

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:
Grullon, Benny J.

FROM: (Check only one)

City County Town Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

Veteran Non-Veteran
 Disabled Veteran Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

	<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 checked="" type="checkbox"/> Permanent	3/29/19	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 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 type="checkbox"/> Other		Give facts under Remarks	

Remarks: (Continue on back if necessary)

New employee eff. 3/29/19, on payroll
4/1/19.

Appointing Officer

Title

Address

Mark Williams
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 04 DAY 01 YEAR 2019

TO: **Utica Civil Service Commission** NAME OF EMPLOYEE: **Gruillon, Benny J.**

FROM: (Check only one) City County Town Village or District ADDRESS: [REDACTED]

DEPARTMENT: **Police Department** TITLE OF POSITION: **Police Officer** SALARY: [REDACTED]

NAME AND TITLE OF LAST EMPLOYEE IN POSITION: [REDACTED] Veteran Non-Veteran Disabled Veteran Exempt Volunteer Fireman

DATE OF BIRTH: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED]

	<u>Check Nature of Personnel Change</u>	<u>Date Effective</u>	<u>Action Necessary by Appointing Officer:</u>
A P P O I N T M E N T S	<input checked="" type="checkbox"/> Permanent	3/29/19	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
T E R M I O N N A S	<input type="checkbox"/> Labor Class		Attach application (MSD-330)
	<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
O T H E R C H A N G E S	<input type="checkbox"/> Layoff (Lack of Work or Funds)		Give facts under Remarks
	<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 type="checkbox"/> Other		Give facts under Remarks	

Remarks: (Continue on back if necessary)

New employee eff. 3/29/19, on payroll 4/1/19.

Appointing Officer
Title
Address

Mark Willias
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 10 DAY 09 YEAR 2019

TO: **Utica Civil Service Commission**

NAME OF EMPLOYEE:
Gruillon, Benny J.

FROM: (Check only one)
 City County Town Village or District

ADDRESS:
[REDACTED]

DEPARTMENT:
Police Department

TITLE OF POSITION: **Police Officer** SALARY: \$ [REDACTED]
 Veteran Non-Veteran
 Disabled Veteran Exempt Volunteer Fireman

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

DATE OF BIRTH: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED]


	<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 checked="" type="checkbox"/> Permanent	3/29/19	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 O N N A 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	10/9/19	Give facts under Remarks		

Remarks: (Continue on back if necessary)

Address change eff. 10/9/19

New employee eff. 3/29/19, on payroll
4/1/19.

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 04 DAY 01 YEAR 2020

TO: Utica Civil Service Commission		NAME OF EMPLOYEE: Grullon, Benny J.	
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: [REDACTED]
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: [REDACTED]

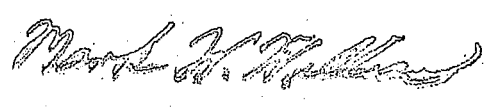
	<i>Check Nature of Personnel Change</i>	<i>Date Effective</i>	<i>Action Necessary by Appointing Officer:</i>
A P P O I N T M E N T S	<input checked="" type="checkbox"/> Permanent	3/29/19	Return report of Certification
	<input type="checkbox"/> Provisional		Attach application (MSD-330)
	<input type="checkbox"/> 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
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T E R M I O N N A S	<input type="checkbox"/> Resignation		Submit signed resignation
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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 checked="" type="checkbox"/> Change in Salary	4/1/20	Indicate new saaly
	<input type="checkbox"/> Change in Name		Give facts under Remarks
<input type="checkbox"/> Other		Give facts under Remarks	

Remarks: (Continue on back if necessary)

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

Address change eff. 10/9/19

New employee eff. 3/29/19, on payroll 4/1/19.


 Appointing Officer
 Title Chief of Police
 Address _____

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	
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UTICA POLICE DEPARTMENT

Personnel Order



Issue date: 02/27/2020	Subject: Assignment / Transfer Orders	P.O. 20-12
Issuing Authority Don Cinque	Approved by: Chief M. Williams	

Officer [REDACTED]

Will leave C – Platoon, Squad -3, on March 2, 2020 at the completion of his RDO. He will report to Lt. Howard Brodt on Monday, March 2, 2020 at 2345 hrs for his assignment in B - Platoon Squad -2. His first shift is March 3, 2020.

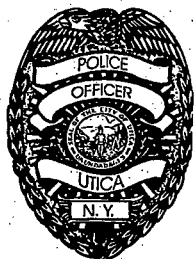
PO Benny Grullon

Will leave A – Platoon, Squad 1, on February 29, 2020 at the completion of his RDO's/ He will report to Lt. Howard Brodt at 2345 hours on Saturday for March 2 tour for assignment in A - Platoon, Squad 2. His RDOs will be adjusted by Lt. Brodt.

