

City of Utica



Utica, New York

To The City Clerk of Utica

As provided by Section 12 of the Second Class Cities Laws, I hereby certify that

Name: Patrick M. Husnay

Address: [REDACTED]

Telephone:

has this day been appointed to the position of Police Officer

in the department of Public Safety Bureau Of Police

the term to commence 5/17/2018

the term to end

filling unexpired term of (if applicable)

Signed

Mayor

Title of Official

UTICA POLICE DEPARTMENT

Personnel Order



Issue date: 02/15/19	Subject: Assignment / Transfer Orders	P.O. 19-11
Issuing Authority Don Cinque	Approved by: Chief M. Williams	

PO Patrick Husnay

Will leave B – Platoon Squad 1 at the completion of his tour on Thursday February 14, 2019. He will report to Lt. James Holt on Sunday, February 17th, 2019 at [REDACTED] hours for assignment in [REDACTED] - Platoon Squad 1.

Captain Donald Cinque

PERFORMANCE EVALUATION REPORT

NAME (FIRST, LAST, MI) Patrick Husnay	ID # 4067	RANK PO	DIVISION/UNIT Patrol
DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING) Street Patrol	PERIOD COVERED Annual	FROM 2-17-19	TO 12-31-19

PERFORMANCE LEVEL DEFINITIONS

OUTSTANDING = 5 VERY GOOD = 4 ACCEPTABLE = 3 NEEDS IMPROVEMENT = 2 UNSATISFACTORY = 1
 In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past Twelve month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.

1. DUTY PERFORMANCE (ALL EMPLOYEES)

4 PERSONAL APPEARANCE	2 COMMAND PRESENCE	3 REPORT WRITING ABILITY	3 INTERPERSONAL SKILLS (VERBAL)
2 RESPONSIVENESS TO SUPERVISION	2 ATTENDANCE	2 RELIABILITY	2 PERFORMANCE UNDER STRESS
2 PERFORMANCE	4 PUNCTUALITY	2 INVESTIGATIVE/PROBLEM SOLVING SKILLS	
3 JUDGMENT	3 CARE AND USE OF EQUIPMENT	2 KNOWLEDGE OF LAWS, POLICIES, ETC	

2. DAYS LOST DURING PERIOD COVERED BY THIS REPORT

SICK: **0** INJURED ON-DUTY: **0** INJURED OFF-DUTY: **0** OTHER: **0** TOTAL OCCURENCES: **3**

3. SUPERVISORY PERSONNEL ONLY

LEADERSHIP
QUALITIESEFFECTIVENESS OF
DELEGATIONTRAINING/COACHING
OF SUBORDINATESEVALUATION OF
SUBORDINATES

4. NARRATIVE SECTION (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

Attendance- Officer Husnay utilized **0** sick days in 2019

Punctuality- During this rating period Officer Husnay has been punctual and on time for his tour of duty.

Personal Appearance- During this rating period Officer Husnay's boots and duty belt were polished to an acceptable level.

Responsiveness to Supervision- In the month of August, Officer Husnay failed to respond to two emails to correct an accident report. An officer is to check his/her email every day and it's unacceptable for this to happen.

Command Presence/Performance Under Stress- Officer Husnay needs to improve his command presence while on scene of volatile situations.

Investigative/Problem Solving Skills- Officer Husnay is a new officer that still needs to improve his investigative/problem solving skills. Improving the aforementioned skills is something officers get better with as they gain more experience on the job.

Knowledge of Laws and Policies- Officer Husnay needs to continue to study laws and Utica Police Department Policy. Knowledge of these laws and policies are essential to becoming a proficient police officer.

Reliability- Officer Husnay has to work on his work quality and reliability, both of these traits should improve with more experience on the job.

Performance- Officer Husnay needs to show more initiative in his patrol activities and investigations.

How can this employee best improve his/her performance? (Include setting Career /Performance Goals).

Officer Husnay is a new officer and needs improvement in various areas. Husnay can improve on command presence, problem solving/investigations, and knowledge of laws and policies. In the year 2020, Husnay should concentrate on improving the aforementioned deficiencies.

(Continue on Back)

(Goal settings Continue From Front)

5. OVERALL PERFORMANCE RATING: This overall rating is to be based on the following factors:

- A. The employee's performance in his/her present assignment during the evaluation period; AND
B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and pay grade known to the evaluator.

☐ OUTSTANDING ☐ VERY GOOD ☒ ACCEPTABLE ☐ NEEDS IMPROVEMENT ☐ UNSATISFACTORY

6. REVIEWING COMMANDING OFFICER: (Immediate Supervisor) Name: Lt. James Holt

Signature James R. Holt Jr. / James Holt Rank Lt. Date 1-21-20
Print / Signature

7. SUPERVISOR REVIEWING WITH EMPLOYEE: Name: Sgt. Benny Perra

Signature B. Perra / Ben Perra Rank Sgt. Date 1-21-20
Print / Signature

8. EMPLOYEE'S COMMENTS: (Optional)

9. EMPLOYEE'S SIGNATURE: This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request appeal" or "waive appeal" on this report.

Signature [Signature] #14067 Rank PO Date 1-27-20
Print / Signature

CITY OF UTICA, CIVIL SERVICE COMMISSION

PROBATIONARY REPORT

To Appointing Officer:

Please complete this form in triplicate:

- Forward original to the Civil Service Commission.
- Give one copy to the employee.
- Retain one copy for your files.



