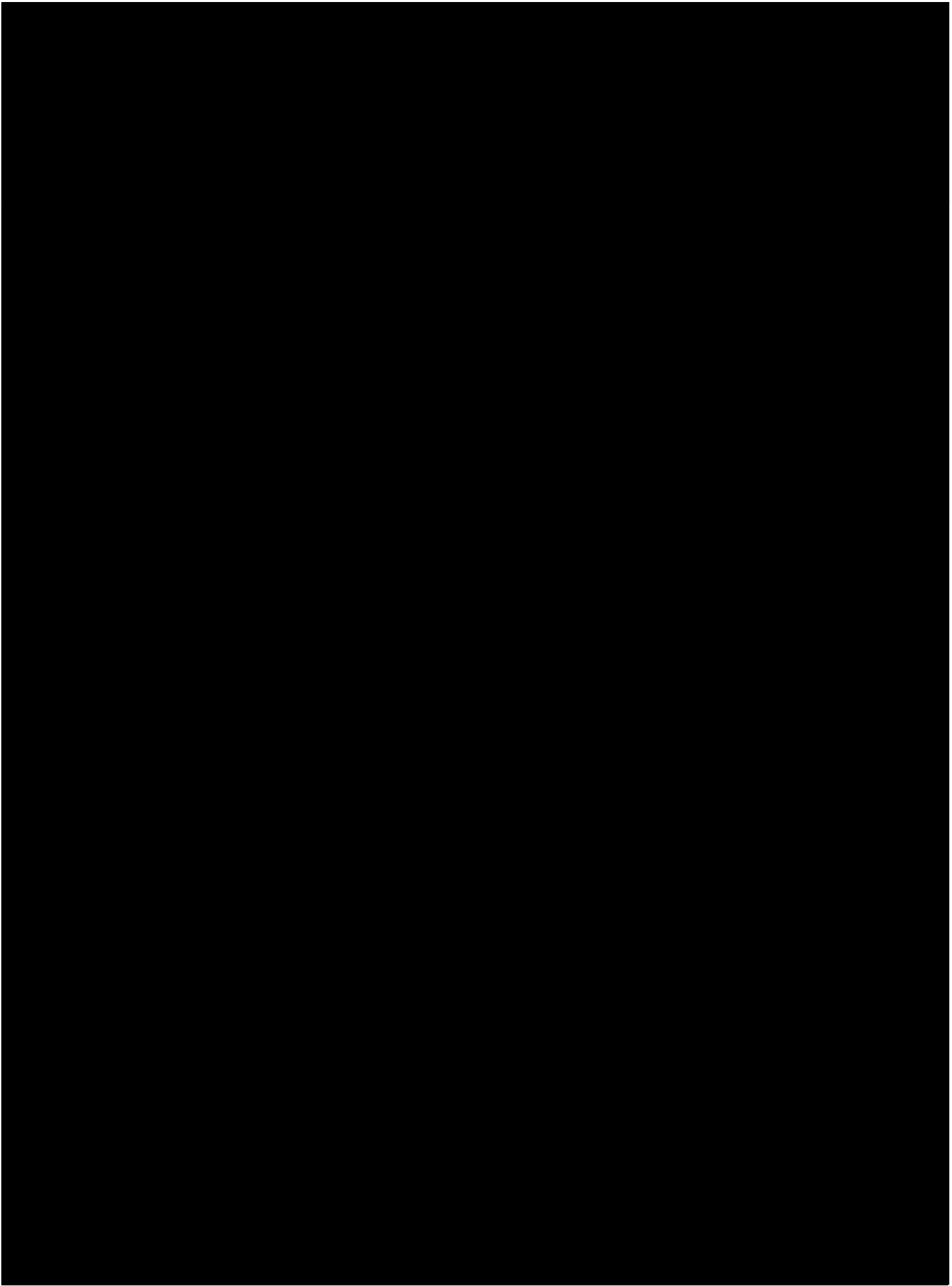
Driver's License Information (1 Found)