Captain Don E. Cinque

UTICA POLICE DEPARTMENT

Personnel Order



Issue date: 12/31/19	Subject: Assignment / Transfer Orders	P.O. 19-53
Issuing Authority Don Cinque	Approved by: Chief M. Williams	

Sgt. [REDACTED]

Will leave B – Platoon, Squad 1 at the completion of his tour on Wednesday, January 1, 2020. He will report to Capt. Cinque on Thursday, January 2, 2020 at 0745 hours for assignment as an Administrative Sergeant for the Patrol Division.

Sgt. [REDACTED]

Will leave C – Platoon Squad 2 at the completion of his tour on Thursday January 2, 2020. He will maintain an RDO on January 3, 2020 and will report to Lt. Sean Dougherty on Saturday January 4th, 2020 at 0745 hours for assignment in B - Platoon Squad 3.

Sgt. [REDACTED]

Will leave C- Platoon Squad 3 at the completion of his tour Sunday January 5, 2020. He will maintain an RDO on January 6, 2010 and will report to Lt. Dougherty on January 7, 2020 at 0745 hours for assignment in B – Platoon Squad 1.

Sgt. [REDACTED]

Will leave the Tactical Unit at the completion of his tour on Weds. January 1, 2020. He will have an RDO January 2, 2020 and will report to Lt. James Holt on Friday January 3, 2020 at 1545 hours for assignment in C – Platoon Squad 3.

PO [REDACTED]

Will leave the Tactical Unit at the completion of his tour on Weds. January 1, 2020. He will have an RDO January 2, 2020 and will report to Lt. Sean Dougherty on Friday January 3, 2020 at 0745 hours for assignment in B – Platoon Squad 3.

PO [REDACTED]

Will leave the Tactical Unit at the completion of his tour on Weds. January 1, 2020. He will have an RDO January 2, 2020 and will report to Lt. Sean Dougherty on Friday January 3, 2020 at 0745 hours for assignment in B – Platoon Squad 3.

PO [REDACTED]

Will leave the Tactical Unit at the completion of his tour on Tuesday, December 31. He will have an RDO January 1, 2020 and will report to Lt. Sean Dougherty on Thursday, January 2, 2020 at 0745 hours for assignment in B – Platoon Squad 2.

PO [REDACTED]

Will leave B – Platoon, Squad 1 at the completion of his tour on Saturday, January 4, 2020. He will report to Lt. Howard Brodt on Sunday, January 5, 2020 at 2345 hours for January 6, 2020. He will be assigned to A – Platoon, Squad 2.

PO [REDACTED]

Will leave the Tactical Unit at the completion of his tour on Weds. January 1, 2020. He will report to Lt. James Holt on Thursday January 2, 2020 at 1545 hours for assignment in C – Platoon Squad 2.

PO [REDACTED]

Will leave C – Platoon Squad 3 at the completion of her tour on Sunday, January 5, 2020. She will have an RDO on January 6, 2020 and report to Lt. Dougherty on Tuesday, January 7, 2020 at 0745 hours for assignment in B – Platoon, Squad 2.

PO [REDACTED]

Will leave C – Platoon Squad 2 at the completion of his tour on Thursday January 2, 2020. He will maintain an RDO on January 3 and 4, 2020 and will report to Lt. Sean Dougherty on Sunday January 5th, 2020 at 0745 hours for assignment in B - Platoon Squad 1.

PO [REDACTED]

Will leave A– Platoon, Squad 2, on Tuesday, January 14, 2020 at the completion of his tour. He will report to Lt. James Holt on Friday January 17, at 1545 hours for assignment in C– Platoon, Squad 1.

PO [REDACTED]

Will leave C – Platoon, Squad 3, on Saturday January 4, 2020 at the completion of her tour. She will take an RDO on January 5, 2020 and report to Lt. Holt on Monday January 6, 2020 at 1545 hours for assignment in C – Platoon, Squad 1.

PO [REDACTED]

Will leave the Tactical Unit at the completion of his tour on Tuesday, December 31. He will have an RDO January 1, 2020 and will report to Lt. James Holt on Thursday, January 2, 2020 at 1545 hours for assignment in C – Platoon Squad 3. Will require final Sgt ride along upon transfer.

PO [REDACTED]

Will leave the Tactical Unit at the completion of his tour on Tuesday, December 31. He will have an RDO January 1, 2020 and will report to Lt. James Holt on Thursday, January 2, 2020 at 1545 hours for assignment in C – Platoon Squad 2 to continue the FTO program.

PO [REDACTED]

Will leave B – Platoon, Squad 3 at the completion of his tour on January 7, 2020 (5th day), have an RDO on January 8, 2020 and report to Lt. James Holt on Thursday January 9, 2020 for assignment in C Platoon, Squad 3.

PO Benny Grullon

Will leave C – Platoon, Squad 1 at the completion of his tour on Saturday January 4, 2020. He will maintain RDO's on January 5 and 6. He will report to Lt. Howard Brodt on January 6 at 2345 hours for his shift which will commence at 0000 hours on January 7, 2020 in A – Platoon, Squad 1.