COPY

DATE THIS REPORT DUE:	The Civil Service Commission requires that this report be filed <u>two weeks</u> prior to the end of the probationary term. See date probationary term ends below.	
EMPLOYEE'S NAME: <u>Patrick Husnay</u>	DATE OF APPOINTMENT: <u>5/21/18</u>	
SOCIAL SECURITY NUMBER: <u>[REDACTED]</u>	DEPARTMENT OR AGENCY: <u>Utica Police Dept.</u>	
STATUS/TITLE OF POSITION: <u>Police Officer</u>	JURISDICTIONAL CLASSIFICATION:	
ORIGINAL LENGTH OF THE PROBATIONARY TERM AS SHOWN ON THE GCCS-12(AorB): <u>1 year</u>		
NUMBER OF DAYS ABSENT DURING THE PROBATIONARY TERM:		
NUMBER OF DAYS PROBATIONARY TERM IS TO BE EXTENDED:		
DATE PROBATIONARY TERM ENDS: <u>5/21/19</u>		
IF SATISFACTORY, DATE PERMANENT STATUS BEGINS: <u>5/22/19</u>		

CERTIFICATE OF APPOINTING OFFICER:

I hereby certify that the probationer has been observed and it has been found that the conduct, capacity, and fitness of the probationer is:



SATISFACTORY. Employee will be retained as a permanent employee.
Employee has served (Maximum) (Shortened) probationary period.
Minimum probationary period is usually eight weeks,
except in the case of trainee positions (12 weeks) and Police Officer (26 weeks).



UNSATISFACTORY. Employee will be discharged or returned to prior permanent position.

☐ Copy of letter to employee attached.

☐ Copy of letter to employee to be submitted.

Mark Williams

Authorized Signature

Mark Williams

Print Name

Chief

Title

I have received a copy of this form.

Signature of Employee

Date

5/31/19

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 05 DAY 21 YEAR 2018

TO: Utica Civil Service Commission

NAME OF EMPLOYEE:
Husnay, Patrick M

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

AD

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 42,317

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4067

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☒ Permanent

5/17/18

Return report of Certification

☐ Provisional

Attach application (MSD-330)

☐ Temporary

From: To:

State length of employment

☐ Substitute

From: To:

Give facts under Remarks

☐ For Term of Office

From: To:

Give facts under Remarks

☐ Permanent Promotion

Return report of Certification

☐ Provisional Promotion

Attach nomination

☐ Non-Competitive Class

Attach application (MSD-330)

☐ Exempt Class

Submit this form only

☐ Labor Class

Attach application (MSD-330)

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☐ Resignation

Submit signed resignation

☐ Retirement

Give effective date

☐ Deceased

Indicate date

☐ Removal

Attach copy of proceedings

☐ Layoff (Lack of Work or Funds)

Give facts under Remarks

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☐ Military Leave of Absence

Give facts under Remarks

☐ Other Leave of Absence

From: To:

Give facts under Remarks

☐ Transfer

Give facts under Remarks

☐ Demotion

Give facts under Remarks

☐ Suspension

Give facts under Remarks

☐ Reinstatement

Give facts under Remarks

☐ Change in Classification

Give facts under Remarks

☐ New Position

Submit form MSD-222

☐ Change in Salary

Indicate new salary

☐ Change in Name

Give facts under Remarks

☐ Other

Give facts under Remarks

Remarks: (Continue on back if necessary)

New employee on payroll eff. 5/21/18.

Appointing Officer

Title

Address

Chief of Police

CERTIFICATE
valid until

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

(Date)

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 06 DAY 08 YEAR 2018

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Husnay, Patrick M

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:

Police Department

TITLE OF POSITION:

Police Officer

SALARY:

\$ 45,790.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran

☐ Non-Veteran

☐ Disabled Veteran

☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4067

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent

☐ Provisional

☐ Temporary

☐ Substitute

☐ For Term of Office

☐ Permanent Promotion

☐ Provisional Promotion

☐ Non-Competitive Class

☐ Exempt Class

☐ Labor Class

From: To:

From: To:

From: To:

Return report of Certification

Attach application (MSD-330)

State length of employment

Give facts under Remarks

Give facts under Remarks

Return report of Certification

Attach nomination

Attach application (MSD-330)

Submit this form only

Attach application (MSD-330)

Submit signed resignation

Give effective date

Indicate date

Attach copy of proceedings

Give facts under Remarks

Give facts under Remarks

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☐ Resignation

☐ Retirement

☐ Deceased

☐ Removal

☐ Layoff (Lack of Work or Funds)

Give facts under Remarks

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☐ Military Leave of Absence

☐ Other Leave of Absence

☐ Transfer

☐ Demotion

☐ Suspension

☐ Reinstatement

☐ Change in Classification

☐ New Position

☐ Change in Salary

☐ Change in Name

☐ Other

4/1/18

Mark H. Williams

Chief of Police

Appointing Officer

Title

Address

New Contract salary changes eff. 4/1/18
pp. 6/8/18

New employee on payroll eff. 5/21/18.