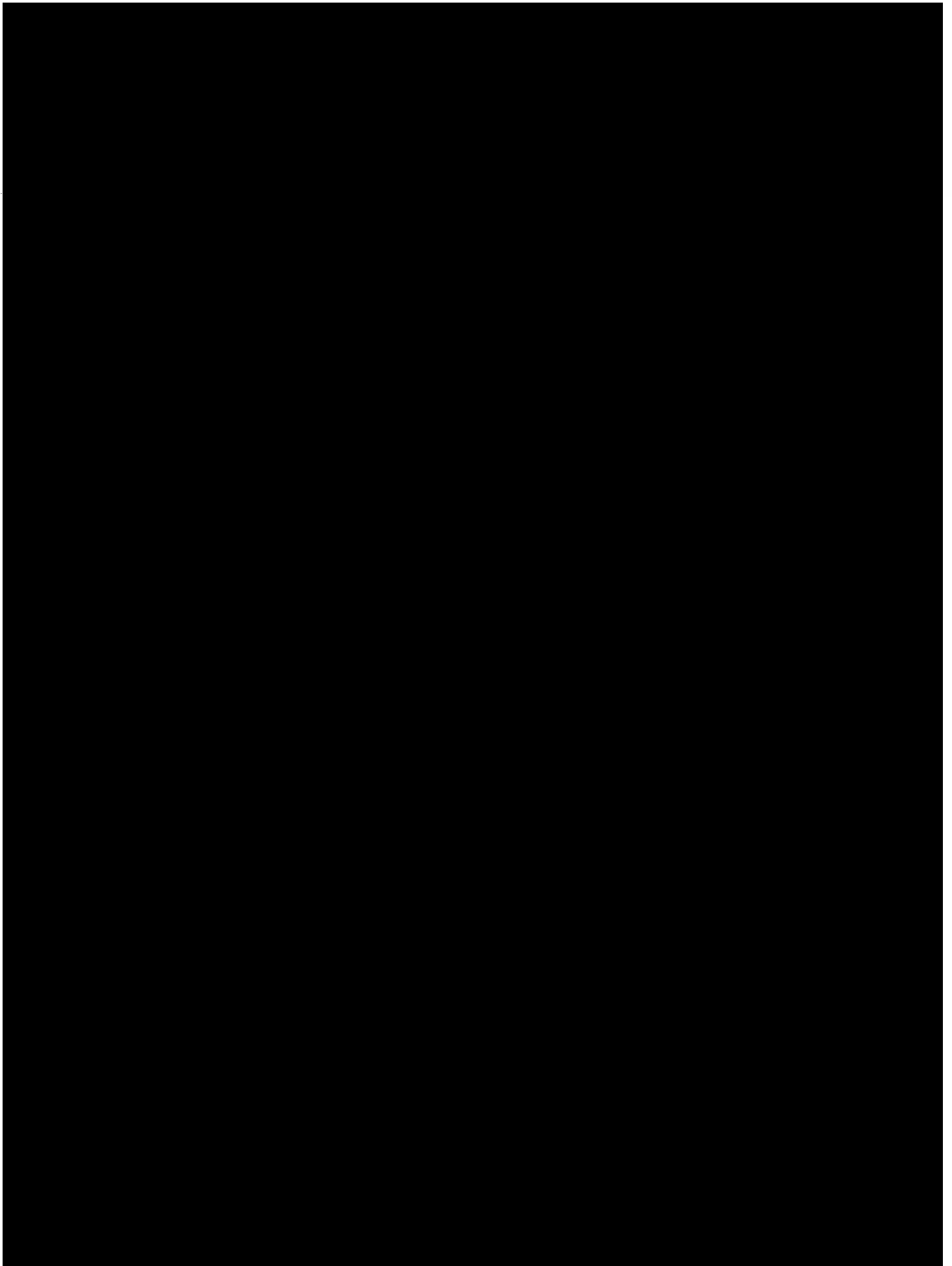
AMANDA B DONALD
[Redacted]