Captain Donald Cinque

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: **Benny J. Grullon**

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 03/29/2019

the term to end

filling unexpired term of (if applicable)

Signed

A handwritten signature in black ink, appearing to be "Robert P. ...", written over a horizontal line.

Mayor

Title of Official

PROBATIONARY REPORT

COPY

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.

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:	Benny Grullon	DATE OF APPOINTMENT:	4/1/19
SOCIAL SECURITY NUMBER:	[REDACTED]	DEPARTMENT OR AGENCY:	Utica Police Dept.
STATUS/TITLE OF POSITION:	Police Officer	JURISDICTIONAL CLASSIFICATION:	
ORIGINAL LENGTH OF THE PROBATIONARY TERM AS SHOWN ON THE GCCS-12(A or B):		1 year	
NUMBER OF DAYS ABSENT DURING THE PROBATIONARY TERM:		13	
NUMBER OF DAYS PROBATIONARY TERM IS TO BE EXTENDED:		0	
DATE PROBATIONARY TERM ENDS:		4/1/20	
IF SATISFACTORY, DATE PERMANENT STATUS BEGINS:		4/2/20	

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] #870 3/30/2020

 Signature of Employee Date

COPY

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) Gullon		First Name (Given Name) Benny		Middle Initial J.	Other Last Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town	State	ZIP Code
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	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 "NA" in the expiration date field. (See instructions)	

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.

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee 	Today's Date (mm/dd/yyyy) 3/29/2019
---------------------------	--

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)



**Homeland Security
and Emergency Services**

**State Preparedness
Training Center**

Certificate of Completion

Awarded to

Benny Grullon

For completing:

Initial Response to Active Shooters

September 9-10, 2019

17 hours

Delivered at:

State Preparedness Training Center

Oriskany, New York

Concise OfficerStacked Incidents Listing

Police Officer Benny J. Grullon [3670]

: 3670 Hire date: Apr 01, 2019

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 24, 2019 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Officer Benny J. Grullon	UOF2019-0148	Use of force [REDACTED] [REDACTED] [REDACTED]	5	Sergeant Police Police Police Police Police
Jan 04, 2020 [REDACTED] [REDACTED] Officer Benny J. Grullon	UOF2020-0006	Use of force [REDACTED]	5	Police Police Police
May 19, 2020 Officer Benny J. Grullon	UOF2020-0069	Use of force [REDACTED]	5	Police

Report summary: totals by incident type:

Incident type	Received
Anonymous	0
Background Investigation	0
Discretionary arrest	0
Drug test	0
E-File	0
External/Citizen	0
Firearm discharge	0
Foil Request	0
Forced entry	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	3
Vehicle accident	0
Vehicle pursuit	0

Total

3

Printed: Jun 25, 2020 07:43

By:



Training Course Summary

Print Date: June 26, 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>
2019000000050	2019 November inservice defensive Tac	In Service	0.00	8.00			Defensive tactics/ CIT/Sexual Harassment / Critical Incident and continuity / Supervisor performance Eval training

Course Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	11/04/2019 08:00	11/04/2019 16:00		
	11/08/2019 08:00	11/08/2019 16:00		
	11/12/2019 08:00	11/12/2019 16:00		
	11/14/2019 08:00	11/14/2019 16:00		
	11/18/2019 08:00	11/18/2019 16:00		
	11/22/2019 08:00	11/22/2019 16:00		

Instructor

<u>Instructor</u>	<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>

Training Course Summary

Print Date: June 26, 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>
2020000000002	2020 February in-service	In Service	0.00	8.00			CPR recert/ DVI/ Workplace Violence/Sexual Harassment

Course Schedule

<u>Schedule</u>	<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
		02/04/2020 08:00	02/04/2020 16:00		
		02/10/2020 08:00	02/10/2020 16:00		
		02/12/2020 08:00	02/12/2020 16:00		
		02/20/2020 08:00	02/20/2020 16:00		
		02/24/2020 08:00	02/24/2020 16:00		
		02/26/2020 08:00	02/26/2020 16:00		

Instructor

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

Training Course Summary

Print Date: June 26, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2020000000001	2020 January inservice	In Service	0.00	8.00			Discovery/Bail reform/UOF

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		01/07/2020 08:00	01/07/2020 16:00		
		01/13/2020 08:00	01/13/2020 16:00		
		01/15/2020 08:00	01/15/2020 16:00		
		01/21/2020 08:00	01/21/2020 16:00		
		01/23/2020 08:00	01/23/2020 16:00		
		01/29/2020 08:00	01/29/2020 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes

Training Course Summary

Print Date: June 26, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Prerequisites</u>		<u>Comments</u>
			<u>Course 1</u>	<u>Course 2</u>	
202000000023	TASER inservice	In Service	<u>Credits</u> 0.00	<u>Hours</u> 4.00	

Course Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	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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