CERTIFICATE

valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 10 DAY 02 YEAR 2018

TO: Utica Civil Service Commission		NAME OF EMPLOYEE: Husnay, Patrick M	
FROM: (Check only one) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District		ADDRESS: [REDACTED]	
DEPARTMENT: Police Department		TITLE OF POSITION: Police Officer	SALARY: \$ 45,790.
NAME AND TITLE OF LAST EMPLOYEE IN POSITION:		<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman	
		DATE OF BIRTH:	SOCIAL SECURITY NUMBER: ID# 4067
	<i>Check Nature of Personnel Change</i>	<i>Date Effective</i>	<i>Action Necessary by Appointing Officer:</i>
A P P O I N T M E N T S	<input type="checkbox"/> Permanent		Return report of Certification
	<input type="checkbox"/> Provisional		Attach application (MSD-330)
	<input type="checkbox"/> Temporary	From: To:	State length of employment
	<input type="checkbox"/> Substitute	From: To:	Give facts under Remarks
	<input type="checkbox"/> For Term of Office	From: To:	Give facts under Remarks
	<input type="checkbox"/> Permanent Promotion		Return report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach nomination
	<input type="checkbox"/> Non-Competitive Class		Attach application (MSD-330)
	<input type="checkbox"/> Exempt Class		Submit this form only
	<input type="checkbox"/> Labor Class		Attach application (MSD-330)
T E R M I N A T I O N S	<input type="checkbox"/> Resignation		Submit signed resignation
	<input type="checkbox"/> Retirement		Give effective date
	<input type="checkbox"/> Deceased		Indicate date
	<input type="checkbox"/> Removal		Attach copy of proceedings
	<input type="checkbox"/> Layoff (Lack of Work or Funds)		Give facts under Remarks
O T H E R C H A N G E S	<input type="checkbox"/> Military Leave of Absence		Give facts under Remarks
	<input type="checkbox"/> Other Leave of Absence	From: To:	Give facts under Remarks
	<input type="checkbox"/> Transfer		Give facts under Remarks
	<input type="checkbox"/> Demotion		Give facts under Remarks
	<input type="checkbox"/> Suspension		Give facts under Remarks
	<input type="checkbox"/> Reinstatement		Give facts under Remarks
	<input type="checkbox"/> Change in Classification		Give facts under Remarks
	<input type="checkbox"/> New Position		Submit form MSD-222
	<input type="checkbox"/> Change in Salary		Indicate new salary
	<input type="checkbox"/> Change in Name		Give facts under Remarks
	<input checked="" type="checkbox"/> Other	10/2/18	Give facts under Remarks

Remarks: (Continue on back if necessary)

Address change eff. 10/2/18.


New Contract salary changes eff. 4/1/18
pp. 6/8/18

New employee on payroll eff. 5/21/18.

Appointing Officer

Title

Address


Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2019

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Husnay, Patrick M

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:

Police Department

TITLE OF POSITION:

Police Officer

SALARY:

\$ 47,507.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran

☐ Non-Veteran

☐ Disabled Veteran

☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4067

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent

☐ Provisional

☐ Temporary

☐ Substitute

☐ For Term of Office

☐ Permanent Promotion

☐ Provisional Promotion

☐ Non-Competitive Class

☐ Exempt Class

☐ Labor Class

Return report of Certification

Attach application (MSD-330)

From: To: State length of employment

From: To: Give facts under Remarks

From: To: Give facts under Remarks

Return report of Certification

Attach nomination

Attach application (MSD-330)

Submit this form only

Attach application (MSD-330)

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☐ Resignation

☐ Retirement

☐ Deceased

☐ Removal

☐ Layoff (Lack of Work or Funds)

Submit signed resignation

Give effective date

Indicate date

Attach copy of proceedings

Give facts under Remarks

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☐ Military Leave of Absence

☐ Other Leave of Absence

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☐ Reinstatement

☐ Change in Classification

☐ New Position

☒ Change in Salary

☐ Change in Name

☐ Other

From: To:

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Submit form MSD-222

Indicate new salary

Give facts under Remarks

Give facts under Remarks

Remarks: (Continue on back if necessary)

3.75% contract inc. eff. 4/1/19

Address change eff. 10/2/18.

New Contract salary changes eff. 4/1/18

pp. 6/8/18

Appointing Officer

Title

Address

Mark H. Williams

Chief of Police

CERTIFICATE

valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 05 DAY 21 YEAR 2019

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Husnay, Patrick M

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 57,545.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4067

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent

☐ Provisional

☐ Temporary

☐ Substitute

☐ For Term of Office

☐ Permanent Promotion

☐ Provisional Promotion

☐ Non-Competitive Class

☐ Exempt Class

☐ Labor Class

From: To:

From: To:

From: To:

Return report of Certification

Attach application (MSD-330)

State length of employment

Give facts under Remarks

Give facts under Remarks

Return report of Certification

Attach nomination

Attach application (MSD-330)

Submit this form only

Attach application (MSD-330)

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☐ Resignation

☐ Retirement

☐ Deceased

☐ Removal

☐ Layoff (Lack of Work or Funds)

Submit signed resignation

Give effective date

Indicate date

Attach copy of proceedings

Give facts under Remarks

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☐ Military Leave of Absence

☐ Other Leave of Absence

☐ Transfer

☐ Demotion

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☐ Reinstatement

☐ Change in Classification

☐ New Position

☒ Change in Salary

☐ Change in Name

☐ Other

From: To:

5/21/19

Give facts under Remarks

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Submt form MSD-222

Indicate new saalry

Give facts under Remarks

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Remarks: (Continue on back if necessary)

Longevity inc. eff. 5/21/19.

3.75% contract inc. eff. 4/1/19

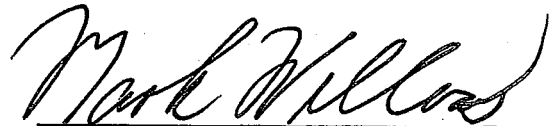
Address change eff. 10/2/18.

New Contract salary changes eff. 4/1/18

Appointing Officer

Title

Address


Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2020

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Husnay, Patrick M

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 59,703.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4067

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent
☐ Provisional
☐ Temporary
☐ Substitute
☐ For Term of Office

From: To:
From: To:
From: To:

Return report of Certification
Attach application (MSD-330)
State length of employment
Give facts under Remarks
Give facts under Remarks

☐ Permanent Promotion
☐ Provisional Promotion
☐ Non-Competitive Class
☐ Exempt Class
☐ Labor Class

Return report of Certification
Attach nomination
Attach application (MSD-330)
Submit this form only
Attach application (MSD-330)

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☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings
Give facts under Remarks

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☐ Military Leave of Absence
☐ Other Leave of Absence
☐ Transfer
☐ Demotion
☐ Suspension
☐ Reinstatement
☐ Change in Classification
☐ New Position
☒ Change in Salary
☐ Change in Name
☐ Other

From: To:

Give facts under Remarks
Give facts under Remarks
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Give facts under Remarks
Submt form MSD-222
Indicate new saalry
Give facts under Remarks
Give facts under Remarks

Remarks: (Continue on back if necessary)

3.75% contract inc. eff. 4/1/20

Longevity inc. eff. 5/21/19.