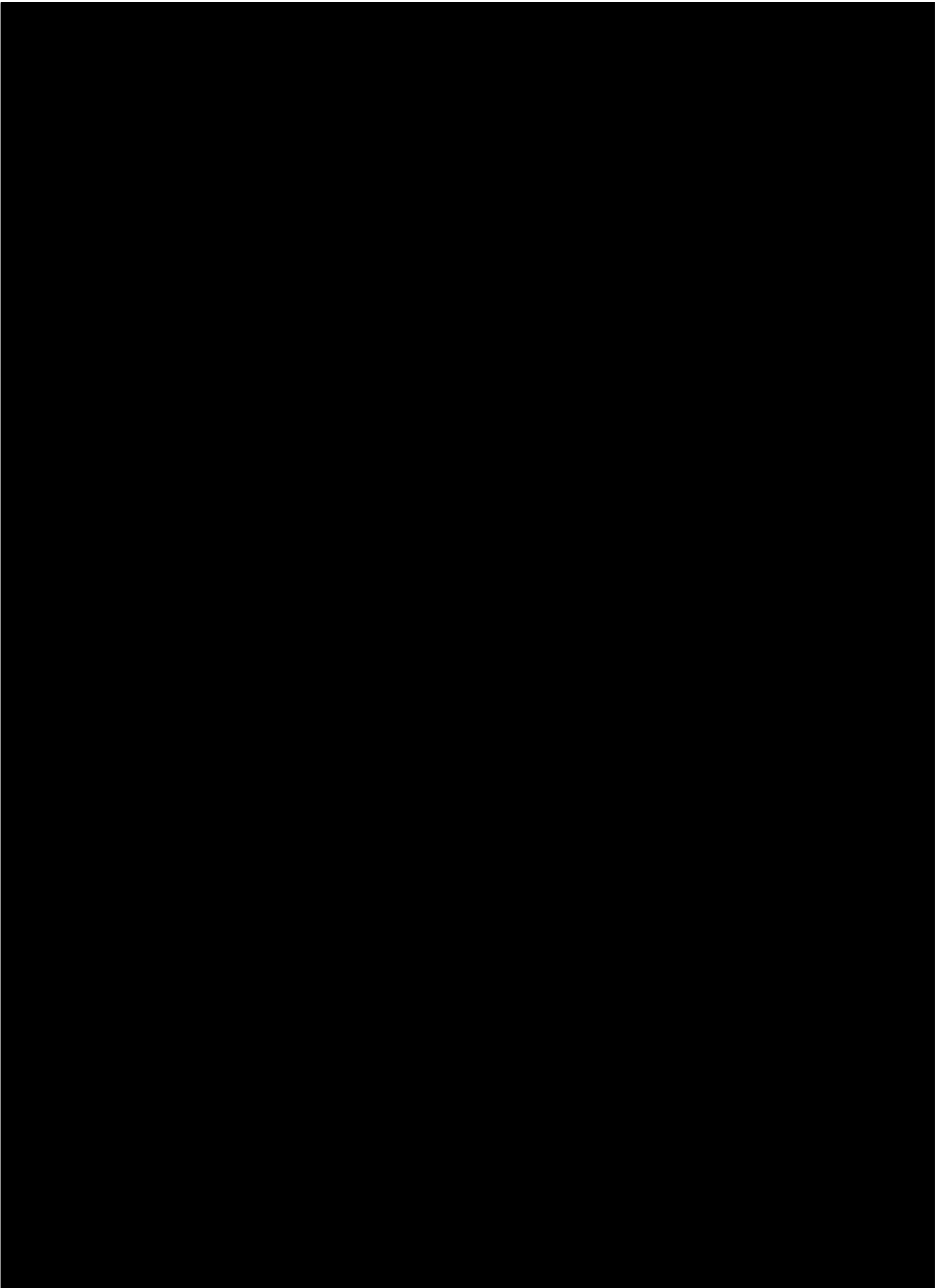
DL#: [Redacted]
DL State: NC
Reported Date: 02/05/2013
Date of Birth: [Redacted] /1990 , Born 28 years ago