3.75% contract inc. eff. 4/1/19

Appointing Officer

Title

Address

Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 05 DAY 21 YEAR 2020

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Husnay, Patrick M

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 63,967.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4067

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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- ☐ Permanent
☐ Provisional
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☐ Substitute
☐ For Term of Office
☐ Permanent Promotion
☐ Provisional Promotion
☐ Non-Competitive Class
☐ Exempt Class
☐ Labor Class

From: To:
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Return report of Certification
Attach application (MSD-330)
State length of employment
Give facts under Remarks
Give facts under Remarks
Return report of Certification
Attach nomination
Attach application (MSD-330)
Submit this form only
Attach application (MSD-330)

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- ☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings
Give facts under Remarks

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- ☐ Military Leave of Absence
☐ Other Leave of Absence
☐ Transfer
☐ Demotion
☐ Suspension
☐ Reinstatement
☐ Change in Classification
☐ New Position
☒ Change in Salary
☐ Change in Name
☐ Other

From: To:

Give facts under Remarks
Give facts under Remarks
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Submt form MSD-222
Indicate new saalry
Give facts under Remarks
Give facts under Remarks

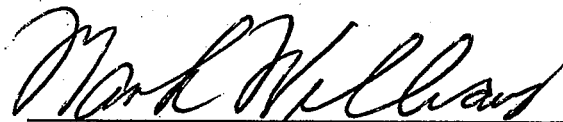
Remarks: (Continue on back if necessary)

Longevity inc. eff. 5/21/20.

Appointing Officer

Title

Address



Chief of Police

3.75% contract inc. eff. 4/1/20

Longevity inc. eff. 5/21/19.

CERTIFICATE
valid until

(Date)

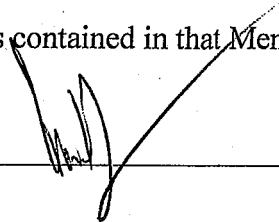
This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

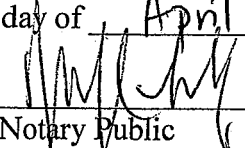
By

Date

STATE OF NEW YORK)
 ss:
COUNTY OF ONEIDA)

I, Patrick Hussey, being duly sworn, deposes says as follows: I
have been offered a Conditional Offer of Employment as a Police Officer for the City of Utica, New York.
I have read the foregoing **New Hire Memorandum of Agreement** and I understand all of the provisions
and conditions set forth therein. I further understand that it is a Contract between the City of Utica and me
and that I agree that I am bound by all of the provisions contained in that Memorandum of Agreement.

Signature 

Sworn to before me this 18th
day of April, 2016

Notary Public
Commission Expires: 11/17/18

J. MEGHAN WOLF
Notary Public, State of New York
Qualified in Oneida County
Registration # 01WO6314763
My Commission Expires 11/17/18



CITY OF UTICA

Civil Service
1 Kennedy Plaza, Utica, New York 13502
(315) 792-0227 fax: (315) 792-0226

ROBERT M. PALMIERI
MAYOR

LORI A. WROBEL
SECRETARY TO THE CSC

CITY OF UTICA, NEW YORK POLICE OFFICER NEW HIRE MEMORANDUM OF AGREEMENT

In connection with my appointment as a Police Officer for the City of Utica, New York for the Spring 2017 Academy, I, Patrick Hussey
(print name), do hereby agree to the following:

- I understand and agree that, should I voluntarily terminate my employment with the City of Utica Police Department **for any reason other than health related, within three (3) years of my date of hire** (as listed above), I will be responsible for reimbursing the City of Utica for the cost of any uniforms or equipment issued to me by the City of Utica, as well as for the cost of all pre-employment processing expenses including the medical exam, drug testing, psychological testing, and polygraph testing. The amount of such reimbursement will be determined by the price in effect on the date of my hire. Current prices are listed on the attached sheet.
- In addition to the above, should I voluntarily terminate employment **within five (5) years of my date of hire for the purpose of accepting other employment in law enforcement**, I will be required to reimburse a percentage of my wages earned while at the Mohawk Valley Police Academy, in accordance with the attached schedule.

I also understand and agree that in the event of my voluntary termination, recovery of such monies owed may result in the City of Utica commencing a legal action to collect any money owed to the City of Utica under this Contract. I further agree that, in the event that I voluntarily terminate my employment as a City of Utica Police Officer within either of the two time periods set forth above, the City of Utica shall be permitted to initiate automatic payroll garnishment of any or all accumulated remaining time balances **e.g., vacation time, sick time, personal leave, and holiday pay**. If that amount is not sufficient to cover the total cost, I agree to fulfill my obligation to pay any remaining unpaid balances.

Print Name: Patrick Hussey

Signature: [Signature]

Date: 4/18/18

Police Officer New Hire Agreement Attachment (Page 1)

<u>Uniforms and Equipment:</u>	<u>Price:</u>
Vests:	\$ 825.00
Short Sleeve Shirt (w/ Flag & Patch):	\$ 130.00
Long Sleeve Shirt (w/ Flag & Patch):	\$ 142.00
Pants	\$ 142.00
Neckties	\$ 4.50
Sweater (w/ Flag & Patch)	\$ 49.50
8 Pt Cap (w/ Stretch Strap/Band)	\$ 32.00
Raincoat w/8 Pt Cap Cover	\$ 97.25
Traffic Vests	\$ 44.50
Tie Bars	\$ 17.50
Hat Badge	\$ 32.50
Breast Badge	\$ 38.50
Name Tags	\$ 5.00
Three Season Coat	\$ 102.50
OC Spray	\$ 12.35
Head Gator	\$ 13.50
Handcuffs	\$ 44.95
Duty Weapon Holster	\$ 110.00
OC Spray Holder	\$ 24.50
Double Mag Holder	\$ 27.50
Belt Keepers	\$ 6.50
Cuff Case	\$ 22.50
Duty Belt	\$ 51.50
Total:	\$ 1976.05

Pre-Employment Processing Expenses:

Credit Check	\$ 10.35
Pre-Employment Medical Exam	self paid
Psychological	\$ 250.00
Drug Test	self paid
Total:	\$ 260.35

Training:

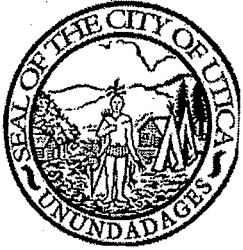
Firearms Training	\$ 540.00
Mohawk Valley Police Academy	\$ 1855.00
Total:	\$ 2395.00

**CITY OF UTICA, NY
RECAPTURE OBLIGATION SCHEDULE
City of Utica Police Department
Training Provided at the Mohawk Valley Police Academy**

6-12 mos (after graduation)	95%
13 mos - 18mos	90%
19 mos – 24 mos	85%
25 mos – 30 mos	80%
31 mos – 36 mos	75%
37 mos – 42 mos	70%
43 mos – 48 mos	65%
49 mos – 54 mos	60%
55 mos – 60 mos	50%

Total Investment

\$ 4631.40



CITY OF UTICA

Civil Service

1 Kennedy Plaza, Utica, New York 13502

(315) 792-0227 fax: (315) 792-0226

ROBERT M. PALMIERI
MAYOR

LORI A. WROBEL
SECRETARY, CSC

TO: Police Officer Candidates

RE: Residency Requirement

As you are aware, vacancies exist for the permanent position of Police Officer in the Department of Public Safety, Bureau of Police at an annual starting salary of \$36,258.

Please read the information below concerning residency requirements for permanent appointments:

UTICA CITY CHARTER, SECTION 2.045:

- Definition. Residency means the actual principal domicile of an individual, where the individual normally sleeps and maintains usual personal and household effects.
 - Residency for new Officers and Employees. Except as otherwise provided by law, there is a residency requirement for all prospective officers and employees of the City, including members of the police force. Every person initially employed by the City, shall as a qualification of employment, become a resident of the City within six (6) months of the date of initial service for the City. During an employee's time of service, no such employee shall cease to be a resident of the City.
- () I have read and understand the above portion of the Utica City Charter, Section 2.045 and will accept these terms if a permanent appointment is offered.

Signature of Candidate

Date

This letter should not be interpreted to mean that you will definitely be appointed to this position. Appointment is dependent upon your availability, the result of any interviews conducted and the possible selection of another equally qualified candidate.

Sworn to me this 18th

Day of April, 20 18.

Notary Public or Commissioner of Deeds

J. MEGHAN WOLF

Notary Public, State of New York

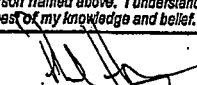
Qualified in Oneida County

Registration # 01WO6314763

My Commission Expires 11/1/18

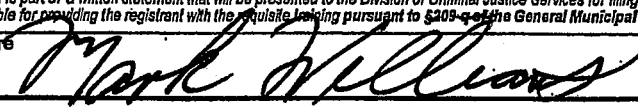
New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
 (Executive Law § 845)

SECTION I - REGISTRANT INFORMATION (To be completed by the registrant)

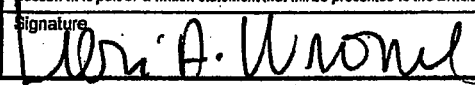
Were you previously a police officer in NYS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name Husnay	First Name Potrich	MI M	Date of birth [REDACTED]	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security Number [REDACTED]
Police Officer as defined by NYS Criminal Procedure Law §1.20,						
Home Residence Street Address (if Different)		City, State, Zip		City, State, Country of birth (if other than U.S.)		
I am the person named above. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.						
Signature 						Date 5/17/18

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

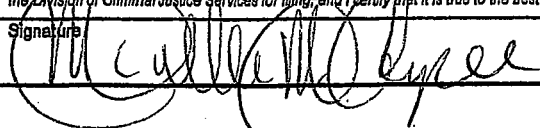
SECTION II - AGENCY INFORMATION (To be completed by the chief law enforcement officer)

Last Name Williams	First Name Mark	MI W	Title of Person Signing Section II Chief of Police
Name of Law Enforcement Agency Utica Police Department			Telephone 315-223-3400
Address 413 Oriskany St. West		City, State, ZIP Utica, NY, 13502	
Type of Appointment <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Background Check Conducted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fingerprints submitted to DCJS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I am the chief law enforcement officer responsible for appointing the person named in Section I as a police officer of the above named law enforcement agency. I understand that the information in Section II is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand I am responsible for providing the registrant with the requisite training pursuant to §209-a of the General Municipal Law.			
Signature 			Date 5/24/18

SECTION III - CIVIL SERVICE INFORMATION (To be completed by the civil service officer for all registrants Full or Part-time)

Last Name Wrobel	First Name Lori	MI A	Title of Person Signing Section III Executive Secretary
Name of Civil Service or Personnel Agency City of Utica Civil Service			Telephone 315-792-0227
Address 1 Kennedy Plaza		City, State, ZIP Utica, NY, 13502	
Title and Civil Service Classification of the Registrant Police Officer - Competitive			
I am the civil service officer responsible for certifying the appointment of individuals appearing on the payroll of the law enforcement agency named in Section II. I understand that the information in Section III is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature 			Date 05-24-18

SECTION IV - OATH OF OFFICE (To be completed by the registrar responsible for recording oaths of office)

Last Name George	First Name Michelle	MI	Title of Person Signing Section IV City Clerk
Name of Recording Office City of Utica City Clerks Office			Telephone 315-792-0117
Address 1 Kennedy Plaza		City, State, ZIP Utica, NY, 13502	
Oath of Office Date 5/17/18	Oath of Office Title of the Registrant Police Officer		
I am the officer responsible for recording the oaths of office of individuals appointed as police officers of the law enforcement agency named in Section II. The person named in Section I has filed an oath of office as a police officer, pursuant to an appointment received from the person named in Section II. I understand that the information in Section IV is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature 			Date 5/23/18



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.