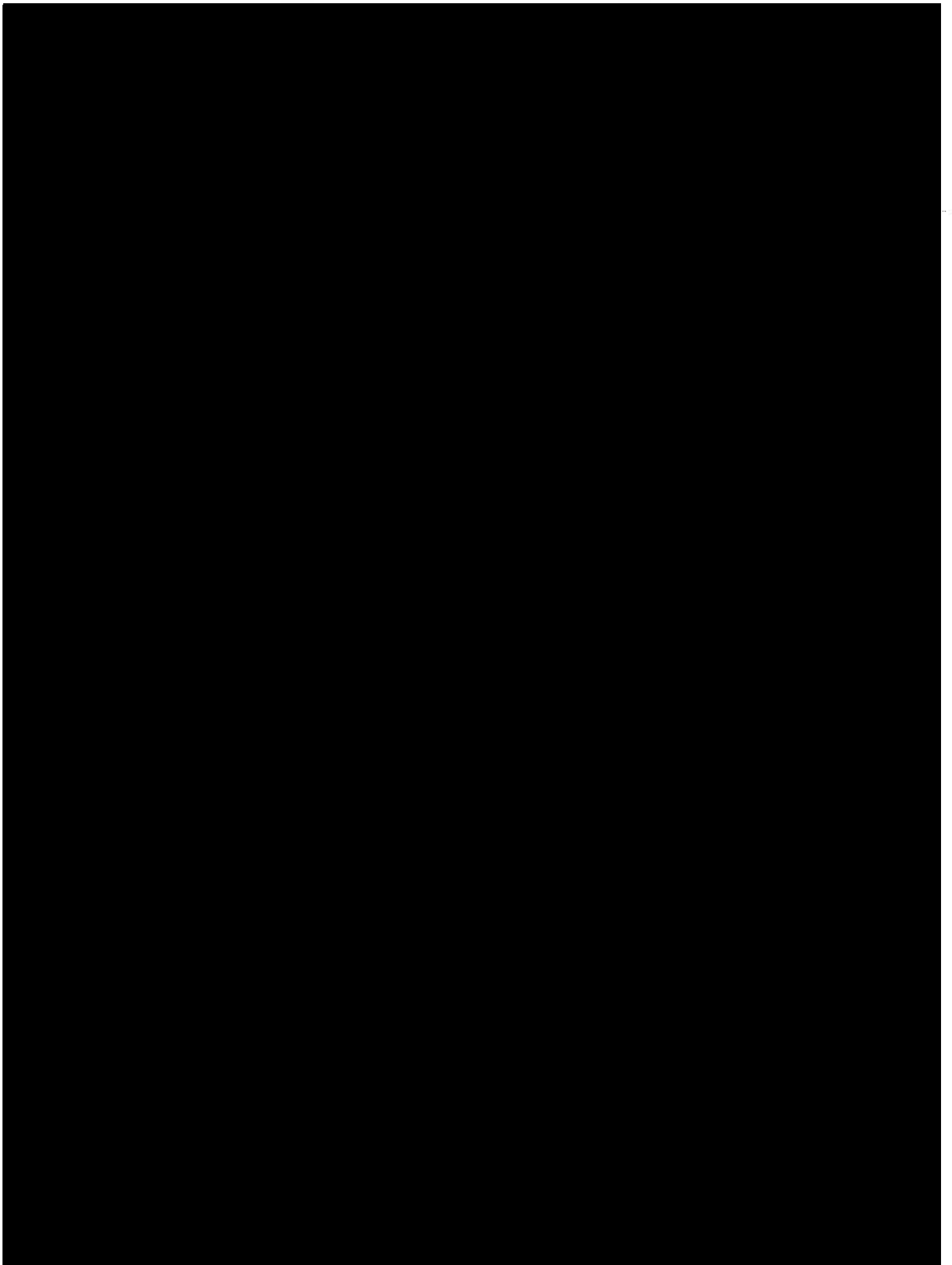














RICHMOND COUNTY SHERIFF'S OFFICE

Sheriff Richard Roundtree

Law Enforcement Center

400 Walton Way

Augusta, GA 30901

Phone: 706.821.1000 Fax: 706.821.1064

Polygraph Waiver

By affixing my signature below, I understand that I am submitting voluntarily to a RCSO sponsored polygraph examination for the purpose of employment and that if the results determine that my test indicates deception I will be responsible for the \$200 fee associated with this test.

Amanda Donald

Print Name

Amanda Donald

Signature

4/8/19

Date

Will H. H.

Witness



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 grievances 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) whom 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.

Amanda Donald

(Signature of Applicant)

4/6/19

(Date)

Amanda Donald

(Printed Name of Applicant)

Amanda Donald

I, _____, Notary Public, do hereby certify that _____, personally appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, and is 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 HAD THIS



20 19

(NOTARY PUBLIC)

Application Process I

Last Name	First Name	Middle Name	Suf
Donald	Amanda	P	
SS#	DL#	DOB:	
[REDACTED]			
New World:	No History		
Historical			
MNI:			
NCIC/GCIC/III	No Record		
Driver History	NY Lic Valid		