Last Name (Family Name) <u>Hussey</u>		First Name (Given Name) <u>Patricia</u>		Middle Initial <u>M</u>	Other Last Names Used (if any)	
Address (Street Number and Name) [REDACTED]		Apt. Number	City or Town [REDACTED]		State [REDACTED]	ZIP Code [REDACTED]
Date of Birth (mm/dd/yyyy) [REDACTED]	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	<p>QR Code - Section 1 Do Not Write In This Space</p>
<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)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

Signature of Employee <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>05/17/18</u>
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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



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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	QR Code - Sections 2 & 3 Do Not Write In This Space	
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): 5/21/18 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
<u>[Signature]</u>	<u>5/17/18</u>	<u>OFFICE MANAGER</u>	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
<u>TASIDR</u>	<u>DONNA</u>	<u>UTICA Police Dept</u>	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code
<u>413 ORISKANY ST W</u>		<u>UTICA</u>	<u>NY 13502</u>

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
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Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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
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Chapter Eight

Article One

Professional Standards of Conduct and Ethics

Chapter 8 Article 1

May 24, 2018

Professional Standards of Conduct and Ethics

Chapter 8 Article 1 Training Location: Mohawk Valley Community College (MVCC)

Officer print name; Patrick Husnay

Instructions received date: _____

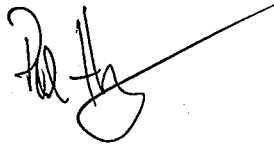
Instructed By: _____

Witness: _____

Officer's signature verifying that he received a packet for review of;

Chapter 8 Article 1

Professional Standards of Conduct and Ethics

A handwritten signature in black ink, appearing to read "Patrick Husnay", with a long horizontal stroke extending to the right.

Concise OfficerStacked Incidents Listing

Police Officer Patrick M. Husnay [05/21/2018]

: 05/21/2018 Hire date:

Current assignment(s):

Department: Patrol Division
Bureau: Uniformed Patrol
Division: Uniformed Patrol

Incidents Listing -----

Received Dt Officers	IA No	Incident type Involved Citizens	Acc Lev	Involved
Oct 06, 2019 Patrick M. Husnay	UOF2019-0141	Use of force [REDACTED]	5	Police Officer

On 10/6/19 Officer Patrick Husnay responded to [REDACTED] St. Jane Ave regarding a fight call. Once on scene Officer Husnay encountered a b/m and a w/f who were arguing. Husnay was in between the two when the b/m, [REDACTED] attempted to get to the w/f, [REDACTED], by pushing through Officer Husnay. [REDACTED] was advised he was being detained and Officer Husnay performed a takedown of him onto the couch. [REDACTED] became compliant at that point and was handcuffed without further incident. Photographs of the scene and the arrested party were secured. No injuries to report [REDACTED] was interviewed and did not wish to make a complaint.

Oct 19, 2019 Patrick M. Husnay	UOF2019-0146	Use of force [REDACTED]	5	Police Officer
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While at [REDACTED] Blandina St. PO Husnay was acting as a Peace Officer regarding property retrieval between [REDACTED] and her boyfriend [REDACTED]. During this incident [REDACTED], who was intoxicated became agitated and pushed Officer Husnay as Officer Husnay was attempting to detain [REDACTED] for Officer safety purposes. Once pushed by [REDACTED] Officer Husnay shoved [REDACTED] into the wall of the residence in an attempt to gain a position of advantage over [REDACTED]. While up against the wall Officer Husnay had to force [REDACTED] hands behind his back in order to secure him into handcuffs.

Oct 24, 2019 Patrick M. Husnay	UOF2019-0150	Use of force [REDACTED]	5	Police Officer
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Officer Joseph R. Lanza

On October 24, 2019 at approximately 2155 hours Officers Husnay brought [REDACTED] ([REDACTED]) to HQ regarding a harassment/MHL 2209 (related RMS 19-41064). Upon arrival [REDACTED] was placed in the prisoner holding area because he was extremely uncooperative on scene. Officer Husnay, with the assistance of Officer Lanza, removed [REDACTED] handcuffs. [REDACTED] immediately turned around and grabbed Officer Husnay by his shirt collar. Officer Husnay pushed [REDACTED] against the wall, however he continued holding onto Officer Husnay. At this point [REDACTED] was taken to the ground by Officer Husnay with the assistance of Officer Lanza. Once [REDACTED] was taken to the ground he let go of Officer Husnay.

Officer Maciol completed ET work. Officers Husnay and Lanza did not sustain any injuries. [REDACTED] sustained a minor scrape on his forehead. He refused medical attention. No independent witnesses on scene. Booking area video footage will be requested from MIS.

Oct 31, 2019 Patrick M. Husnay	UOF2019-0153	Use of force [REDACTED]	5	Police Officer
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On 10/30/19 at about 2205 hours car 22, PO Detraglia and PO Desens conducted a stop of NY [REDACTED] in front of [REDACTED] Jay St regarding V&T violations. The operator was identified as [REDACTED] [REDACTED] was found to have a suspended license and was subsequently arrested. He was also found to be in possession of suspected marihuana. While attempting to place [REDACTED] into the rear of car 22, he became uncooperative and was refusing to be seated in the vehicle and appeared to be tensing up. PO Husnay then reached across the rear seat from the drivers side door and used a come along to pull [REDACTED] into the rear seat. Once in the vehicle, all force stopped. Photographs of the scene were secured. BWC footage was downloaded and tagged. [REDACTED] stated he was not injured and did not need medical attention. Photographs were secured of [REDACTED] at HQ. Supervisor investigation form completed. Respectfully,
Sgt. C. Goldstein

Nov 30, 2019 FD2019-021 Firearm discharge 5 Police Officer
Patrick M. Husnay

Around 1920 hours, Officer Patrick Husnay was dispatched to [REDACTED] Memorial Parkway regarding a car/deer accident. As a result of the accident the deer was in need of dispatch so I responded to the scene. The deer hobbled into the grassy median near the Parkway after sustaining a broken leg. Husnay then dispatched the deer with one shot from his shotgun. There were no issues with the dispatch.

Dec 19, 2019 2019-0052 External/Citizen 5 Police Officer
Steven J. Gray [REDACTED]
Police
Officer Patrick M. Husnay

On 12/19/19 PSU received a complaint from [REDACTED] via on0line submission in regards to PO Gray and Husney Demeanor.

On 12/19/19 I, Sgt. H. Rios spoke to Mr. [REDACTED] at which time he told me that he did not want to make a formal complaint any Officer, said, he just wanted them talked to in regards to their interviewing techniques, stating that they never listened to his side of the story in regards to him being asked to leave the hospital by the staff.

Jan 04, 2020 UOF2020-0006 Use of force 5 Police Officer
Christopher R Manion [REDACTED]
Police
Officer Patrick M. Husnay
Police
Officer Benny J. Grullon

At approximately 1055 hours dispatch advised of a BOLO out of NHPD for NY Reg [REDACTED], a [REDACTED] Chrysler Sebring with two females occupying it that were wanted regarding a possible Grand Larceny at a store in the mall. The Reg came back to a residence on [REDACTED] St.

While patrolling the area, car 56, PO Husnay observed this vehicle pulling into the driveway of [REDACTED] St. He conducted a vehicle stop of the same in the driveway. Upon approaching the vehicle he made contact with the female driver, [REDACTED] who was instantly argumentative and attempted to lock the doors and put all the windows up of the vehicle. The female passenger fled the vehicle and ran in the house. Ptlm. Husnay then opened the door and asked her for her license and registration. The female continued to fail to comply with his orders and began flailing her arms around. PO Husnay then grabbed onto her wrist and when doing so [REDACTED] began to hit him. He then began to fight with her and called for more assistance. Car 55, PO Manion and PO Grullon arrived on scene a short time after and began to assist with trying to remove [REDACTED] from the vehicle. She continued to fight and ultimately PO Manion drew his taser and deployed it striking

████ with one probe in her right arm. He the followed up with drive stun and █████ was ultimately placed in handcuffs.

████ was not injured and did not make any complaints. She was also completely uncooperative and did get evaluated by UFD at the station but refused further medical treatment. No officer was injured. Photographs of the scene and █████ were secured. All BWC footage was tagged. Response to Resistance form was completed by PO Husnay and PO Manion. A response to resistance investigation was initiated under RMS 20-371.

████ was charged and booked with Harassment 2nd, Resisting arrest and Obstruction of Governmental Administration 2nd. She was released on appearance tickets.

Mar 05, 2020	EF2020-0016	E-File	5	Lieutenant
Ashley E Berger		████████████████████		
Officer Christopher R Manion				Police
Officer Alexander T Castilla				Police
Officer Zachary A Ciotti				Police
Officer Patrick M. Husnay				Police
Officer Reginald J. Sanders				Police
Compliment				

Report summary: totals by incident type:

Incident type	Received
Anonymous	0
Background Investigation	0
Discretionary arrest	0
Drug test	0
E-File	1
External/Citizen	1
Firearm discharge	1
Foil Request	0
Forced entry	0
Generic incident	0
Integrity test	0
Internal/Department	0
K9 Utilization	0
Notice of Claim	0
Show of force	0
Stop	0
UPD Damaged Prop Car/Equip	0
Use of force	5
Vehicle accident	0
Vehicle pursuit	0
Total	8

Printed: Jul 20, 2020 10:21 By: Sgt Hiram Rios

Utica Police Department

Professional Standards

Officer Disciplinary History

Police Officer Patrick M. Husnay [05/21/2018]

Part I - Personal Information

Name: Police Officer Patrick M. Husnay
: 05/21/2018 Badge No: 4067 Hire Dt:

Department: Patrol Division
Bureau: Uniformed Patrol
Division: Uniformed Patrol

Part II - Discipline History

Printed: Jul 20, 2020 10:21 By: Sgt Hiram Rios

Training Course Summary

Print Date: July 20, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
2019000000007	2019 Feb Inservice	In Service	0.00	8.00			Legal Updates/ Alcohol awareness/ EAP services

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	02/05/2019 08:00	02/05/2019 16:00		
	02/07/2019 08:00	02/07/2019 16:00		
	02/11/2019 08:00	02/11/2019 16:00		
	02/15/2019 08:00	02/15/2019 16:00		
	02/21/2019 08:00	02/21/2019 16:00		
	02/25/2019 08:00	02/25/2019 16:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: July 20, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
20190000000003	2019 January Inservice	In Service	0.00	8.00			Infectious Disease (Phil Taurisano UFD)/Use of Force (LT Holt)/ DV/Work place violence/Sexual Harassment (PO Jess Dodge)

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	01/08/2019 08:00	01/08/2019 16:00		
	01/10/2019 08:00	01/10/2019 16:00		
	01/14/2019 08:00	01/14/2019 16:00		
	01/16/2019 08:00	01/16/2019 16:00		
	01/18/2019 08:00	01/18/2019 16:00		
	01/24/2019 08:00	01/24/2019 16:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: July 20, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2019000000031	2019 May Inservice Firearms	In Service	0.00	8.00			Lead Instructor Inv. Amerosa

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	05/06/2019 05:00	05/06/2019 13:00		
	05/08/2019 05:00	05/08/2019 13:00		
	05/10/2019 05:00	05/10/2019 13:00		
	05/16/2019 05:00	05/16/2019 13:00		
	05/20/2019 05:00	05/20/2019 13:00		
	05/24/2019 05:00	05/24/2019 13:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: July 20, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2019000000030	April 2019 Inservice	In Service	0.00	0.00			Cultural Awareness training Refugee center/ DWI SFST refresher

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	04/02/2019 08:00	04/02/2019 16:00		
	04/04/2019 08:00	04/04/2019 16:00		
	04/08/2019 08:00	04/08/2019 16:00		
	04/12/2019 08:00	04/12/2019 16:00		
	04/18/2019 08:00	04/18/2019 16:00		
	04/22/2019 08:00	04/22/2019 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2019000000002	ET School	State Sponsored Certifications	0.00	80.00			

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	11/05/2018 08:00	11/16/2018 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: July 20, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
2019000000029	June Inservice 2019	In Service	0.00	8.00			Narcan Refresher training/ Leads On-Line training/ Taserrecert

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	06/07/2019 08:00	06/07/2019 16:00		
	06/11/2019 08:00	06/11/2019 16:00		
	06/13/2019 08:00	06/13/2019 16:00		
	06/17/2019 08:00	06/17/2019 16:00		
	06/21/2019 08:00	06/21/2019 16:00		
	06/27/2019 08:00	06/27/2019 16:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: July 20, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Prerequisites</u>				<u>Comments</u>
			<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	
2020000000023	TASER inservice	In Service	0.00	4.00			

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
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	04/03/2020 08:00	04/03/2020 12:00		
	04/06/2020 08:00	04/06/2020 12:00		
	04/07/2020 08:00	04/07/2020 12:00		
	04/14/2020 08:00	04/14/2020 12:00		
	04/15/2020 08:00	04/15/2020 12:00		
	04/16/2020 08:00	04/16/2020 12:00		
	04/20/2020 08:00	04/20/2020 12:00		
	04/23/2020 08:00	04/23/2020 12:00		
	04/24/2020 08:00	04/24/2020 12:00		
	04/28/2020 08:00	04/28/2020 12:00		
	04/30/2020 08:00	04/30/2020 12:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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State of New York

Division of Criminal Justice Services

Municipal Police Training Council

Hereby Acknowledges and Declares that

Patrick M. Husnay

has successfully completed the

Radar/Lidar Operator Course

which satisfies the minimum
criteria established by the

Municipal Police Training Council

Mohawk Valley Police Academy

Issue Date 07/26/2018

EXCELSIOR

Ronald G. Spike

Ronald G. Spike
Chairman
Municipal Police Training Council

Michael R. Wood

Michael R. Wood
Deputy Commissioner
Division of Criminal Justice Services

State of New York

Division of Criminal Justice Services

Municipal Police Training Council

Hereby Acknowledges and Declares that

Patrick M. Husnay

has successfully completed the

Breath Analysis Operator Course

which satisfies the minimum
criteria established by the

Municipal Police Training Council

Mohawk Valley Police Academy

Issue Date 07/11/2018

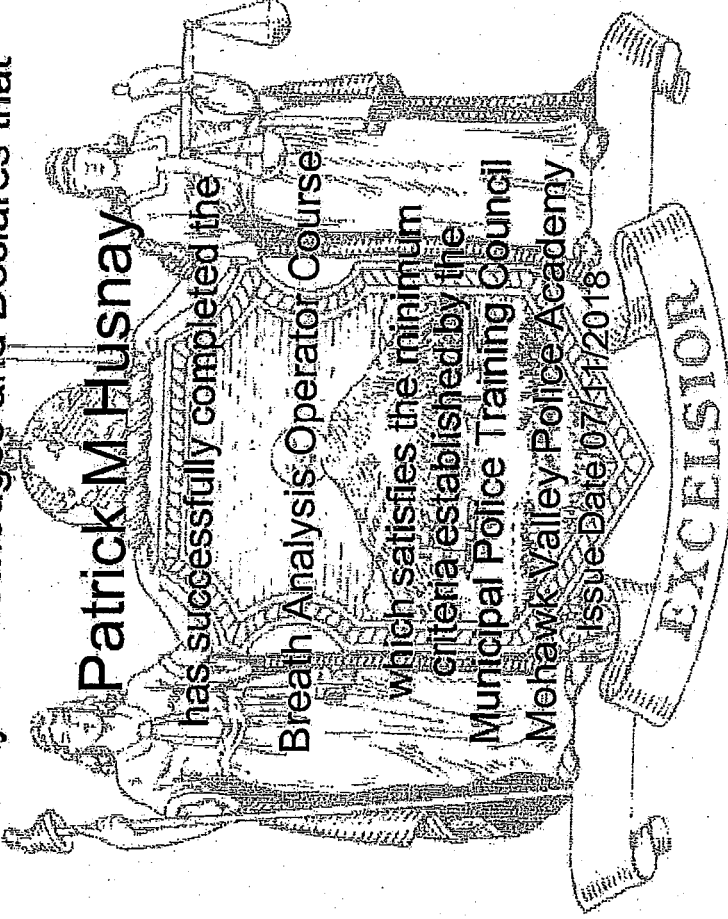
Expiration Date
07/11/2020

Ronald G. Spike

Ronald G. Spike
Chairman
Municipal Police Training Council

Michael R. Wood

Michael R. Wood
Deputy Commissioner
Division of Criminal Justice Services



State of New York

Division of Criminal Justice Services

Municipal Police Training Council

Hereby Acknowledges and Declares that

Patrick M. Husnay

has successfully completed the

Basic Course for Police Officers of Equivalent

which satisfies the minimum
criteria established by the

Municipal Police Training Council

Mohawk Valley Police Academy

Issue Date 06/20/2019

EXCELSIOR

Ronald G. Spike

Ronald G. Spike
Chairman
Municipal Police Training Council

Michael R. Wood

Michael R. Wood
Deputy Commissioner
Division of Criminal Justice Services